



Act to End Neglected Tropical Diseases | West FY 2021 Work Plan-Senegal October 1, 2021–September 30, 2022

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ACRONYM LIST

AES	Adverse Events Serious
AIM	Accelerated Integrated Management
AMS	Association des Maires du Senegal
ANACMU	Agence Nationale de la Couverture Maladie Universelle (Universal Health Coverage Agency)
BREIPS	Bureau Régional de l'Éducation et de l'Information pour la Santé (Regional Office for Health Education and Information)
CDD	Community Drug Distributor (known locally as “DC, distributeur communautaire”)
CMU	Couverture Maladie Universelle (Universal Health Coverage)
CNLMTN	Comité National de la Lutte Contre les Maladies Tropicales Négligées.
CS	Community Supervisors
DCMS	Division du Contrôle Médical Scolaire (School Health Control Division)
DGSP	Direction Générale de la Santé Publique (General Directorate of Public Health)
DHIS 2	District Health Information System 2
DHMT	District Health Management Team (Medecin chef de district)
DLM	Direction de Lutte contre la Maladie (Disease Control Directorate)
DSA	Disease-Specific Assessment
ENDSS	Ecole Nationale de Developpement Sanitaire et Sociale
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
EU	Evaluation Unit
FTS	Filariasis Test Strip
HD	Health District
HP	Health Post
IDB	Integrated Database
IEC	Information, Education and Communication
IEF	Inspection de la Formation et de l'Education (Training and Education Inspectorate)
JAP	Joint Application Package (WHO)
JRF	Joint Reporting Form (WHO)
JRSM	Joint Request for Selected PC Medicines (WHO)
LSHTM	The London School of Hygiene and Tropical Medicine
LOE	Level Of Effort
MDA	Mass Drug Administration
M&E	Monitoring and Evaluation
MMDP	Morbidity management and disability prevention
MoH	Ministry of Health
MSAS	Ministère de la Santé et de l'Action Sociale (Ministry of Health and Social services)
NTD	Neglected Tropical Disease
OMVS	Organisation pour la Mise en Valeur du Fleuve Sénégal (Organization for the Development of the Senegal River)

PC	Preventive Chemotherapy
PNA	Pharmacie Nationale d'Approvisionnement (National Supply Pharmacy)
PNEFO	Programme National pour l'Elimination de la Filariose Lymphatique et de l'Onchocercose (National Program for the Elimination of Lymphatic Filariasis and Onchocerciasis)
PNEL	Programme National d'Elimination de la Lèpre (National Leprosy Elimination Program)
PNLBG	Programme National de Lutte contre les Bilharzioses et Géohelminthiases (National Bilharzia and Soil-Transmitted)
PNEVG	Programme National d'Eradication du Vers de Guinée (National Guinea Worm Eradication Program)
PNLMTN	Programme National de Lutte contre les Maladies Tropicales Négligées (National Neglected Tropical Diseases Control)
PNPSO	Programme National de Promotion de la Santé Oculaire (National Eye Health Promotion Program)
PTF	Partenaires Technique et Financier (technical and financial partners)
RHMT	Regional Health Management Team
RM	Region Médicale (medical region)
SAFE	Surgery, Antibiotics, Facial cleanliness, and Environmental improvement
SCT	Supervisor's Coverage Tool
SLAP	Service de Lutte Antiparasitaire (Parasite Control Section)
SNEIPS	Service National de l'Education et de l'Information pour la Santé (National Health Education and Information Service)
SOP	Standard Operating Procedures
TA	Technical Assistance
TAS	Transmission Assessment Survey
TIPAC	Tools Integrate for planning and costing
TRA	Trachoma Rapid Assessment
TSS	Trachoma Surveillance Survey
UAEL	Union de l'Association des Elus Locaux
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WV	World Vision

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW

Senegal, located in West Africa, is bordered to the North by Mauritania, to the East by Mali, to the South by Guinea and Guinea Bissau and to the West by the Atlantic Ocean. The Gambia forms an enclave of land inside Senegal, on the lower reaches of the River Gambia. Dakar, the capital, is a peninsula located in the far West.

The Republic of Senegal's territory is divided into 14 administrative regions, 45 departments, 117 administrative districts, and 557 municipalities.

Senegal's estimated population for 2021 (based on projections from the 2013 general population census) was 17,492,194 inhabitants; women represent 50.21%. The Senegalese population is characterized by its sizable proportion of youth with 51% of the population under 18. The population growth rate is 2.5% per year.

Almost half of the population is concentrated in three regions: Dakar, Thiès, and Diourbel with respective proportions of 23%, 13% and 11%. Kédougou region is the least populated with only 1% of the population. Tambacounda region, geographically the country's largest with 21.5% of the country's land area, has only 5% of the country's population. Most of the population, 53.3%, live in rural areas. The average density is 80 inhabitants per km² with large regional disparities.

Organization of the Health System

The Ministry of Health and Social Work (MSAS) is organized as a pyramid. Administratively, it includes:

- A central level which includes the Minister's Office, the General Secretariat, the Directorates-General, the National Directorates, the attached central services and the national social reintegration centers
- An intermediate strategic level that brings together the medical regions (RMs) and the regional social work services
- A peripheral operational level with the health districts (HDs) and departmental social work services

The National Program for Neglected Tropical Disease Control (PNLMTN) is part of the Disease Control Directorate (DLM) which is an entity of the General Directorate of Public Health (DGSP). The PNLMTN is composed of five programs: the National Leprosy Elimination Program (PNEL), the National Eye Health Promotion Program (PNPSO) (including trachoma), the National Bilharzia and Soil-Transmitted Helminths Control Program (PNLBG), the National Lymphatic Filariasis and Onchocerciasis Elimination Program (PNEFO), and the National Guinea Worm Eradication Program (PNEVG). Each program is headed by a coordinator. Leishmaniasis is managed by the PNEL, rabies by the PNEVG, and dengue by the Parasite Control Section (SLAP). Senegal has developed and implemented three strategic plans between 2007 and 2020. The first two plans (2007-2011 and 2011-2015) were initially focused on ten NTDs:

- Five preventive chemotherapy (PC) NTDs: trachoma, lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH) and soil-transmitted helminths (STH)
- Five case-management NTDs: leprosy, rabies, dracunculiasis (Guinea worm), cutaneous leishmaniasis, and dengue fever

In 2018, scabies, mycetoma, and snake bites were added to the list. The development of the strategic plan 2021-2025 was delayed due to the country waiting for the finalization of the new WHO guidelines for the development of the strategic plans. This strategic plan will be developed before the end of 2021. These plans were mainly devoted to the fight against PC-NTDs. The mapping of NTDs from PC-NTDs has been completed since 2013 (LF in 2010, SCH/ STH in 2013, trachoma in 2014, OV in 1988), and the scaling up of mass drug administration (MDA) in all eligible districts has been carried out. Before 2015, Senegal did not have significant resources for the realization of LF MDA. Starting in 2015 with funding from USAID first and then the END fund, LF MDA was scaled up in all endemic HDs.

For a sustainable fight against NTDs, Senegal with Act | West support developed a sustainability plan in 2021, which was validated and signed by the Minister of Health.

The program is supported by several technical and financial partners, who support one or a combination of diseases. Some diseases do not receive regular or consistent support. For example, STH (2 HDs) and SCH (27 HDs) endemic districts (without LF co-endemicity) have remained without treatment for some years due to a lack of funding.

In Senegal, there are 13 NTDs, including five PC-NTDs. The fight against NTDs is complex not only because of the multiplicity of diseases and co-endemicity in HDs, but also because several sectors are involved, including the Ministry of Water and Sanitation, the Ministry of Livestock, the Ministry of Community Development, and the Ministry of Social and Territorial Equity.

However, the education sector plays an important role in the success of MDA. The school enrollment rate was 93% in 2014, with attendance at the secondary level at 68%. Schools provide a platform for drug distribution, especially for diseases targeting school-age children. In addition to drug distribution, school curricula include teaching life skills to improve students' knowledge of diseases and their prevention methods.

Act | West consortium partners in Senegal in FY22 are FHI 360 as lead implementer, with technical assistance (TA) from Accelerated Integrated Management (AIM), a program of the American Leprosy Mission, the legal entity under which AIM is budgeted; Deloitte; and World Vision. For each Act | West-supported activity mentioned below, the budget location is specified (for activities to be supported through FHI 360), or Act | West TA partners (AIM, Deloitte, and/or World Vision).

✓ *Please see TABLE 1: List of all partners supporting NTDs in country in WP Excel Tables (attached).*

In the 2016–2020 master plan, the program identified the occurrence of epidemics as a threat. The COVID-19 pandemic has had a significant impact on implementation of the NTD program, where activities have almost come to a standstill due to increasing cases. Implementation has been delayed, but the program, in collaboration with its partners, has identified the risks related to implementation of activities and developed mitigation plans.

In the face of the COVID-19 pandemic, World Health Organization (WHO) suggested stopping all field activities to avoid the spread of the disease. Field activities were suspended for about 6 months. There has been a great deal of delay in the implementation of activities, but the recovery is taking place gradually. The country has developed standard operating procedures (SOPs) for holding workshops, for the MDA, for the pre-TAS and TAS, and for the TSS for the resumption of field activities.

The following activities have resumed with the following outcomes:

- 1) For activities approved in FY20: pre-TAS in 14 HDs; TAS1 in six HDs; TAS2 in three HDs; Trachoma desk review in the RMs of Tambacounda and Kédougou; TSS in 6 EUs (2 HDs) (currently in progress)
- 2) For FY21: integrated MDA in 38 HDs; 14 TAS1 and 24 pre-TAS (planned for July–August 2021)

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

2.1 Lymphatic Filariasis (LF)

Previous and current FY activities and context

The national program began LF mapping in 2003 and completed it in 2012. LF is endemic in 51 out of 79 districts in the country. The 51 LF endemic districts are in 12 out of 14 regions of the country. In 2007, the country started the LF MDA in seven HDs; scaling up was achieved in 2015 with funding from USAID. Targets have not always been met by HDs, and HDs are gradually becoming eligible for pre-TAS. In 2018, the three districts in the Sedhiou region that started the LF MDA in 2013 were the first in the country to pass the pre-TAS and then TAS1. The Pete district in the Saint Louis region, which started its first MDA in 2015, went through four rounds of treatment without reaching the epidemiological coverage target $\geq 65\%$ (coverage was in 2015: 39%; in 2016: 39%; in 2017: 25.6% and in 2018: 35%). It was only during the FY20 and FY21 MDAs that the Pete district was able to meet the target. It has a total of two treatment rounds with results $\geq 65\%$ and is planned to continue the LF MDA in Senegal until FY24.

During 2021, three HDs passed TAS2; 14 HDs passed TAS1 and 24 will conduct pre-TAS between July and September 2021. If all 24 HDs pass pre-TAS, LF MDA will occur in 10 HDs in FY22.

From the current trend, validation of LF elimination is projected to be in 2029. 34 LF endemic districts conducted MDA in December 2020, and all achieved effective epidemiological coverage ($\geq 65\%$) despite constraints due to the end of the year holiday season. USAID funded the MDA in 22 districts, and END Fund funded in 12 districts.

- ✓ Please see TABLES 2a-b: LF (USAID supported LF coverage and HDAs for FY19-FY21) in WP Excel Tables (attached).

Plan and justification for FY22

➤ LF MDA (plus OV, SCH and/or STH) in three HDs (FHI 360: FAA-RMs)

The HDs are progressively stopping LF treatment. In FY22, Senegal will organize the LF MDA in 10 of the 51 endemic HDs. Of the 10 HDs that will be conducting LF MDA, seven HDs are supported by The END fund and three by Act | West. At the national level, 10 HDs will organize an integrated LF MDA + another NTD as follows:

- LF + SCH in two HDs (Khombole and Kaolack)
- LF+ OV + SCH in two HDs (Salemata and Kedougou)
- LF+ SCH + STH in six HDs (Linguere, Coki, Keur Momar Sarr, Louga, Pete, et Diouloulou)

Preparing the MDA

The timing of the MDA is set by the PNLMTN, in collaboration with the RMs and technical and financial partners (PTFs) led by WHO. Since 2018, the MDA has been organized in Senegal during the month of December. The operational level as well as the PTFs have proposed a change in the MDA calendar, as December hosts many events that pose challenges for the MDA organization. December is the month of school exams, school vacations, and end of year celebrations. Resuming the first annual MDA schedule (March-April-May of each year) would mean that the PNLMTN would skip a year of treatment, and this would lead to delays in achieving the objectives of eliminating and controlling NTDs. To avoid the month of December and to avoid a lost year of treatment, the PNLMTN has set the MDA for FY 22 in October 2021.

For the MDA to be successful, it will start preparation in August 2021 with the proposal by the national program of a national technical committee, a communication committee and a supply chain committee. Through a memo, the Directorate of Disease Control (DLM) is setting up the three committees with representation from all the relevant MoH departments involved in the MDA, the education sector, and the PTFs. FHI 360 is represented in all three committees and provides technical support for the successful implementation of the MDA from planning to evaluation. The MDA Readiness Checklist will be used by the technical committee to verify that everything is in place to ensure a good quality MDA. It is expected that from the first meeting, each commission draws up a list of tasks and a calendar of meetings by specifying the tasks and responsibilities of each member. This list of activities reviews all the elements of the MDA Readiness Checklist to ensure the availability of all inputs needed for an MDA. The communication committee is responsible for revising communication materials and providing training to journalists and other people involved in communication about the MDA at the national level.

The technical committee will revise the training modules, plan orientation workshops for national facilitators and supervisors, and organize the RM support teams for the MDA. The technical committee will also ensure the transmission of the micro plans of the RMs, review these micro plans and provide feedback to the RMs.

The supply chain committee will be responsible for the quantification of drugs, data management, and communication support by district and will organize the implementation of these supports at the operational level. The aim of this committee is to have all MDA inputs in place at least one week before the regional orientations.

MDA Organization

After the preparatory phase, the MDA will be organized concurrently in all target districts (having received financial support) at the national level. The duration of the MDA is five days, but it is preceded by an orientation phase at all levels.

a. Technical support to update MDA data collection tools (FHI 360)

FHI 360 staff will participate in the revision of the MDA data collection tools. The recommendations from the MDA evaluation workshops will be used to improve the MDA data management materials. The following tools will be revised: data collection template for districts and medical regions, daily data collection sheet for community distributors, LF morbidity data collection sheet, daily data summary sheet for community supervisors, and input movement sheet for the district. **LOE only.**

b. Training of trainers and supervisors at the national level (FHI 360)

Training is provided by members of the technical committee. A list of trainers and supervisors at the national level is drawn up by the PNLMTN. It is composed of the staff of the PNLMTN, the DLM, other sectors of the MoH involved in the MDA (national supply pharmacy [PNA], national service of education and information for health [SNEIPS], the education sector, the PTFs, and resource persons composed of former PNLMTN or RMs who had demonstrated their commitment to the fight against NTDs). The objective is to have at least two facilitators/supervisors per RM. The training of trainers is carried out over two days in Dakar. **Budgeted in IR1 Training.**

c. Orientation of District Health Management Team (DHMT) and Regional Health Management Team (RHMT) at the regional level

A three-day orientation session is organized at each RM. During the first two days, the focus will be on the organization of the MDA, and the third day will be used to build the capacity of participants on the supervision of the MDA using the Supervisor's Coverage Tool (SCT) which is a WHO tool. Senegal had developed a supervisory template that was used during the MDAs. For FY22, the focus will be on supervision using the SCT. At least five staff members per RM and seven staff per HD will be oriented during these sessions. Civil society organizations, health development committees (CDS) and the education sector will be invited to participate in these orientation sessions. The sessions will be facilitated at the national level. **Budgeted in RM FAAs.**

d. Orientation of health workers from the health post (HP) level to the HD level

After the regional level orientation, training will continue at the district level. Two participants per HP will participate in the training. The education sector and civil society will also be invited to these orientation sessions. The sessions will be facilitated by the DHMTs with the support of the RHMTs. **Budgeted in RM FAAs.**

e. Training of Community Drug Distributors (CDDs) and Community Supervisors (CSs) at the HP level

The health workers oriented at the HD level will provide training to CDDs and CSs at the HP level. Depending on the size of the target, several CDD teams will be assigned to each health post. CSs will supervise CDDs. It is expected that there will be one CS for each team of three CDDs. Usually, the training takes place for one day at the HP level. In FY22, an additional day will be added to train the CSs on the use of the SCT. **Budgeted in RM FAAs.**

f. The MDA

The training will be conducted over a period of five consecutive days in all target HDs. The HPs organize the CDD teams per CS and develop a plan for the progression of the teams for a geographical coverage of 100% and an epidemiological coverage of at least 65%. At the end of each day, the health post manager verifies the data compiled by the CS, compiles them, and transmits them to the HD. CDDs, organized in teams of two, administer the drugs in the community. In schools, teachers administer the drugs; there is usually one teacher per school who is trained. This teacher will supervise the administration of the drug in her/his school.

In FY22, with the integration of NTD data in the DHIS2, managers of the health posts will regularly enter the data in the DHIS2. The HD team will do the supervision in the field but also organize a daily debriefing. During these debriefings, the HD teams will check the progress on the geographical and epidemiological level, check the quality of the data, and give daily feedback to the HPs. **Budgeted in RM FAAs.**

g. Supervision of the MDA

The central level supports the RM for the entire duration of the MDA, which is typically five days. Supervision teams are generally made up of a supervisor from the PNLMTN, a supervisor from the regional level, and staff from FHI 360. Upon arrival at the HD, a member of the core team joins the supervision team to visit HPs, schools, fixed distribution points, and households. A daily debriefing session is held to review and identify the posts to be visited the next day based on the challenges and obstacles encountered. **Budgeted in RM FAAs and DLM FAA.**

➤ **LF Pre-Transmission Assessment Survey (pre-TAS) in Seven HDs (FHI 360)**

Out of the 51 LF endemic HDs, 17 with USAID funding have successfully completed TAS1. In FY22, of the 10 HDs that will conduct LF MDA, seven have already conducted four rounds of treatment with an epidemiological coverage rate $\geq 65\%$. If these HDs meet the targeted epidemiological coverage at the MDA scheduled in October 2021, they will be eligible for pre-TAS in FY22. The HDs are in five RMs and will carry out pre-TAS six months after the MDA, i.e., after April 2022.

RMs and HDs are involved in the planning and implementation of the surveys. After the MDA results are validated and the eligibility of the HDs for the pre-TAS determined, the PNEFO sends correspondence to the RMs to inform them of the HDs where the pre-TAS is planned and of the different activities leading to the pre-TAS. With the support of the FHI 360 staff based in Dakar, PNEFO will prepare a protocol for review by the Act | West technical team before submitting it to Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN) for review prior to the start of the survey.

With the support of FHI 360, the PNEFO will organize an orientation day in each RM for the DHMT and RHMT on pre-TAS. The education sector is also invited to participate in the orientation. The meeting will be facilitated by the National Program for the Elimination of Lymphatic Filariasis and Onchocerciasis (PNEFO) Coordinator or his assistant and staff from FHI 360. During the day, participants will be oriented to pre-TAS spot check and sentinel sites. The facilitators will help them identify their roles and responsibilities for successful survey organization. In preparation for the selection of spot check sites, the DHMTs come to the meeting with details of the results, reports, and evaluation of the last five MDAs per health post. These documents in addition to accessibility, vector abundance, and stability of population will be used during orientation day to select the control sites by HD. The control sites are chosen among the villages that are landlocked, difficult to access, or that have not reached the coverage objective during one or more MDAs. WHO criteria for the selection of a spot check site are shared with all participants. After that, the participants work by district and with the support of the team of facilitators composed by PNEFO and FHI 360 to select spot check sites. The treatment data, morbidity by health post, and by village are analyzed, and the choice of site spot check is done. At the end of the orientation day, a timeline of the survey is established for each RM.

After these workshops, the pre-TAS will be organized in close collaboration with the communities living in the villages hosting the sentinel sites and the spot check sites. Data collection will be electronic. FHI 360

will, with the support of ESPEN collect, train data managers at the district level and use the ESPEN data collection platform to process and analyze pre-TAS data. Technicians and data managers selected at the target HD level of pre-TAS will be trained for 2 days.

Testing and data collection will be done by the staff at the district level under the supervision of the central level. Each HD will be considered as an evaluation unit as recommended by the WHO. After the training of laboratory technicians (2 per HD) and data managers (1 per HD), the survey will take place on average for 6 days per HD, i.e., 3 days per site.

In the context of COVID-19, the organization considers preventive measures against COVID-19, and this explains the number of days needed per site. ***Budgeted in the DLM FAA.***

➤ **LF Transmission Assessment Survey 1 (TAS1) in 24 HDs (FHI 360)**

Twenty-four HDs in 11 RMs will be eligible for TAS1 if they pass the pre-TAS scheduled between July and September 2021. The PNLMTN will share result with Who AFRO/ ESPEN LF Focal point and asking for approval to conduct TAS 1 if the HDs passed pre-TAS. Considering the WHO recommendations, the 24 HDs (Bignona, Birkelane, Diakhao, Fatick, Dioffior, Gossas, Goudiry, Guinguineo, Kaffrine, Kougheul, Maka Colibantang, Malem Hodar, Medina Yoro Foulah, Niakhar, Oussouye, Podor, Popenguine, Pout, Sakal, Saraya, Sokone, Thionk Esyl, Touba, Ziguinchor) will be organized into 23 evaluation units. The district of Diakhao and the district of Fatick will be grouped into one evaluation unit. Indeed, the Diakhao HD was created from the division of the Fatick district in FY 20. ***Budgeted in the DLM FAA.***

➤ **Procurement of FTS for use in Act | West-supported LF surveys (FHI 360)**

Act | West will procure FTS for the organization of pre-TAS in seven HD (7EUs) and TAS in 24 HD (20 EUs). FTS requirements are estimated at 5,600 for pre-TAS and 33,000 for TAS1, sum of 38,600 FTS. Act | West will support the procurement of FTS. FHI 360 will manage the utilization of the FTS for efficient use. ***Budgeted in IR1 Drug Supply Management.***

➤ **Supervision of specific LF evaluation surveys (FHI 360)**

FHI 360 team will work closely with PNEFO to ensure the protocol is followed in the field. Since 2020, Act | West has supported PNEFO in the organization and management of pre-TAS and TAS data. FHI 360, in collaboration with PNEFO, will conduct a daily debriefing throughout the survey period. National level supervisors and district and regional team supervisors will participate in these daily debriefings. In the context of COVID-19, daily debriefing is important. It allows difficulties to be resolved as they arise and preventive measures to be taken in advance. The education sector is strongly involved in facilitating the introduction to the school, but also in advocating with parents and students in case of rumors or refusals noted during the TAS1 that are held at school.

The lessons from the 2020 and 2021 surveys show the importance of ongoing communication with the survey teams during the entire survey period to anticipate and resolve problems. Therefore, with the guidance of the lab technicians and data managers, FHI 360 will initiate regional WhatsApp groups. All supervisors, surveyors and data managers will be part of the group. The team will share daily results and challenges. The Act | West monitoring and evaluation manager will share the daily results uploaded on

ESPEN Collect on the WhatsApp group for field team response. This information will be discussed in debriefing meetings and adjustments will be proposed whenever necessary.

- Supervision of LF pre-TAS in seven EUs / seven HDs
 - District staff under central level supervision will collect blood samples and relevant demographic data. In FY22, Act | West will technically and financially support the supervision of pre-TAS surveys in the seven EUs. **Budgeted in IR1 Supervision M&E DSA.**
 - Supervision of the LF TAS1 in 23 EUs (24 HDs)
 - In addition to technical support in the training of data managers and laboratory technicians, Act | West will finance the supervision of field activities. **Budgeted in IR1 Supervision_M&E DSA.**
- **Integration of LF and trachoma MMDP modules into the training curriculum of nursing and medical schools (AIM) – On hold**

In FY22, the AIM Initiative will continue to provide technical support to the NTDP in Senegal to ensure MMDP requirements for the elimination of LF and trachoma are met. Country activities are presented below to align with the budget, including knowledge management activities.

Findings from the MMDP Situation Analysis indicate that academic training related to LF morbidity is done at two levels: (1) the National School for Health and Social Development (ENHDS), which provides initial training to nurses, and (2) three primary universities (Université Cheikh Anta Diop, Université de Thiès and Université de Ziguinchor). In these universities, medical doctors and specialized surgeons are trained in morbidity management, including hydrocele surgery and TT surgery for ophthalmologists. The curriculum for the initial training includes general information on LF and trachoma, but not specifically morbidity management and TT surgery techniques. The curricula (for both the nursing school and medical schools) are supposed to be revised every five years, but, in the case of the nursing school, the last revision took place in 2014.

Based on lessons learned in Ghana, AIM will support the NTDP to engage the relevant schools and training bodies to make a case for inclusion of MMDP topics in revised curricula when the review takes place. If proposed modifications are accepted, AIM will provide technical assistance to support development of MMDP modules.

This activity will help ensure the future workforce is adequately trained, which may reduce future training costs once health workers graduate and are working in the various health facilities.

To complete this activity, the following steps are planned:

- A one-day preparatory meeting will be held with stakeholders from the medical and nursing training institutions, the curriculum review committee, NTD Program, FHI 360, AIM and the training department within the DPRS (Direction de Planification, de la Recherche et Statistique) to present the activity and obtain stakeholder buy-in and recommendations. The stakeholders will discuss the overall curriculum review process and how best to present revisions to the MMDP modules. An estimated 15 people will attend the meeting in Dakar.
- Following the initial meeting, AIM will provide technical assistance to the NTDP to complete a desk review of the current curricula and document the key MMDP gaps. This information will be presented to the full NTDP and discussed during a 1-day meeting held in Dakar. An estimated 15 people will attend. The goal of this meeting is to discuss what additional MMDP sections/topics

should be proposed for inclusion in the curricula. An outline of proposed topics and sub-topics will be developed and submitted to the curriculum review team for consideration.

- Once the proposed topics have been accepted by the curriculum review committee, a three-day meeting will be held with members of the NTD Program, specifically LF and trachoma programs, to develop the recommended MMDP modules and discuss curriculum revisions related to LF and trachoma. 15 individuals will participate in this development meeting in Dakar. The key outcome of this meeting will be draft MMDP guidance to be incorporated into the curriculum(s).

Knowledge Management

AIM will document the review process and interview institutional stakeholders on their experience, feedback on the process, and how it will help increase capacity for health workers preparing for employment at various facilities. As this activity is being carried out in multiple countries, a combined communications piece can be developed once revisions are accepted.

TA/Consultants

To support the curriculum revision process, a local consultant will be hired to support the activity. AIM will explore recruiting a consultant with experience from one of the institutions, or someone who has experience with the curriculum development and review process in Senegal.

➤ **Assessment of the availability of the LF recommended essential package of care (AIM)**

LF dossier submission requires documentation of the availability of the recommended essential package of care in all areas of known patients and, in selected designated facilities, documentation of the readiness and quality of available services. The MMDP Situation Analysis conducted in FY20 revealed that 13/15 regional hospitals have urology services equipped to perform hydrocele surgery. However, there is no data on the health facilities equipped to perform surgery according to the WHO requirements and the distribution of the essential package of care. Challenges described in the situation analysis include unequal distribution of health infrastructure, quality of technical facilities throughout the country, and insufficient availability of service packages, including drugs, training guides and technical tools.

In order to provide 100% geographic coverage, countries should designate and equip at least one health facility per implementation unit (IU) to provide MMDP services for LF-related diseases. In Senegal, there is a list of potential facilities for designation, but the training has not been completed to fully designate such facilities. To inform training and designation, there is a need to understand the current capacity of health facilities. Designation should be based on a variety of factors including the level disease burden, surgical capacity, availability of cadre of appropriate health worker, patient access, and existing infrastructure.

AIM, as part of Act | West, proposes to support the NTDP to conduct a pre-designation assessment to gather information on health facility capacity in endemic districts to evaluate the capacity of the facilities regarding MMDP services and inform training needs and facility designation. AIM will support the NTDP to design the assessment, including aspects of the themes that are part of the WHO direct inspection protocol (DIP) such as trained staff, case management and education materials, water infrastructure, medications and commodities, patient tracking system, and staff knowledge. In addition to the included LF indicators, AIM will assess if it is feasible to add additional indicators, including those related to trachoma, such as the availability of senior ophthalmic technicians or ophthalmologists, and the appropriate surgical kits.

The following activities will take place:

- An initial 2-day planning meeting will be held to discuss the activity, review current health facility lists, and discuss the criteria to be included in the assessment. The meeting will be held in Dakar with an estimated 15 people from the MOH, NTD Program, FHI 360, AIM and relevant partners.
- Following the meeting, AIM will support the NTDP to finalize the assessment and determine the appropriate methodology to obtain the information from facilities. Where possible, existing information will be requested via phone from district and regional officers, or through existing databases or reporting structures.
- To collect any additional information needed, a pre-designation assessment consisting of an estimated 10 days of fieldwork will be planned to gather information from the NTD focal persons at the district level.
- Following the completion of the pre-assessment, a one-day dissemination meeting will be held to present the findings to the full NTD Program and key stakeholders. An estimated 20 participants will attend this meeting held in Dakar. Recommendations will be shared regarding training needs and resource allocation to support facilities being adequately equipped.

Technical Assistance

To reduce AIM-associated travel costs, a local consultant will be hired to work with the NTDP to support fieldwork to collect information from the districts.

Knowledge Management

AIM will create a document for partner dissemination describing the process of the pre-determination assessment and seek to share the approach at relevant conferences or forums.

Host Government/Partner Supported Activities

The education sector is an important partner of the PNLMTN. The Minister of Health and the Minister of Education have signed an agreement to institutionalize their collaboration. The education sector is involved in the implementation of MDA and TAS which take place at the school level with the full participation of teachers. The School Health Control Division (DCMS) housed in the Ministry of Education has a disease control office and an NTD focal point. The NTD focal point of the DCMS participates in the preparation of the MDA, ensures that the Minister of Health signs the memorandum asking teachers to collaborate with the health sector for the success of the activity.

During the TAS, the inspectors of education at the regional level send circular letters to request the involvement of teachers in sensitizing parents and students for a successful survey.

Since 2018, the End Fund has financed integrated MDA in the LF+ co-endemic HDs in four RMs: Kedougou, Tambacounda, Louga and Saint Louis. In FY22, it is anticipated that END Fund will continue to support MDA in these four RMs.

The Organization for the Development of the Senegal River (OMVS) provides financial support for implementation of MDA in the SCH endemic districts (7 HDs) in the regions of Saint Louis (3 HDs) and Matam (4 HDs). In FY22, OMVS will support MDA in the four HDs of the RM of Matam. Enda Santé is the implementing NGO of the OMVS support to the national program.

2.2 Trachoma

Previous and current FY activities and context

Until 2019, Senegal’s goal was to eliminate trachoma as a public health problem by 2022. The MSAS subscribes to the WHO-endorsed SAFE (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement) strategy. As of mid-July 2019, all endemic HDs had achieved the stop MDA criteria (<5% trachomatous inflammation – follicular [TF]) and are now in a surveillance phase, with the last trachoma surveillance surveys (TSS) planned for 2021. During FY 21, TT only surveys were conducted with Sightsavers’ (SS) support. But due to COVID-19 and delays in the execution of confirmatory mapping indicated by the pre-confirmatory mapping desk reviews and TSS, the PNPSO revised Senegal’s elimination targets to 2025.

Trachoma baseline mapping was conducted using the WHO simplified grading system and standard protocol. Mapping was first conducted in 2000, at RM level (grouping Saint Louis and Louga; Fatick and Kaolack; Diourbel and Thiès; and, individually, Dakar’s periphery and Tambacounda). HD-level baseline mapping of 56 HDs (out of a current total of 79), was conducted from 2004-2014, with the last 17 HDs using the Global Trachoma Mapping Project (GTMP) system. The HD-level baseline mapping found that 27 HDs were endemic for trachoma (defined as TF \geq 5%): 14 HDs with TF 10-29.9% (warranting three rounds of MDA) and 13 HDs with TF 5-9.9% (warranting one round of MDA). In the 29 HDs where TF <5%, no MDA was warranted.

The HDs that were mapped at RM level only (in 2000), with no HD-level follow-up, registered the following prevalence among <11-year-olds: Dakar RM’s peripheral HDs collectively had 3.3% TF/TI; and the 10 HDs of the former Tambacounda RM, which was later split into Kédougou (3 HDs) and Tambacounda (7 HDs) RMs, collectively had 4.8% TF/TI. In the region of Tambacounda/Kédougou and where the regional TF/TI prevalence was <5%, the PNPSO did not conduct district-level mapping in those regions. In view of trying to reach the elimination targets in 2025 and a subsequent submission of the trachoma dossier, the PNPSO wanted to gather information on the current situation in those regions. In FY21, with funding by USAID, a situation analysis was conducted in these districts to understand whether confirmatory mapping would be recommended. The PNPSO developed a decision-making algorithm based on a number of indicators (e.g., presence of TF or TT cases, WASH data, sharing a border with an endemic district, etc.). The conclusion of the work was that one district, Kedougou, should undergo confirmatory mapping and the PNSPO may consider Trachoma Rapid Assessments (TRA) elsewhere. Mapping in Kedougou is planned to be conducted with FY21 funds.

Finally, in July and August 2021, trachoma surveillance surveys in Saint Louis HD (2 EUs) and Touba HD (4 EUs) were conducted with USAID/ Act | West support. These surveys were originally planned for FY20, but due to the COVID-19 pandemic were postponed. The protocol was developed by PNPSO with technical support from FHI 360 and Tropical Data.

✓ *Please refer to TABLES 3a-b: TR (USAID supported TR coverage and DSAs for FY19-FY21).*

Plan and justification for FY22

➤ **Trachoma Dossier Development**

- a. **Organize two meetings to support development of Trachoma elimination dossier (Senegal trachoma expert committee) (FHI 360)**

Through the PNPSO, Senegal plans to submit the trachoma elimination dossier in 2025. While the dossier narrative has not yet been started; the trachoma dossier Excel template has been partially filled out based on the DHIS2 forms containing certain trachoma indicators. However, we note the following constraints:

- Incomplete surgical data
- Lack of data from other sectors (water and sanitation) in this component
- Weak multi-sectoral collaboration

Thus, for fiscal year 2022, in addition to the ongoing operation of the trachoma expert committee, Act | West will support two meetings. These meetings will bring together WHO country office representatives, technical and financial partners, the former national coordinator of the PNPSO, national trachoma experts, other sectoral departments involved in the WASH component (National Hygiene Service, Ministry of Environment and Sanitation, Ministry of Hydraulics), other NTD coordinators, and the PNPSO team. Each meeting will allow time to make an inventory of the constitution of the elimination file, make recommendations, and define the next steps with designated officials will be defined during each semi-annual meeting. **Budgeted in IR1 Dossier Development.**

Act | West will fully fund this activity. .

b. Workshop to strengthen WASH data collection at HD / HD's staff orientation in trachoma dossier (FHI 360) – On hold

With support from the DHIS2, the NTDP organize monthly internal meetings to discuss the level of completeness, the timely reporting of data in DHIS-2 and identify challenges to tackle during the upcoming month. These activities are regular, evidence-based decision making organized by the NTDP. The “DHIS2 data pool report” produced during the first monthly review meeting has shown that data on WASH components of the SAFE strategy are poorly filled in because information is not available at the health post level. Indeed, since February 2021, the PNLMTN has verified the NTDs data reported by each HD in DHIS2 every three months. The periodical review indicated low completion of water, sanitation, and hygiene (WASH) data and indicators by operational level staff. At this level, most of the WASH data is held by the departmental and regional hygiene services, which are members of the staff of the health districts and medical regions. Despite several calls from the PNPSO, the HDs have not provided WASH information in the various existing reports on the DHIS2. The meeting of the national expert committee for trachoma elimination recommended an orientation for hygiene officers in DHIS2.

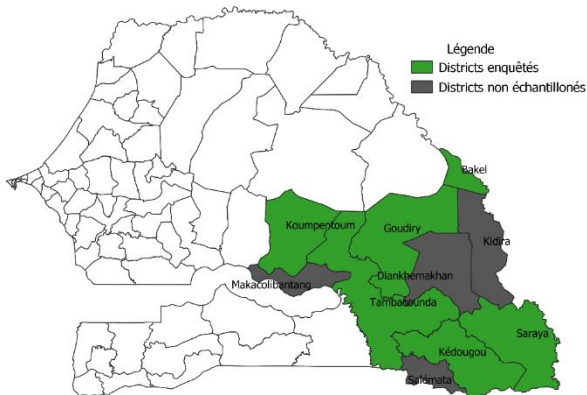
For FY22, Act | West will support four orientation workshops targeting DHMTs/hygiene departments in the 27 trachoma endemic HDs and DHIS2 focal points at the HD and RM level. Each workshop will be held over 2 days. These workshops will also be opportunities to advocate for a better understanding of the importance for the country to capture all the information on WASH for completion of the trachoma elimination dossier. In preparation for these workshops, FHI 360 will assist the PNPSO in developing orientation modules and materials for collecting WASH information. The hygiene service managers in collaboration with the DHIS2 focal points will fill out these templates and present them during the workshops. Following the workshops, HDs will commit to completing the DHIS2 WASH forms quarterly. The PNPSO will extract these forms each month for analysis and feedback to the HDs concerned. The expert meetings for the development of the trachoma file will be an opportunity to monitor the completion of the WASH data. After this initial step, the hygiene officers will be fully involved in activities related to enhancing the mainstreaming of NTDs into DHIS-2 and ensure that WASH data are mainstreamed into DHIS2 and into routine reporting at district level (see activities under system strengthening: (i) organize a NTDs data review workshop in DHIS2 and (ii) organize an integrated NTDs supervision in three RMs to assess and foster integration of NTD data into DHIS2, integration of NTDs data

into routine activities of health posts, health district and medical regions. **Budgeted in IR1 Dossier Development.**

c. Confirmatory Mapping in One EU (Three HDs); Trachoma Rapid Assessments (TRA) in Seven HDs; (FHI 360)

The PNPSO participated in the USAID/Act | West supported workshop on trachoma pre-confirmatory mapping desk reviews in March 2020 in Dakar. The participatory workshop aimed to assist countries close to elimination in developing a methodology to systematically document the current situation where trachoma was not previously suspected as being endemic for the purposes of the dossier. The dossier requires an explanation of the trachoma situation in all HDs in a country claiming to have reached elimination. The process of conducting desk reviews also helps to identify any areas where trachoma may be suspected and in need of confirmatory mapping. The PNPSO, with FHI 360 support, developed a protocol for and implemented desk reviews in six of the 10 HDs of Tambacounda and Kedougou RMs in February 2021. In these regions, previous data had indicated that trachoma was unlikely to be a public health problem, but these data are over a decade old and only at the regional level. Only six HDs were included in the desk reviews because the other four HDs have no eye health services and therefore, information with which to conduct a desk review was lacking (Figure 1).

Figure 1. Districts in the Tambacounda and Kedougou RMs by status of inclusion in the trachoma pre-mapping desk reviews



As part of the protocol, a decision-making algorithm was developed to determine the next steps following the desk reviews, based on indicators such as presence of TT and/or TF cases, number of cases operated for TT, and whether the HD shares a border with a known trachoma endemic HD. The results of the desk reviews indicated that of the six HDs where desk reviews took place, in one HD there was suspicion of trachoma (Kedougou) and in the other five, the results were inconclusive. Per the decision-making algorithm for next steps, confirmatory mapping should take place where trachoma is suspected, and trachoma rapid assessments (TRA) should be conducted where the results are inconclusive.

One particularity of Kedougou HD is that it is a small HD in terms of population and also borders a district not included in the desk reviews (Salemata). Additionally, while one HD included in the desk review, Saraya, had inconclusive results and would therefore normally undergo TRA, it borders both Kedougou HD and Kenieba HD, a formerly trachoma endemic HD in Mali. Therefore, the Senegal trachoma expert committee recommended that Kedougou be combined with Salemata and Saraya during the confirmatory mapping into a single EU. Additionally, the Senegal trachoma expert committee recommended that TRAs be conducted in districts where desk reviews did not take place to ensure availability of information for all 10 HDs across the Kedougou and Tambacounda regions.

Therefore, the following activities will be implemented in FY 22:

- Orientation (of senior ophthalmic technicians and data collectors) to trachoma confirmatory mapping. The methodology will follow Tropical Data training guidance and the methodology for the confirmatory mapping will be the same as that recommended by WHO for trachoma baseline mapping.
- Trachoma Confirmatory mapping in one EU (comprised of three HDs: Kedougou, Salemata and Saraya [all three HDs of the Kedougou RM])
- Orientation (of senior ophthalmic technicians and data collectors) to TRAs in seven HDs: As a first step, FHI 360 will organize a virtual meeting with the trachoma technical advisor from Act | East, FHI 360 Senegal and the PNPSO to discuss TRA methodology, and in particular, selection of sites, given that program's extensive experience conducting TRA. Following this virtual meeting, the in-country the orientation will include senior ophthalmic and technicians and data collectors: The program will be conducting TRA for the first time. As such the orientation meeting is aimed at familiarizing them to the protocol for of the assessment.
- Trachoma Rapid assessments: TRAs will be conducted in the seven HDs in the Tambacounda RM.

Budgeted in IR1 Mapping.

d. Trachoma confirmatory mapping in HDs identified via the TRA [if warranted] (FHI 360)

Seven HDs will undergo TRAs in the Tambacounda RM, as described above. If, the findings of the TRA indicate that trachoma is suspected as a public health problem, the PNPSO will conduct confirmatory mapping. Confirmatory mapping in any of these HDs will only take place after the completion of the TRA and discussion of the results with USAID. ***Budgeted in IR1 Mapping.***

2.3 Onchocerciasis (OV)

Previous and current FY activities and context

OV was mapped in the Southeast and South of the country in 1987 using skin snip microscopy (all age groups) and, in certain villages, ophthalmological examination (ages ≥ 5 years). Senegal has conducted exclusion mapping protocol and procedure with support from END Fund in 2019 that concluded that no additional mapping is needed. The non-treated and non-mapped areas are found not suitable for OV transmission and not environmentally and ecologically suitable for black flies. The level of risk was categorized as follows: 1) Falémé and Gambia River Basins: low to no risk in the northern part, and medium risk in the southern part. This latter zone includes the eight current HDs (three in Kédougou RM [Kédougou, Salemata, Saraya], one in Kolda RM [Vélingara], and four in Tambacounda RM [Dianké Makha, Goudiry, Kidira, Tambacounda]) that are considered endemic. 2) Tomine and Geba River Basins: low or no risk 3) Fouta Djallon: the west subzone had low or no risk, and the others had medium risk. The Falémé River Basin, which runs through Kédougou and Tambacounda RMs' OV-endemic HDs, and the Gambie River Basin, which runs through Kédougou, Kolda, and Tambacounda RMs' OV-endemic HDs, are considered the country's two OV foci (or transmission zones).

The PNEFO's strategy is annual MDA with IVM in endemic HDs. The country conducted treatment via health worker-led community-based treatment with IVM (1988–1996) or community-directed treatment with IVM (CDTI, 1996–2005) in all known endemic foci. Beginning in FY12 in Tambacounda RM and in FY13 in Kédougou and Kolda RMs, the MSAS shifted to an MDA model, integrating the treatment for OV with MDA for LF, resulting in treatment in the entire HD rather than in OV-endemic foci (599 villages on 2006) alone. After more than 28 years of treatment and assessments in known endemic areas, elimination of OV

seems feasible. It is expected that all OV-endemic HDs, which are also co-endemic for LF, will be able to stop ivermectin (IVM) MDA as soon as MDA for LF (which uses IVM + albendazole [ALB]) is stopped (before FY25).

In 2019, with END fund support, epidemiological and entomological surveys were conducted by PNEFO. The entomological survey showed encouraging results toward the elimination of OV as a public health problem, but the epidemiological was not analyzed. The PNPSO are waiting for END fund support to have the results of the epidemiological survey.

An OV expert meeting was organized in Dakar in 2017. As a result of this meeting, an OV expert committee was institutionalized in 2019 by the MoH. Based on the results of the MDAs and the entomological and epidemiological surveys, PNEFO, with the support of FHI 360, organized a meeting of the expert committee in June 2021. The results of the MDAs and DSAs were presented to the experts. The NOEC recommended to i) resurvey the sites that had non-black flies collected, ii) proceed with the laboratory analysis of the epidemiological samples collected in 2019 iii) reinforce cross border collaboration and data sharing with Mali, Guinea and Guinea Bissau, iii) reinforce laboratory capacity for long term surveillance post MDA, including the training of laboratory technicians and the equipment of labs for O-150 qPCR and OV ELISA iv) Collate OV and start documenting OV activities for publication, v) Revamp the NOEC decree to ensure control by scientific experts. vi) undertake a CES in OV treated districts vii) mapping of breeding sites in border districts viii) Identify and train field technical entomologists ix) Undertake a socio-anthropological survey in border districts, x) Ensure GPS coordinated are included in fields surveys in the OV endemic districts xi) start developing the dossier the OV elimination. A plan to eliminate OV in Senegal is expected to be developed during 2022 with technical support from Act West.

Plan and justification for FY22

➤ OV MDA (plus LF and SCH) in eight HDs (FHI 360)

In Senegal, there are eight HDs endemic to OV in three RMs in FY22, and MDA will be organized in each of these eight HDs. Among the eight HDs, integrated OV+LF+SCH MDA will be conducted in two HDs, supported by END Fund, which is included in the LF MDA section. Six HDs will organize an integrated OV+SCH MDA. Out of the six HDs, MDA in one HD, Velingara, will be supported by USAID through Act| West, while END Fund will support the five HDs in Tambacounda and Kedougou RMs.

The organization of the integrated OV MDA according to HD endemicity follows the same logic as the MDA LF+; see the description in the MDA section for LF.

- Orientation of MDA trainers and supervisors at the national level
- Orientation of RHMTs, DHMTs, and RNs, and micro planning at the regional level
- Orientation of Health Post Head Nurses and micro-planning at the HD level
- Training of CDDs and teachers at the HP level
- Implementation of a communication plan
- 5 days of treatment in the community and schools
- Supervision at HP, HD, and RM levels
- Evaluation at HD, RM, and National levels

Budgeted in RM FAAs.

➤ OV Elimination Dossier

To support efforts towards the elimination of OV, the country will hold two meetings of the OV and LF Expert Committee in FY22. One meeting will be funded by the END fund and one meeting by USAID. Regular expert meetings will allow for proper monitoring of the OV elimination plan that will be developed in FY21. Recommendations will be made at each meeting and the PNEFO with the support of FHI 360 will follow up on the recommendations to bring the country to elimination. ***See Appendix 2. Strategic Planning.***

- **Handling and loading fees for transport of MDA drugs from National Supply Pharmacy (PNA) to Regional Supply Pharmacies (PRA) in RMs (FHI 360)**

Donated drugs are stored at the National Supply Pharmacy (PNA) level. At the time of preparation of the MDA, Act | West supports the program in the distribution of drugs by districts according to the target populations per disease which dispatches to the PRAs. Each HD comes to pick up drugs at PRA or RM's pharmacy like in the regions of Kedougou which do not have a PRA yet. The transport of medicines from the central PNA to the regional PRA is ensured by PNA trucks. The PNA integrates the transport of NTD drugs for MDA into its usual drug delivery and therefore does so without additional transport costs. Act | West supports however the cost of handling fees and loading/unloading of the NTD drugs into the trucks. ***Budgeted in IR1 Drug Supply Management.***

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

3.1 Systems Strengthening

Data security management

PNLMTN uses the WHO Integrated NTD Database (IDB) for the centralized management of NTD data. The database is relatively up to date (2019 data), and the data is stored on personal laptops with protected passwords and a copy of the database stored externally in the FHI 360 office. In FY21, the PNLMTN integrated MTNs indicators into DHIS2 with the support of Act | West. In February 2021, the Minister of Health sent a ministerial note asking RMs and districts to start NTDs data entry in the DHIS2 platform. This will enable the PNLMTN to meet challenges related to the standardization of its approach to data security. In FY21, the NTDP will continue its effort to update the WHO database and mainstream NTDs data into DHIS2 to ensure that data are stored in secure platforms and systems.

Activities planned for FY22

For proper use of NTD data, Act | West through FHI 360 will support the PNLMTN in monitoring NTD data.

➤ **Technical assistance to update integrated NTD database (FHI 360)**

Act | West will continue strengthening the PNLMTN capacity to update the IBD. There is one person responsible for data management within the national program. The latter was appointed during FY20. FHI 360, through Act | West in-country M&E team and/or MEL team, will use working sessions and a coaching approach to support the person responsible for data management to update the integrated NTD database. Act | West will also continue to ensure that the IBD is backed up on a regular basis. **LOE only.**

➤ **Organize a NTDs data review workshop in DHIS2 (FHI 360) – On hold**

Since February 2021, on the instruction of the Minister of Health by memorandum, the district has started integrating NTDs data into the DHIS2. Furthermore, the PNLMTN has started producing a quarterly report (DHIS2 data pool report) to assess the completeness and identify any quality issues that need to be addressed in specific regions and districts. During FY22, Act | West through FHI 360 will support the NTDP organize four workshops to review the NTDs data. For a most cost-effective approach and engaging session, the NTDP will group neighboring regions (RM) in one workshop. Each workshop will be organized in geographic area g and will last 3 days. This approach will keep participants close to their location, reduce transport costs and travel time. FHI 360 will assist the PNLMTN in developing a template for the presentation of NTD data and indicators. The template will be shared with the RM one week before the period of review. The RMs will complete the template. During the review, each RM will present its data. Discussion following the presentations will help to make proposals to improve the completeness and quality of the data captured in DHIS 2. This approach will increase ownership of NTDP data by district and regional management teams, as each team will be required to present its data, identify challenges, and discuss with other districts and regions the improvements needed. In each axis, HDs from three RMs will be grouped together. For each axis, the RMs will be grouped by proximity; the more centered region and having more districts will host the review. Participants from each HD will target the NTD focal point, the DHIS2 manager, and the DHMT. The RM will be represented by the NTD Focal Point and the Data Manager. These reviews will provide opportunities to assess the status of NTD data in the DHIS2 platform at the national level and to discuss, examine, and analyze performance to develop strategies to further strengthen the health system in the fight against NTDs. **Budgeted in IR2 Data Security and Management.**

- **Organize an integrated NTDs supervision in three RMs to assess and foster integration of NTD data into DHIS2 and improve processes for effective implementation and monitoring of MDAs (FHI 360)**

With Act | West support, the PNLMTN has developed and validated a sustainability plan to maintain accomplishments and strengthen the management of NTDs at the operational level with a view of achieving the objectives of elimination and control. To monitor the integration of NTD activities into operational level activities, the PNLMTN in collaboration with its partners will organize an integrated supervision of NTDs in the medical regions.

In 2021, the WHO funded integrated supervision in the Kedougou and Tambacounda regions, and OMVS funded supervision in the Matam region. These integrated supervisions covered different aspects such as: assessing the integration of NTD control into routine activities at the operational level; appreciate the integration of NTDs into the community-level activity package; assess the level of reporting of data in the DHIS2 platform; verify the archiving of MDA campaign management tools; specify the level of knowledge of the actors on NTDs; check the availability and use of NTD communication media at the services delivery points (SDPs) assess the quality of NTD care; assess the availability and use of management materials (notification form, case definitions, etc.); assess compliance with NTD monitoring procedures; assess the level of implementation of community-based monitoring of NTDs; check the availability of drugs and medical products for routine treatment of PC- NTDs and for cases management and identify challenges and propose plans for resolving challenges. The supervision organized carried out in 2021 identified difficulties: lack of training of staff (providers and community actors) on NTDs, low level of reporting of NTD data in the DHIS2 platform, lack of communication activities on NTDs, and unavailability of certain NTDs drugs for routine providers. Building upon the 2021 exercises, the NTDP will reorganize the purpose of the integrated supervision to focus on more pressing challenges and achieve more actionable plans.

In FY22, Act | West will support integrated supervision in the Kolda, Ziguinchor, and Fatick regions. The purpose of FY22 supervisions in three regions will cover two main areas: the integration of NTDs data into DHIS-2 and supervision of the processes for effective implementation and monitoring of MDAs. In a more specific way, the purpose of the integrated supervision is to assess the level of reporting of data in the DHIS2 platform; assess the availability and use of reporting forms (notification form, case definitions, etc.); assess compliance with NTD community-based monitoring procedures. At the end of each integrated supervision, the team will identify challenges and propose plans for resolving them. The district management team and the regional management team will be responsible of following the implementation of the actions identified in the plans. ***Budgeted in IR2 Data Security and Management.***

Drug Management

The national public supply system, which is the National Supply Pharmacy (PNA) with its regional affiliates: Regional Supply Pharmacies (PRAs) that ensure distribution to the operational Levelland drugs are managed by the PNA for distribution from the central level to the Services delivery Points. The PNLMTN quantifies the need for drugs and other NTD products. Procurement is done by completing and submitting the joint request form to WHO and other drug request forms to the donor program for donated drugs and forwarding the needs to implementing partners for procurement. In 2021, the PNLMTN put in place a drug management manual for NTDs. This manual is based on the SOPs developed by the WHO, which have been revised and adapted according to the country's current standards. Thus, this manual will allow for better

management of NTD drugs, especially at the operational level (appropriation of drugs for effective and rational use).

Activities planned for FY22

➤ **Quantification of MDA's Drugs, tally sheet and communication support (FHI 360)**

The quantification of drugs will be based on the MDA roadmap by disease (LF, Oncho, CHS and STH). It will be based on the target population of the MDA for each district. Thus, for optimal drug management, the quantity of drugs remaining at the level of the PRA/medical regions (result of the inventories) is considered in the quantification of needs. The FHI 360 team is supporting the PNLMTN to update the drug quantification file. The estimation of needs is also made for management tools and communication support on the same basis. Working sessions are organized in this direction before the MDA by the PNLMTN.

➤ **Support the submission of complete drug donation applications (FHI 360)**

○ **Work sessions in support for preparation of WHO Joint Application Package (JAP)**

FHI 360 will assist the PNLMTN in filling out the JAP and support it for submission to WHO on time. This ensures that the overall JAP is of high quality and facilitates follow-up with WHO Headquarters. It ensures timely approval and shipment of the requested drugs. FHI 360 receives a copy of the requests submitted to WHO from the DLM.

FHI 360 will support the PLMTN in updating the data on disease endemicity and updated population by district for the purposes of the drug application form as well as the survey data and accompany it for submission to WHO in time. This technical support will be done during the working sessions that will be organized by the program for this purpose. Follow-up meetings will be organized regularly or, if necessary, a JAP follow-up item will be included in the agenda of the monthly program coordination meetings.

The FHI 360 team will participate in regular follow-up meetings organized by the program. These meetings will provide an opportunity to follow up on the submitted forms as well as an opportunity to respond to any requests from WHO regarding the JAP. **Budgeted in IR2 Drug Management.**

○ **Organize capacity building for PNLMTN staff on JAP in collaboration with ESPEN**

With the arrival of new members in the PNLMTN, there is a need to build their capacity in filling out the various JAP forms. This session will help the PNLMTN submit the JAP on time and allow for better involvement of the national program officers.

This session will be organized by FHI 360 in collaboration with the ESPEN team in a webinar format. It will provide guidance to the PNLMTN Coordinator, the GDD, the program coordinators, and their assistants. **LOE only.**

➤ **Support Evaluation of NTD Warehouse Facilities and Processes in Five RMs**

Following up on the recommendations of the webinar organized by FHI 360 in collaboration with ESPEN, the PNLMTN was interested in evaluating the storage locations of NTDs drugs. This evaluation will ensure that the storage sites for NTD drugs meet certain standards to guarantee efficient management and safety, rational use of medicines, especially those given free of charge for preventive chemotherapy. This

assessment will be done in the form of a supervisory mission in at least five (5) PRA and at the PNA aware of FY22.

FHI 360 will provide funding for this activity and technical support through the participation of its staff in supervisory missions. ***Budgeted in IR2 Drug Management.***

➤ **Reverse Logistics (FHI 360)**

Act | West will support reverse logistics in Senegal. There are challenges noted with the return of drugs from the operational level at the HD to the PRAs. The difference between the stock sheet and the physical stock is significant, and often there is not much explanation for this difference. To improve drug management and reverse logistics, it is planned for FY22 to financially support the NTD drugs post MDA supervision of PRA to the districts where significant differences between the stocks book and the physical stocks returned to PRA after the MDA.

○ **Support for PRAs' post-MDA monitoring of MDA drugs in 16 HDs**

In FY21, challenges were faced in returning medicines from the health post level through the district to the PRA/RM level. This activity is being carried out with the technical and financial support of FHI 360. The leftovers returned by the districts are stored at the level of the PRAs (9) and the medical regions (2) that do not have a PRA. The various reports from the 11 regions have been sent back and have provided a clear picture of the quantity of drugs remaining in the country after the December 2020 MDA.

To maintain this momentum, it is planned for FY22 to financially support PRA/RM in the management of the remaining drugs after MDA (return and secure storage of the remaining MDA). ***Budgeted in RM FAAs.***

➤ **Support preventing the expiration of donated NTD drugs and diagnostics (FHI 360)**

To prevent the expiration of drugs and diagnostics, drug management will be based on the "FEFO" principle, which minimizes the risk of loss due to expiration by ensuring that stocks with the closest expiration dates are used first. Proper management according to the FEFO principle helps to keep storage areas tidy and more spacious. FHI 360 will ensure that stock management sheets for each molecule are up to date in all storage locations for NTDs in collaboration with the PNLMTN and PRAs.

○ **Support the drugs inventory before and after MDA**

For better management of NTD drugs, the PNLMTN makes an annual inventory of drug stocks at the PNA level before and after the MDA. This same exercise is done at the PRAs. Inventory reports are shared with FHI 360. These are a FAA deliverable for milestones 1 and 3. In FY22, FHI 360 will continue supporting the PNLMTN to implement the inventory and develop the synthesis of inventory reports of pre- and post-MDA drugs. ***LOE only.***

➤ **Technical assistance to strengthen prevention, monitoring and management of Adverse Events (AEs) and Serious Adverse Events (SAEs) (FHI 360)**

FHI 360 will encourage the DLM and the ECRs and ECDs of the RMs supported by Act | West for MDA to actively refer to the Handbook for Managing Adverse Events following Mass Drug Administration and Serious Adverse Events that they have on hand. As well, they will encourage the ECRs and ECDs of the RMs supported by Act | West for MDA to be more reactive to AES, informing the central-level MSAS (anti-poison center, with a copy to the DLM) quickly. FHI 360 will also ensure greater focus on the AE/SAE component in the cascade training for ECRs, ECDs, ICPs, and drug distributors before MDA. In the case of

any SAEs in HDs supported for MDA by Act | West, FHI 360 Senegal will inform its home office within 24 hours and will encourage the DLM to inform the MSAS's anti-poison center, drug donation programs, and WHO within the same period. Regional Focal Points (FHI 360 program assistants at the regional level) will ensure that any adverse events are reported during MDA supervision. FHI 360 will support the NTDP to fill out the WHO SAE form if any occurs during MDA, provides the information to FHI 360 HQ to be transmitted to USAID, and support the NTDP to report it to all IP and donors on time.

The Poison Control Center, which is the technical arm of the MSAS in the management of adverse events, will be invited to be part of the MDA supervision teams to strengthen surveillance and remind them of the adverse event reporting process. The MDA training modules will emphasize the importance of reporting adverse events and FHI 360 will ensure that cases of adverse events that occur during the MDA are reported.

FHI 360 Senegal in addition will support the PNLMTN to fill out the WHO SAE form if any occurs during MDA, provides the information to FHI 360 HQ to be transmitted to USAID and support the PNLMTN to report it to all IPs and donors on time. *LOE only.*

3.2 Sustainability

Previous and current FY activities and context

Senegal is in phase 4 of the sustainability approach and is implementing its sustainability plan. During phase 1, the DLM/PNLMTN held a sustainability sensitization meeting with stakeholders from the MSAS and other relevant cross-sector stakeholders to raise awareness of NTDs, discuss the NTD Sustainability Framework, promote government buy-in of NTD activities, and encourage political commitment to building a multisectoral and sustainable approach around the PNLMTN.

During phase 2, Act West provided technical assistance to the PNLMTN to conduct a stakeholder landscape analysis, a cross-sector barrier analysis, and a financial gaps analysis using TIPAC tool. The assessments aimed to understand key NTD stakeholders and to determine barriers and opportunities for NTD coordination and integration across sectors. Also, this provided a snapshot of NTD sustainability challenges and opportunities to leverage in Senegal. Building upon the results of these assessment, the NTDP implemented a self-guided assessment using the sustainability maturity model (SMM) to identify its current stage in each of the six sustainability outcomes and defined milestones and targets for future years.

In FY21, during phase 3, with technical assistance from Act | West, the MSAS/PNLMTN convened cross-sector stakeholders in the sustainability plan development workshop to discuss and review sustainability interventions and associated activities. The Senegal NTDs sustainability plan (2021–2023) was finalized and validated with national stakeholders and signed by the Minister of health providing the roadmap of NTD interventions for sustainability in Senegal.

In addition, in FY21, the MSAS signed the Ministerial Decree to officially authorize the establishment of the National Multisector Committee [Comité National de Lutte contre les Maladies Tropicales Négligées] (CNLMTN) as the multisector coordination platform for NTDs in Senegal. The multisector platform, chaired by the Secretary General of the Ministry of Health and Social Action, comprises six commissions bringing together cross-sector stakeholders from the government, research and academia, private sector, and technical and financial partners. Furthermore, in FY21, Act West team in Senegal provided support to the

MSAS/PNLMTN to identify two high-level personalities as NTD Champions in Senegal. These NTD Champions will champion the sustainability agenda and advocate for NTD prioritization in Senegal.

In FY22, during phase 4, Act West will continue providing technical support to the MSAS/PNLMTN and the CNLMTN to implement and monitor the sustainability plan.

Governance

- **Provide technical support to quarterly meetings for the National Committee for the Control of Neglected Tropical Diseases (CNLMTN) (action plans review and implementation monitoring) (World Vision)**

In FY21, Act | West supported the MSAS/PNLMTN to establish the CNLMTN as the multisector coordination platform for NTDs in Senegal. The CNLMTN's main objectives consist of coordinating the approaches to mainstream NTDs into national health policies and strategies, advocating for mobilization of domestic resources for NTD programming, providing technical oversight for the integration of NTD activities into existing and relevant government platforms, and monitoring the implementation of the NTD sustainability plan in Senegal. The multisector platform, chaired by the MSAS Secretary General, comprises six commissions: 1) a scientific commission responsible for operational research, parasitic and entomological aspects, and vector control; 2) a commission responsible for advocacy and resource mobilization; 3) a training commission responsible for clinical and therapeutic aspects; 4) a commission responsible for community-based interventions, prevention, and information, education, and communication (IEC); 5) a commission responsible for coordination and monitoring and evaluation; and 6) a commission responsible for WASH interventions—bringing together cross-sector stakeholders from the government, research and academia, private sector, implementing partners, and UN agencies. These commissions will meet on a quarterly basis to review their action plans, monitor implementation progress towards the NTD sustainability plan, and refine and discuss strategies and approaches for NTD programming.

In FY22, World Vision (WV) will provide technical support to the CNLMTN bi-annual meetings as well as the quarterly meetings for its six commissions. These meetings will facilitate the implementation of the commissions' mandate and the institutionalization of the CNLMTN. The meetings will foster buy-in and ownership from MSAS leadership as well as provide critical oversight for NTD sustainability priorities. World Vision will continue to provide technical assistance to the PNLMTN, ensuring that the multisector coordination commissions are able to function as the cross-sector coordination mechanism in Senegal. The desired outcome is for each commission to discuss implementation progress, challenges, and lessons learned in ensuring that cross-sector coordination and collaboration with all sectors relevant to NTD programs is well established. ***Budgeted in Sub1-WV.***

- **Support the PNLMTN to hold a series of advocacy meetings with ANACMU (Universal Health Coverage Agency) to roll out a strategic model for integration of NTD services within the essential package of care (World Vision) – On hold**

During the sustainability assessments, the DLM/PNLMTN identified the UHC policy as an opportunity for the inclusion of NTD services in the Essential Health Care Package of benefits as a key strategy towards the elimination and control of NTDs in Senegal. Furthermore, the identified CMU is a priority platform to be leveraged for integration and financing of NTD services as referenced in the in NTD Sustainability plan for Senegal. The Universal Health Coverage Agency is responsible for the implementation of the national development strategy of the CMU. It is housed at the level of the Ministry of Community Development,

Social and Territorial Equity. Universal Health Coverage (CMU) offers the possibility to vulnerable people to benefit from health risk coverage by being affiliated to a health insurance scheme. During FY21, using a phased approach, WV is supporting the MSAS/PNLMTN to engage the UHC Agency - ANACMU (Agence Nationale de Couverture Maladie Universelle) - by conducting an exploratory needs assessment of the current basic health care benefits package identifying gaps in NTD services coverage (benefits), enrollment criteria, and brainstorming an appropriate strategy for integration of covered routinized NTD services.

In FY22, following the findings from the needs assessment, WV will provide technical support to the DLM/PNLMTN to hold a series of advocacy meetings with the ANACMU to roll out a strategic model for integration of NTD services within the essential package of care. A series of three (3) engagements will be conducted:

1. An inception meeting will convene ANACMU leadership including the Bureau Chief (gratuity, community insurance), key Technical Advisors, and the PNLMTN to understand and map the process of including services in the essential package of care, aligning the approach with the needs assessment findings. This will be an opportunity to draw a roadmap and timeline for the integration process, including assessing available costing data, disease-specific data, and capacity of health facilities to manage those service as outlined by the Act | West MMDP Situational Analysis report. A network of key actors and decision-makers pivotal to this integration will also be developed and their consultation included within the timeline. During this meeting a small working group will be designated, comprising Act | West, the DLM/PNLMTN, and ANACMU, to lead the development of the roadmap and technical approach.
2. Following the first meeting, WV will provide technical assistance to the PNLMTN and the designated working group to refine and further discuss with the ANACMU the model for integration of services in the essential package of care. The advocacy to the ANACMU will be supported by an investment case that will build upon a realistic multi-year plan to manage the LF and trachoma (if needed) cases identified during the MMDP situational analysis, Senegal historical costs on LF and TT surgery by leveraging available financial data analyses and the coverage of NTD services identified during the needs assessment within the CMU package of care. A second engagement meeting will be planned with the ANACMU and other relevant stakeholders to present the model and collect feedback. This two-day meeting will focus on technical brainstorming, validating, and receiving additional input to finalize the integration model.
3. Once the integration approach has been solidified through multiple rounds of review, a third meeting will be organized to focus on the integration approach to include NTD services in the basic package of care. This 3-day meeting will roll out a phased approach and will serve as the launch of the integration model, pathways, and processes. A decision-making matrix will be developed to ensure follow up and continuous monitoring of the operationalization of integration of NTD services. The CNLMTN in coordination with the PNLMTN will be responsible for the monitoring of this matrix in coordination with the other relevant stakeholders. The CNLMTN leadership will also be involved in the active and continuous advocacy, negotiations, and engagements with ANACMU and high-level cross sector stakeholders as relevant.

Budgeted in Sub1-WV.

- **Support the NTD Champion to strengthen PNLMTN coordination with public and local government through the UAEL by hosting a high-level engagement meeting to increase prioritization of NTD resources in Senegal (World Vision)**

To move towards more sustainable financing of NTDs priorities and raise the visibility of NTDs into national policies, in FY 21, the NTDs program started a process of selecting an NTD champions and friends whose mission is to support the efforts of the NTDs program through a strong advocacy towards policy makers, civil society organizations, the private sector and the community to better engage them in the fight against NTDs in Senegal. Drawing from lessons learned and experiences from countries like Ghana, the pivotal role of the NTD Ambassador is instrumental in advancing NTD priorities at the national level. In FY21, building on identified sustainability plan priorities, Act West collaborated with a coalition of implementing partners such as Sightsavers, Speak Up Africa, and Enda Sante to support the MSAS/PNLMTN to identify two (2) potential NTD Champions and 10 Friends of NTDs in Senegal to raise the profile of the sustainability agenda and advocate for NTD prioritization in Senegal.

In FY22, WV will provide technical assistance to the two NTD Champions in collaboration with the MSAS/PNLMTN to hold a high-level advocacy meeting to primarily engage the Union des Associations d'Elus Locaux (UAEL), l'Association des Présidents de Région (APR), l'Association des Maires du Sénégal (AMS), et l'Association Nationale des Conseils Ruraux (ANCR) to strengthen the mobilization and prioritization of NTD resources in the country. The objective of this meeting for the NTD Champion, with support from the CNLMTN/Advocacy Commission, will be to solicit support, raise visibility, and increase buy-in from high-level stakeholders to endorse and commit support towards the implementation of the NTD sustainability plan at the decentralized level.

Engagement with the local government is a key strategic priority in the Senegal sustainability plan to move forward advocacy of domestic resource mobilization as well decentralized service delivery integration. NTD champions engagement with local government leadership will foster buy-in and ownership of NTD sustainability at the decentralized level. This includes generating multisectoral engagement and support for targeted interventions in the sustainability plan such as joint action planning between NTDs and other sectors for NTDs integration into relevant cross-cutting strategies and policies. This will provide an opportunity for the PNLMTN to leverage national-level stakeholders while providing another platform for the NTD Champions to further raise national awareness of NTDs and their impact on Senegal's development agenda.

The recommendations of this high-level engagement, commitments, and next steps will be shared with the executive committee of the national multisectoral coordination committee (and the multisectoral commission in charge of advocacy and resource mobilization) which will ensure the follow-up with specific decision makers and actors. **Budgeted in Sub1-WV.**

(The activity is part of the sustainability plan in its area of coordination in the intervention "conduct advocacy to raise awareness of public-private sector actors in the fight against NTDs").

➤ **Remote Technical Assistance for Country-Led TIPAC Data Entry (Deloitte)**

Among the target states listed in the Financing domain of Senegal's Sustainability Plan is to "routinely use TIPAC... including data collection and entry." Also included in this section is an activity to "enter data on a multi-year basis and make projections over 3 to 5 years," which is targeted for completion over the next three fiscal years.

The Tool for Integrated Planning & Costing (TIPAC) is a budgeting tool that requires annual updates at a minimum to facilitate data-driven decision making and advocacy based on an accurate understanding of costs. In addition, yearly data allows NTDPs to track progress year after year to help identify trends in financial gaps and sustainability. Updating and analyzing financial information using TIPAC is critical to give

NTDPs a detailed understanding of their activity costs and funding gaps, which NTDPs can use to make sound programmatic and financial decisions as well as advocate for government funding.

Senegal completed its most recent TIPAC Data Entry in FY21, updating the tool with data that include activities captured in the validated sustainability plan. To maximize TIPAC's utility for centralizing programmatic and financial data and leveraging it for advocacy/resource mobilization purposes, it is important that the PNLMTN enter and analyze financial data routinely, particularly during the first year of the 2021–2025 NTD Master Plan. To this end, Deloitte will support the PNLMTN to develop materials (e.g., facilitation materials, TORs) for a 5-day, FY22 TIPAC Data Entry workshop led by the PNLMTN to update programmatic and financial information and begin analyzing financial gaps. Deloitte will help the PNLMTN contextualize this data entry with challenges presented by COVID-19 by preparing a series of questions prompting participants to consider how the NTD sustainability activities may be affected by budget reallocations to COVID-19 interventions. The TIPAC data entry workshop is intended to help the PNLMTN capture FY22 costs and funding gaps to provide a comprehensive picture of PNLMTN finances before engaging stakeholders in the implementation of Sustainability Plan interventions and domestic resource mobilization and advocacy activities.

➤ **Support TIPAC Data Analysis Workshop (Deloitte) – On hold**

As a result of the FY21 TIPAC Data analysis workshop in Senegal, the new PNLMTN's coordinator plans to have the program update TIPAC on a regular basis and use the tool and resulting data for ongoing decision-making and program planning. Despite TIPAC's limitations, including the slowness of the tool and lack of needed updates, the program recognizes TIPAC's utility to provide them with increased visibility of the program's funding gaps, its potential to inform decision making, and its possibility to help engage targeted stakeholders. Additionally, the TIPAC data analysis workshop was an opportunity for the program to review the recently validated Sustainability Plan and determine that TIPAC can help inform or advance implementation of the Sustainability Plan activities. The program plans to also use the results of FY21 TIPAC as a key input in the development of the 2021-2025 NTD Master Plan. Lastly building upon the results of the TIPAC data analysis performed in FY21, the PNLMTN plans in FY21 Q4 to share the results with the MOH at high level to advocate for public resources and solutions to support field activities.

In FY22, Act West will provide technical support for a 3-day TIPAC data analysis workshop. Prior to the data analysis workshop, the PNLMTN will have completed data entry so that the focus of the workshop will be to complete funding gaps analysis and perform a year over year analysis with the TIPAC data from previous years to identify trends in their gap analysis and financial planning. Analysis will also support the PNLMTN's participation in the MOH budgeting process and development of business cases. In FY22, the PNLMTN will take more ownership over the TIPAC data analysis process, with Deloitte team members present during the workshop to provide on-demand technical assistance rather than leading discussions. The PNLMTN will use the outputs of the financial gaps analysis to (i) continue to advocate within the MOH for resources within the MOH budget and (ii) develop the domestic resource mobilization plan to engage national stakeholders at central level as well as at decentralized level in supporting NTDs, in line with the Sustainability Plan. Continued Deloitte support in FY22 will strengthen the PNLMTN's capacity to produce the TIPAC data analysis on their own to facilitate a handoff of the analysis process to the NTDP. This activity is budgeted under the FHI 360 country team.

- **Provide technical assistance for Domestic Resource Mobilization activities outlined in Sustainability Plan (Deloitte) – On hold**

As of FY21, Deloitte is planning to support the PNLMTN in prioritizing objectives for domestic resource mobilization and budget advocacy activities listed in the NTD Sustainability Plan. This activity will also take into account the FY21 TIPAC data analysis, the national budget cycle, and Senegal’s new NTD Master Plan to tailor advocacy strategies to Senegal’s needs and goals. These activities will be targeted to reach Senegal’s existing Sustainability Plan stakeholders (e.g., Directorate of Financial Affairs, Directorate of Public Health, Directorate of Planning, Research and Statistics, technical working groups, civil society leaders) to garner commitments to specific goals decided on per the PNLMTN’s needs and stakeholders’ capacities. In FY22, Deloitte will build upon this activity and leverage the FY22 TIPAC data entry and analysis outputs to support the PNLMTN in creating targeted messages for key identified stakeholders during a 4-day workshop. Prior to the workshop, Deloitte will work with the PNLMTN to incorporate any new objective changes and confirm the list of stakeholders targeted to inform the Domestic Resource Mobilization workshop. This will be an opportunity for the PNLMTN to define strategies for implementing Sustainability Plan activities related to resource mobilization and engaging specific stakeholders, determine each engagement’s objectives, and develop rationales for domestic resource mobilization initiatives. This activity will leverage FY22 TIPAC data, the understanding of the program’s financial gaps, and other relevant program data to further inform the necessary prioritization of stakeholder engagement based on the PNLMTN’s needs.

Prioritized Functions

- **Support the PNLMTN with the technical implementation of the validated integrated health service delivery model for routinized NTD interventions in two pilot districts building on the recommendation of FY21 activities for services integration (World Vision) – On hold**

Leveraging the decentralized health system and the decentralization law (Act 3 de la decentralization) in Senegal for the integration of NTD services and priorities at the local governance level is beneficial for the NTD sustainability long-term strategy. Aligning with sustainability plan interventions for integrated service delivery, in FY21, Act | West provided technical assistance to the MSAS/PNLMTN to develop a technical approach to pilot the integration of NTD priorities at the district level including services within existing and functional platforms in two health districts: Kédougou and Kounghoul. The health districts of Kédougou and Kounghoul were identified using established criteria including NTD prevalence, WV’s presence and relationship with the local government, and the presence of viable health and non-health platforms. The technical approach will be validated in Q4 of FY21 and implemented in a phased approach starting in FY22.

In addition, WV supported the DLM/PNLMTN to host a one-day advocacy meeting with 30 local governance authorities (Collectivites Territoriales) for NTD resource advocacy and service integration for the inclusion of NTD-related priorities and services in their annual planning and strategies to advance sustainability and integration at the national and sub-national level. This was also an opportunity to engage and increase sensitivity and interest from these authorities to support the pilot integration and gradual approach to scale up.

The primary role of the local government will, among other things, be to:

- Facilitate the mobilization of endogenous resources for sustainable financing of the fight against NTDs at the level of each commune of the said pilot districts.

- Actively participate in events and highlights of NTD control activities.
- Mobilize populations for active participation in NTD activities at the level of each municipality during: mass drug distribution campaign; World NTD days; surveys, active screening and annual reviews; and hydrocele and trichiasis surgery camps.
- Facilitate the mobilization of the private sector for active participation in NTD control activities.
- Support CSOs “No to NTDs” in their mobilization actions; advocacy and empowerment of people with NTDs.
- Engage the CDS (health development committees) to include in their annual action plan a percentage for the management of NTD priorities.

As for the operational level health system, its role will be, among other things:

- Implement the policy of integrating NTD control activities into the sovereign activities of the operational level as defined by the national level (PNLMTN).
- Carry out regular supervisions to ensure the effective integration of MTN priorities into the routine activities of the operational level.
- Ensure the documentation and capitalization of the collaborative approach with the PNLMTN.

In FY22, WV will provide technical support to the PNLMTN to implement the validated integrated health service delivery model for routinized NTD interventions in Kédougou and Kounghoul pilot districts. For the implementation of the project, WV will provide technical assistance in the development of the various key stages through the development of a methodological approach, to facilitate the understanding and ownership of the stakeholders. A monitoring and evaluation framework will be developed to facilitate the monitoring, documentation, and capitalization of the process at all levels. **Budgeted in Sub1-WV.**

➤ **Monthly monitoring of NTD data through DHIS2 (FHI 360)**

In an effort to improve the data management process in the national health information system, Act | West supported the program in FY21 in integrating NTD data into the DHIS2 platform. Mainstreaming NTDs into DHIS2 is among the priorities highlighted on the sustainability plan as a step that will promote the use of NTD data at a decentralized level for planning and performance review purposes. It is also considered a milestone toward increasing the security of NTD data.

In support of the implementation of the sustainability plan, in February 2021, the Minister of Health signed a ministerial letter requesting that the RHMTs and DHMTs proceed to an effective integration of NTD data into the DHIS2. After the stabilization of NTD indicators and the development of data entry forms, the NTD data have been entered, at all levels of the health pyramid, in the DHIS2 since February 2021. These data include both routine data and MDA data that will now be entered into the national information system. For PC-NTD, it includes morbidity data for LF, onchocerciasis, trachoma, SCH, STH and other case-managed NTDs. In March 2021 the NTDP set up a small committee that includes the different NTD Coordinators to review the NTDs on a monthly basis in DHIS2, identify the districts with a low level of completeness, and take action. After each monthly review, the NTDP produces a report named “data pool report.” To further support the ongoing effort and the commitment of the Minister to mainstream NTDs data into the national system, the FHI 360 team in Senegal will continue providing technical support to the NTD program to monitor and analyze on a monthly basis the NTD data entered in DHIS2. The NTDP continues to receive

support from the DHIS2 team on the use of data generated by the DHIS2. This activity does not have a budget. It requires LOE of the Act | West team in Senegal and will help Act | West to have accurate information and identify any potential need for stronger support. **LOE only.**

➤ **Technical Assistance for supply chain and drug management (Deloitte-FHI 360) [pending USAID approval of Act West supply chain white paper]**

Transporting medicines from the central level to the distribution points involves many steps and takes time and is usually done by road. Careful planning and procedures are required to ensure that appropriate and sufficient drugs arrive at their destination. Prior to each MDA, the PNLMTN provides the PNA with a validated supply plan for the targeted districts. For the past two years, the PNA has been responsible for transporting the drugs to the PRAs. The transport is done through adapted vehicles that guarantee the safety of the drugs to their destination. FHI 360 covers the handling costs. Upon return, copies of delivery slips by region are shared with the program, which in turn shares them with FHI 360.

To strengthen NTD drug management at the operational level, the national NTD program has put in place an NTD drug management manual based on the SOPs. As part of the dissemination of this plan at the operational level, the PNLMTN intends to organize sharing and orientation sessions for these actors. In each region, the following will be trained: the person in charge of the depot in each district or district pharmacist, the district NTD focal point, the PRA, and the regional NTD focal point or the supervisor/SSP. These sessions will be financially supported by PATH through the ADP project. Act West will provide technical support in the development of the training modules and co facilitate with the PMNLTN in the training at the regional level. As these training will target actors involved in the drug management of the national system, the training modules will include a component related to mainstreaming NTDs drugs into the national LMIS so that NTDs drugs are captured on the regular drug reports generated at different level of the health system. With support from the PNA and the drug commissions of the HSS platform of the MSAS (platform RSS), the training will identify opportunity to include NTDs drugs on the periodical drugs audits the MoH perform at central, regional and district level. Deloitte and FHI 360 will support the development of the training materials and provide remote training to the PNLMTN and FHI 360 team in Senegal (training of trainers) to facilitate the workshop.

➤ **HMIS Documentation (Deloitte) – On hold**

This activity was planned for FY21 and is currently on hold. However, based on the progress made in Senegal on HMIS integration, it would be useful to document the steps taken, decisions made, and any lessons learned to inform future planning and sharing with other countries across the Act | West portfolio. Pending approval, Deloitte will support the NTDP to document the process of integrating NTD data into the national HMIS, related stakeholders within the MOH, and rationale for selecting specific NTD indicators. This documentation will position the NTDP, Act | West, and USAID to have a clear, common understanding of the process, stakeholders, and rationale internally within the Program and externally with partners and MOH decision-makers around NTD indicator integration into the national HMIS. It will explore avenues for improving the use of NTDs data from DHIS-2 at NTDP, national, and decentralized levels for decision making. Throughout the process, Deloitte will work closely with the NTDP and Act | West country team to ensure that lessons learned from the three workshops and integrated supervisions (Organize a NTDs data review workshop in DHIS2) are capitalized and included in the HMIS documentation report or case study. ***This activity is included in Appendix 13.***

4. IR3 ACTIVITIES SCH, STH

The National STH/SCH Program (PNLBG) has lacked funding in recent years to provide annual treatment to all districts in need. However, districts that are co-endemic with LF and OV benefit indirectly from the integrated MDA. In Matam and Saint Louis regions, however, SCH endemic HDs have received funds by OMVS for MDA.

Previous and current FY activities and context

From 1996 to 2013, the National SCH/STH Control Program (NTDP) mapped 62 districts for both SCH and 58 HD STH with support from WHO (2008 and 2009), USAID (2012), Schistosomiasis Control Initiative (SCI) (2013), OMVS (2010), and World Bank (1996). SCH endemic districts were classified as follows: 14 districts as low-risk (>0 and <10%); 30 as moderate-risk ($\geq 10\%$ and <50%); and 18 as high-risk ($\geq 50\%$). STH endemic districts were classified as follows: eight districts as low-risk ($\geq 20\%$ and <50%) and four as high-risk ($\geq 50\%$).

Recent studies showed that prevalence of urogenital SCH (the most widespread form of the disease) ranges from 10% in the central regions with seasonal transmission, to over 95% in the Senegal River Basin (SRB) where transmission is perennial. Along the SRB, treatment with PZQ has proved effective at reducing *S. haematobium*, however, prevalence can remain high due to the abundance of permanent water bodies and persistent water contact that maintains transmission of the disease throughout the year. In such settings, despite repeated MDAs, the control of SCH transmission is very problematic as reinfection occurs rapidly and prevalence can return to pre-treatment levels quickly. This situation differs from seasonal transmission areas where a single dose of PZQ leads to a significant reduction in SCH infection among SAC. In addition, the One Health project has shown that SCH zoonotic hybrids also exist in Senegal via spillover from livestock populations where SCH is co-endemic. Such hybridization could further affect the transmission dynamics of SCH.

From 2016 to 2019, the PNLMTN re-assessed 41 out of the 55 endemic districts for both SCH and STH, with support from USAID, using Kato-Katz and urine filtration diagnostic tools. SCH endemic districts were re-classified as follows: nine districts as low-risk (>0 and <10%); five as moderate-risk ($\geq 10\%$ and <50%); and 27 as high-risk ($\geq 50\%$). STH endemic districts were classified as follows: two districts as low-risk ($\geq 20\%$ and <50%) and no high-risk ($\geq 50\%$) districts. These re-classified districts are being treated according to WHO treatment guidelines and the remaining 14 districts, which were not reassessed, follow the WHO treatment algorithm according to their baseline prevalence.

Since the assessment in 2016, as per WHO guidelines, the NTDP current control strategy for SCH is school-based and community-based (for SAC out of school) MDA with PZQ among all SAC (aged 5–14 years), whereby low-risk sub-districts are treated every three years, moderate-risk once every two years, and high-risk annually. The NTDP control strategy for STH is MDA with ALB among all SAC as integrated with the SCH/LF/OV MDA. Since 2016, the NTDP has been targeting districts with STH prevalence $\geq 20\%$, either at baseline or following a prevalence evaluation survey. The PNMTN conducts STH MDA annually in both high-risk and once every two years low-risk districts.

Plan and justification for FY22**➤ SCH+STH MDA in Five HDs (FHI 360)**

In FY22, Act | West will support the country for the treatment of five districts that are co-endemic for SCH and STH (308,194 targeted), all of which were treated for LF previously, but MDA has ceased in these districts..

The organization of the SCH/STH MDA follows the same strategy as the LF+ MDA; see the description in the MDA chapter for LF.

- Orientation of national trainers and supervisors
- Orientation of RHMTs, RHMTs and academic authorities and micro-planning at the regional level
- Orientation of nurse and Head of Post Nurses and micro-planning at the HD level
- Training of community drug distributors (CDDs) and teachers at the HP level
- Implementation of a communications plan
- Five days of treatment in the community and in schools
- Supervision at all levels
- Evaluation at all levels

Budgeted in RM FAAs.**➤ SCH/STH tracker**

To assist the NTDP to collate historical SCH/STH parasitological survey data including baseline mapping, sentinel sites, and various evaluation surveys conducted since the start of the SCH/STH program, a SCH/STH tracker was developed. The tracker is an Excel spreadsheet that collects SCH/STH data recorded both at community and Implementation Unit (IU) level. There are several objectives of the tracker: to unite multiple sources of data in a single database; assist NTDP in monitoring disease trends and change over time; facilitate communication of results and selection of districts for Impact Assessments; and enable an evidence-based conclusion to tailor SCH/STH control at the IU level—this includes being able to move from district to sub-district level MDA or even track progress towards Elimination of SCH/STH as a Public Health Problem (EPHP) in certain areas. The SCH/STH tracker will be populated in FY22. ***LOE only.***

➤ SCH and STH impact surveys in eight HDs (8 EUs) (FHI 360)

After six rounds of MDA, with high coverage, it is important to conduct another evaluation to assess MDA impact on the level of infection in treated areas to understand whether the current treatment strategy can be adapted accordingly. This may be the reduction in treatment frequency from annual to biannual or a move to sub-district MDA treatment. In the absence of a WHO protocol for SCH/STH impact assessments, the same SCH/STH evaluation protocol that was implemented in Togo will be used. This protocol uses robust sample size calculations to estimate prevalence at the district level and therefore get some guidance on how to assess the SCH/STH situation in areas that seem to be approaching reduction in frequency of SCH/STH MDA. Based on examination of prevalence and treatment coverage data, SCH/STH evaluation surveys are requested in the following sites (Table 1). ***Budgeted in IR3 M&E, IR3 Supervision_M&E DSA, and FAA 9 (DLM 2).***

Table 1: SCH/STH Impact Assessment surveys

District	SCH BL prev %	Date of last survey	STH BL prev %	Year MDA started	# MDA rounds to date	Treatment Coverage (%)					
						FY20	FY18	FY16	FY15	FY14	FY13*
Fatick	38	1996		2012	6	100,3	113	89	77	83	38
Niakhar	34	1996		2012	6	108,5	117	100	99	91	72
Gossas	24	2003		2012	6	117,8	133	101	113	82	12
Diakhao	38	1996		2012	6	100,3	113	89	77	83	38
Malem Hoddar	14	2013	2	2012	6	112,2	114	139	58	95	210
Vélingara	27	2013	0	2012	6	107,7	119	106	96	26	89
Kolda	35	2013	0	2012	6	94,1	101	103	99	88	46
Khombole	27	2013	0	2012	6	113,8	111	110	21	94	108

*Data missing for these MDA due to health worker strikes

➤ **SCH/STH Data Review Meeting**

The newly developed SCH/STH tracker will be populated for Senegal at the start of FY22, following which there will be a SCH/STH data review meeting **funded by the Ministry of Health**. This review meeting will precede and be used to provide an evidence base for the SCH/STH expert committee meeting (see Appendix 2. Strategic Planning support).

APPENDICES

Appendix 1. Table of Supported Regions and Districts in FY22 by all partners in country (including non-USAID-supported partners)

Please see attached Excel file.

Appendix 2. Strategic Planning Support

MSAS’s National NTD Master Plan for 2021-2025 (three meetings per year)

Location: Mbour and Dakar

The development of the strategic plan 2021–2025 was planned for FY21 (and approved in the FY20 budget), however, the process has not started. The PNLMTN is awaiting a consultant to be recruited by WHO to support the development of the plan. In FY22, Act West will provide technical and financial support for a Master Plan Development Workshop in Mbour (61 participants), a Master Plan Technical Validation Meeting in Dakar (17 participants), and a Master Plan Political Validation Meeting in Dakar (53 participants). **Budgeted in IR1 Strategic Planning.**

Participation in the MSAS’s monthly NTD coordination meetings (held monthly for 35 participants)

Location: Dakar

FHI 360 will regularly participate in these internal MSAS meetings, which are run by the PNLMTN. These meetings represent an opportunity to review the status and progress of planned MSAS NTD activities, to provide input into upcoming activities, and to share the preliminary results of activities supported by Act | West. Act – West will support six NTD coordination meeting (lunch and coffee break). The other meeting will be supported by the other partners. **Budgeted in FAA 8 (DLM 1).**

Participation by FHI 360 and PNLMTN staff in the coordination meetings of five RMs (held quarterly with approximately 22 participants)

Location: Targeted RMs

The RMs conduct general quarterly coordination meetings, covering all health topics under their purview. Act | West will fund the participation of one FHI staff member in one quarterly coordination meeting in each of the five RMs supported by FHI 360 for MDA. Additionally, Act | West’s Regional Focal Points will participate in all such meetings, in their parent RM, during the term of their consultancy; participation by the latter will involve no costs for travel. These meetings are important for raising the profile of NTDs among the RMs, which oversee the operational level responsible for implementing the flagship NTD activities (particularly MDA) and should help increase the ownership of and buy-in to those same activities. **Budgeted in IR1 Strategic Planning.**

RFP Participation in the monthly coordination meetings of 21 HDs (held monthly)

Location: Target HDs

Within each of the 21 HDs supported by Act | West for MDA, Act | West’s local regional focal point will attend at the monthly health district meetings organized by the DHMTs over the course of the regional focal point’s consultancy term. These HD meetings cover all health topics under the district’s purview and constitute an opportunity to keep NTDs on the radar year-round. As the Act | West regional focal points are invited to all quarterly coordination meetings of the RMs in which they are based, they will use those

meetings to report back on NTD-related topics addressed in the monthly HD-level meetings. The cost items will be vehicle rental, and fuel, for travel to attend the meetings (budgeted under the Travel tab). ***Budgeted in IR1 Strategic Planning.***

Act | West Senegal team coordination meetings (held twice/year for 13 participants)

Location: Dakar

The entire Act | West Senegal team, which consists of Dakar-based FHI 360 and World Vision staff and the Act | West Regional Focal Points, will hold a two-day meeting in the FHI 360 Dakar office focusing on: 1) reviewing the performance of planned activities; 2) working on certain group tasks, such as the MSAS semi-annual NTD newsletter; 3) delivering presentations on the status of NTD activities in each region and at the central level; and 4) discussing collaboration with the supported RMs. ***Budgeted in IR1 Strategic Planning.***

Meeting of the schistosomiasis and geohelminthiasis expert committee (held annually for 34 participants)

Location: Dakar

HDs, particularly in the Senegal River Basin, are exhibiting persistent high SCH prevalence despite regular PZQ MDA with sufficient coverage. In addition, a range of partners are supporting SCH-related work in the country, with limited coordination between them and by the MSAS. Early in FY 22, Act | West will fund and participate in a two-day meeting in Saint Louis (whose parent region is highly endemic for the disease), with technical assistance from Act | West's SCH focal point, to assist in developing the roadmap. PNLMTN and FHI 360 personnel will compile data and prepare presentations for the meeting and draft the report afterwards. Participants could include the DLM, the RHMT and DHMT, UCAD Faculty of Medicine's Parasitology Department, and partners including FHI 360 and OMVS (carry over FY20). Following this workshop, an annual meeting of SCH experts will be organized to help the country improve the SCH control roadmap. ***Budgeted in IR1 Strategic Planning.***

Meeting of the OV/LF expert committee (held annually for 31 participants)

Location: Dakar

To support efforts towards the elimination of OV, the country will hold two meetings of the OV and LF Expert Committee in FY22. One meeting will be funded by the END Fund and one meeting by USAID. Regular expert meetings will allow for proper monitoring of the OV elimination plan that will be developed in FY21. Recommendations will be made at each meeting and the PNEFO with the support of FHI 360 will follow up on the recommendations to bring the country to elimination. ***Budgeted in IR1 Strategic Planning.***

FY22 workplan evaluation & FY23 workplan elaboration (held annually for 40 participants)

Location: Dakar

This workshop, which brings together the staff of the PNLMTN, its various partners, the education sector and all the government services involved in the fight against NTDs, makes it possible to take stock of the activities carried out during the past year and to make joint planning for the coming year. This workshop allows the PNLMTN to have a good visibility of the activities supported by the partners, to avoid duplication and to pool efforts around the objectives of the program. ***Budgeted in FAA 8 (DLM 1).***

Appendix 3. NTD Secretariat Support

In FY22, Act | West (FHI 360) has planned the following Secretariat support:

Mobile internet subscription for four national program/DL staff. Internet service provided by the MSAS in the PNLMTN/DLM office is unreliable. Act | West will pay for a monthly internet subscription from a private internet service provider.

Mobile phone credit for seven national program/DL staff. PNLMTN/DLM personnel often lack airtime for their mobile phones with which to conduct PC-NTD-related work (including returning calls from Act | West personnel). Act | West will provide key PC-NTD personnel (the same individuals as mentioned for laptops, above, plus the DLM Director and the DLM's Finance Manager) with a monthly allotment of credit for their mobile phones.

Appendix 4. Building Advocacy for a Sustainable National NTD Program

Celebrate World NTD Day (held annually for approximately 60 people)

Location: Dakar

The World NTD Day was celebrated for the first time in 2021 in Senegal. It was an opportunity to strengthen awareness and advocacy with private sector authorities and local elected officials for the mobilization of domestic resources for the fight against NTDs. During this activity, the PNLMTN had all participants sign a charter of commitment. One of the results noted after the day was the organization of a hydrocele surgery camp by the Mayor of the commune of Kaffrine who had committed to support the fight against NTDs in his area.

For this third edition of 2022, the National Program for the Fight against NTDs, with the support of its partners, intends to strengthen this advocacy with other sectors to increase knowledge of NTDs and improve involvement in the fight against them. Thus, it is planned to organize an advocacy day that will provide an opportunity to mobilize national authorities and other sectors to better consider the fight against NTDs in decision-making bodies.

This activity is one of the keys to the successful implementation of the national sustainability plan for the fight against NTDs.

Organize a school strategy to strengthen communication on NTDs (held once for approximately students in 11 middle schools)

Location: Khombol (Thies RM)

The Ministry of Health and Social Action has signed a partnership agreement with the Ministry of National Education for an effective contribution of the education sector in all high-impact health programs for children, particularly those in charge of the fight against NTDs. Through mass drug distribution campaigns in schools, the PNLMTN fights against anemia and school absenteeism by supporting the deworming of students. Thus, for a better ownership of interventions in schools, the PNLMTN in collaboration with the Division of School Medical Control (DCMS) intends to organize a regional school writing competition in the health district of Khombole, medical region of Thiés. The objective of this activity is to strengthen awareness among students on NTDs by offering them a framework for expression on NTDs; to support them in producing poems, drawings on NTDs and to involve them more in the fight against these NTDs. At

the end of the activity, all student materials will be shared to serve as a communication medium on NTDs. The final document will be shared with DCMS in the aim to disseminate to schools at the national level. We will make the documents available via twitter and facebook for dissemination.

The activity will be led by the Medical Region in collaboration with the school board of education and will be supported by the PNLMTN, DCMS and FHI 360. Prizes will be awarded for the best productions. The activity will target children in 6th and 5th grade from all the colleges in the Khombole health district who will be supervised by teachers from their schools designated by the School Board of Education (IEF).

Appendix 5. Social Mobilization to Enable NTD Program Activities

IEC Activity or Material to be supported	Key Messages (as applicable)	Location and Frequency	Briefly describe how this material/message is shown to be effective at increasing MDA participation
T-shirts	<p>"Let's accept treatment against NTDs for the health and well-being of the family."</p> <p>"The fight against NTDs is everyone's business."</p>	CDDs wear t-shirts in 9 RMs, 21 HDs during MDA.	CDDs are identified by the T-shirts; without these, many fewer members of the public will trust that the CDDs are in fact designated drug distributors. The T-shirts also motivate the CDDs to perform this work, as it makes them feel recognized and valued.
Baseball caps	"The fight against NTDs is everyone's business."	CDDs wear baseball caps daily during the MDA in 9 RMs, 21 HDs.	CDDs are identified by the baseball caps. The baseball caps protect CDDs from the sun during the distribution.
Collared t-shirts for supervisors	<p>"Let's accept treatment against NTDs for the health and well-being of the family."</p> <p>"The fight against NTDs is everyone's business."</p>	Supervisors (Nurse, Medical doctor, MoH staff) wear collar t-shirts daily during the campaign.	Supervisors are identified by the t-shirts. The community can see the local authority promoting the MDA.
Posters	<p>"I'm taking the medications offered at the MDA."</p> <p>"The MDA campaign is an opportunity for prevention and treatment."</p> <p>"Let's use MDA for the prevention of LF and its complications."</p>	Hung in 9 RMs, 9 IAs, 21 Health Centers, 369 HPs, and 1,520 schools 1 week before MDA	Members of the public are drawn to the images on the posters, and in so doing they learn about MDA and about the targeted NTDs. Understanding these increases the chance they will seek and/or accept the treatments offered during MDA.
Banners	"Campaign for the distribution of medicines against neglected tropical diseases Lymphatic Filariasis, Onchocerciasis, Bilharziasis and Geohelminthiasis"	Hung in each location 1 week before MDA	Yes—pre-tested in each region with key informant interviews.
Local radio broadcasts	Provides dates and location of MDAs, #NTDs, other social media	In each local station to the targeted districts starting 1 month prior to MDA until the end of the campaign in the listening area	Coverage evaluation surveys in FY21 found that TV & radio were primary sources of information about MDA

Local TV commercials	Provides dates and location of MDA, #NTDs, other social media	In each local station to the targeted districts starting 1 month prior to MDA until the end of the campaign in the viewing area	Coverage evaluation surveys in FY21 found that TV & radio were primary sources of information about MDA
National MDA Launch Day	This is a media event to officially announce the MDA. It is conducted by the MSAS with dignitaries from the MSAS, MEN, partners, community leaders, political leaders, administrative leaders and mass media outlets with nation-wide reach.	one-day. In FY22 it will be held in LF or OV HD	It provides the media attention needed to kick-off the MDA to maximize participation.
Community advocacy	Provides dates and location of MDA, #NTDs, other social media	One week before, during and after the MDA at all levels: 9 RMs, 21 HDs and 369 HPs	This targets local and administrative authorities and community leaders, encouraging them to share information on the strategy and negotiating their active participation in the different phases of activity implementation. Advocacy is led by the RHMTs, DHMTs, and ICPs.
Information caravans	Provides dates and location of MDA, #NTDs, other social media	Two days before and during MDA at the 21HDs level	These are organized in target HDs for more active, personal communication and to mobilize the public. The CDDs supported by the ICPs and midwives post posters in public meeting places and will conduct home visits (Visite à Domicile [VAD]) to inform community leaders and their families. Discussion topics include the magnitude of NTDs in Senegal, preventive behaviors (draining of ponds, avoiding consumption of soil/dirt, using treated bed nets, and wearing shoes), diagnostics (what are the telltale symptoms), and the benefits of MDA against PC-NTDs.
Partnership with schools and Koranic schools	Importance of NTD control in learning. The fight against NTDs is a quality input for better school performance.	During the MDA at the level of targeted medical regions, districts and health posts	This consists of using the teachers/Koranic teachers and students/talibés as potential relays to inform other students/talibés and community members about the MDA campaign. Educational and recreational activities include life-lessons and/or skits.
Partnership with sporting and cultural associations and CBOs	Informs about NTDs, duration and importance of MDA, and solicits community participation in MDA	During the MDA and at the district and health post levels	CHWs and CBO members take part in the information caravans, to assist in communicating with the public

Production of IEC materials for nine RMs and 21 HDs supported by Act | West for MDA (LF and/or OV, plus SCH/STH as applicable). All IEC materials were developed as part of MDA preparatory activities in 2020. In the light of the context of COVID-19, specific messages for MDA in a COVID-19 context will be developed. A CDD checklist guide will be developed to explain how to administer the treatment in a COVID 19 context.

In FY22, only the production of these materials will be needed, for use in FY22 Q1 MDA. These materials will include t-shirts (6,644), baseball-type caps (7,324), collar t-shirts for supervisors (680), posters (19,900), banners (238). These materials will be provided to the nine RMs that will be supported by Act | West for MDA. The materials will be transported to and distributed in RMs one week before the start of the MDA campaign.

Updating of radio and TV commercials for use during MDA (LF-OV-SCH-STH). FHI 360 will sign a contract with a communications agency to make updates to the commercials that were initially developed for anterior MDA. Revisions will include changes in logos, dates, geography, etc., to reflect what is planned for the FY22 Q1 changes and to incorporate any feedback received. The revisions will also incorporate the context of COVID-19 to anticipate rumors and rejections of treatment. With support from FHI 360, the NTD communications committee will ensure the technical accuracy, appropriateness, and clarity of messages for the general population.

Airing commercials and shows on national TV and radio before and during MDA (LF-OV-SCH-STH). FHI 360 will sign contracts with national TV (TFM, 2STV, RTS) and radio (RFM, Zik FM) stations that stipulate the number of commercials and shows to be aired over a specific time. Broadcasts will be aired at appropriate times to reach the target populations and via broadcasters with national coverage and high viewer- or listenership.

FHI 360 will fund local community radio stations, in HDs supported Act | West for MDA, to air commercial and shows over a specific time. Act | West's regional focal points will supervise to ensure that the broadcasts take place as stipulated. The local broadcasts are more linguistically diversified (broadcasting in local languages) than the national broadcasts and have their own viewer- and listenership. The NTD communications committee will provide the finished radio commercials and trailers to the RM teams, which consist of the RM NTD Focal Points, BREIPs, and Act | West's regional focal points. These teams will be responsible for working with the local media to translate the commercials into local languages.

Organization of a national MDA launch day (in a HD supported by Act | West for LF and/or OV MDA). FHI 360 will support the national program in organizing this activity around two days before the start of the FY22 Q1 MDA campaign, with the participation of senior health and education authorities. This activity will be organized outside of Dakar Region, in a HD where the MDA will be supported by Act | West (and where LF and/or OV MDA will be treated). Costs will include the rental of audio equipment and chairs, and transport for certain officials. The launch day strengthens the ownership of and commitment to the MDA campaign specifically and PC-NTD control more broadly by health personnel and partners. The launch will be broadcast on national TV to raise awareness and gain the adherence of the general public. The NTD Communication Committee will strive to recruit a senior MSAS representative to preside over the launch day. Senior MSAS representation of this sort encourages the RHMT to become more involved in the campaign in their respective regions.

Community mobilization strategy for MDA in nine RMs and 21 HDs. This will consist of systematically involving influential community groups in the organization of PC-NTD control activities. The strategy will

be focused on informing the public about MDA via the appropriate communications channels, messages, and use of IEC materials. The intent is to secure the targeted populations' acceptance of and adherence to the MDA. This community mobilization will be conducted in the RMs and HDs and will be organized by the BREIPS supported by the RM NTD Focal Point and Act | West's regional focal point. Activities to mobilize influential groups will be organized starting between one month and 8 days before the start of the MDA. Typical activities may include:

- Community advocacy: This targets local and administrative authorities and community leaders, encouraging them to share information on the strategy and negotiating their active participation in the different phases of activity implementation. Advocacy is led by the RHMTs, DHMTs, and ICPs.
- Information caravans: These are organized in target HDs for more active, personal communication and to mobilize the public. The CDDs supported by the ICPs and midwives post posters in public meeting places and will conduct home visits (Visite à Domicile [VAD]) to inform community leaders and their families. Discussion topics include the magnitude of NTDs in Senegal, preventive behaviors (draining of ponds, avoiding consumption of soil/dirt, using treated bed nets, and wearing shoes), diagnostics (what are the telltale symptoms), and the benefits of MDA against PC-NTDs.
- Partnership with schools and Koranic schools: This consists of using the teachers/Koranic teachers and students as potential relays to inform other students and community members about the MDA campaign. Educational and recreational activities include life-lessons and/or skits.
- Partnership with sporting and cultural associations (associations sportive et Culturelle) and CBOs: CHWs and CBO members take part in the information caravans, to assist in communicating with the public.

Appendix 6. Training

In FY22, Act | West has planned the following training activities.

Training Groups	Training Title	Training Topics	Number to be Trained			Number of Training Days	Location	Name other funding partner (if applicable) and what component(s) they are supporting
			New	Re-fresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)								
Trainers and supervisors	Orientation of national trainers and supervisors on MDA (LF-OV-SCH-STH)	<ul style="list-style-type: none"> General information on NTDs Organization of the integrated MDA Supervision of the MDA Roles and responsibilities of the different actors in the MDA Communication from the MDA MDA data management tools Data collection and transmission 	ND	ND	27	2	Dakar	N/A
RMs, PRAs, regional-level IAs, and HDs	Regional-level MDA orientation and planning workshops in 9 RMs (LF and/or OV, plus SCH/STH as applicable)	<ul style="list-style-type: none"> General information on NTDs Organization of the integrated MDA Supervision of the MDA Roles and responsibilities of the different actors in the MDA Communication from the MDA MDA data management tools Data collection and transmission 	ND	ND	109	2 each	RMs	N/A

		<ul style="list-style-type: none"> • Supervisor coverage tools 						
Health posts	HD-level MDA orientation and planning workshops in 21 HDs (LF and/or OV, plus SCH/STH as applicable)	<ul style="list-style-type: none"> • Organization of the MDA, • Supervision of the MDA • Roles and responsibilities of the different stakeholders in the MDA • Communication from the MDA • MDA data management tools • Data collection and transmission • Supervisor coverage tools 	ND	ND	780	2 each	HDs	N/A
Community distributors, teachers and community supervisors	Health-post level MDA orientation in 21 HDs /390 HPs (LF and/or OV, plus SCH/STH as applicable)	<ul style="list-style-type: none"> • Treatment administration, • Managing side effects • Data recording and transmission, • Communication on MDA 	ND	ND	3952	1 each	HPs	N/A
Community Supervisors	Health-post level MDA supervision orientation in 21 HDs /390 HPs	Supervisor coverage tools	552	0	552	1 each	HPs	

DHMT/RHM T/IA/IEF	LF pre-TAS orientation workshops in 5 RMs	<ul style="list-style-type: none"> • Orientation on pre-TAS; Rationale and different steps; involvement of different stakeholders • Selection of spot check sites • Implementation planning 	33	0	33	1 each	Targeted region	N/A
HD-level lab technicians and data managers	LF pre-TAS trainings in 5 RMs	<ul style="list-style-type: none"> • Guidance on how to use FTS tests • Team deployment planning • Guidance on electronic data collection 	44	0	44	2 each	Targeted region	N/A
DHMT/RHM T/IA/IEF	LF TAS1 orientation workshops in 11 RMs	<ul style="list-style-type: none"> • Guidance on TAS; Justification and different steps; involvement of different actors • Selection of schools • Implementation planning 	101	0	101	1 each	Targeted region	N/A
HD-level lab technicians and data man- agers	LF TAS1 trainings in 11 RMs	<ul style="list-style-type: none"> • Guidance on how to use FTS tests • Team deployment planning • Guidance on how to use FTS tests 	146	0	146	2 each	Targeted region	N/A
Senior ophthalmic technicians & Data collectors	confirmator y mapping training for 10 staff involved by PNPSO	<ul style="list-style-type: none"> • Methodology of mapping • HH sampling • Plan of covering all clusters 	10	0	10	2	Dakar/Mo H	N/A
Senior ophthalmic technicians & Data collectors	Trachoma Rapid Assessment training for 10 staff involved by PNPSO	<ul style="list-style-type: none"> • Methodology of TRA • Sampling • Plan of covering all clusters 	10	0	10	2	Dakar/Mo H	N/A

RM & HD level sensitization of local authorities	SCH impact survey orientation workshops in 8 HDs, with HD-level staff	<ul style="list-style-type: none"> • Team deployment planning • Guidance on electronic data collection • Information sharing and rationale for the survey with local education and health officials • Identification of schools for the survey • Survey implementation schedule 	45	0	45	1 each	Targeted region	N/A
	SCH impact survey training for HD-level lab technicians and data managers in 8 HDs (2 days per training)	<ul style="list-style-type: none"> • Guidance on urine filtration technology and Katokatz tests • Guidance on electronic data collection • Team deployment planning 	40	0	40	2 each	Targeted region	N/A
Consultants	Orientation of 9 Act West regional focal points (consultants)	<ul style="list-style-type: none"> • Focus on Act West • General information on NTDs and MDA • Guidance on the MDA data entry template • Guidance on FAAs • Roles and responsibilities of the RFP in the management of the MDA and FAAs • Partnership with RMs and HDs 	9	0	9	3	Dakar	N/A

Appendix 7. Short Term Technical Assistance

IR category (1, 2, 3)	Task-TA needed (Relevant Activity category)	Why needed	Technical skill required; (source of TA (CDC, etc.))	Number of Days required and when	Funding source (e.g., HKI country budget)
IR1	Regional focal points in 9 RMs	Assist the RMs and HDs in coordinating, planning and training for, supervising, monitoring, and reporting on all Act West-supported activities within their “home” RMs and supported constituent HDs, both programmatic (MDA and surveys) and logistical (PC-NTD drug and diagnostic supply management, in coordination with the PRAs). The regional focal points are functionally part of the MSAS’s RHMTs, building the capacity of the Chief Regional Physician and RM-level NTD focal points, and collaborating closely with the DHMTs including the HD-level NTD focal points. The presence of these USAID-funded regional focal points has been a key factor in enabling sufficient treatment coverage in USAID-supported MDA (via use of mechanisms such as daily data reporting), in the management of USAID fixed amount awards (FAAs) – by the RMs, and in keeping PC-NTDs on the RMs’ radar even outside of the MDA periods. Their involvement has minimized the need for constant travel by central-level MSAS personnel to the RMs and has increased the RMs’ ownership of MDA and understanding of PC-NTDs more generally.	Experience in community health	9 months, Q1-Q3	FHI 360 Country budget, STTA
IR1	Master Trainer – tropical data	For the orientation of senior ophthalmic technicians & Data collectors meeting. The trainer must be accredited by Tropical Data. In Senegal there are two people who meet these standards. The consultant will be chosen from both.	Accreditation by Tropical Data	2 days	FHI 360 Country budget, STTA
IR1	Graphic Designer	Tools need to be updated before printing IEC materials in advance of the FY22 taking account COVID 19’s messages. Later, the consultant will participate in the “Workshop to review and update all MDA forms and tools, distributors and supervisors’ manuals, social mobilization materials (print, TV, radio) before the FY22 MDA” (see MDA Coverage section, above), and make more extensive updates to all materials as needed, based on recommendations from the workshop. A total of 30 days of work is planned in FY22.	Experience in MDA communication tool	30 days	FHI 360 Country budget, STTA

Appendix 8. Fixed Amount Awards

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target Date of FAA application to USAID
FAA 1 - Thies	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAS' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 2 - Fatick	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAS' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 3 - Kaolack	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAS' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 4 - Kolda	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAS' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 5 - Ziguinchor	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level 	

		<ul style="list-style-type: none"> ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAs' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 6 - Louga	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAs' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 7 - Saint Louis	1	<ul style="list-style-type: none"> ▪ MDA Orientation & Micro planning in Regional level ▪ MDA Orientation & Micro planning in HD level ▪ MDA Training for CDDs, Teachers and community supervisors ▪ MDA social mobilization ▪ MDA Drugs & IEC logistics ▪ Support for PRAs' post-MDA NTD drugs monitoring at HD level ▪ LF MDA implementation at HD level ▪ Monitoring and supervision of MDA at Regional Level ▪ MDA data validation at HD level ▪ MDA data validation at Regional level ▪ MDA tools 	9/15/2021
FAA 8 – DLM (1 of 2)	1	<ul style="list-style-type: none"> ▪ MSAS NTD monthly coordination meeting ▪ CY22 workplan evaluation & CY23 workplan elaboration ▪ Participation in the regional quarterly coordination meeting ▪ Participation in the MDA orientation & Microplanning ▪ Participation in the regional MDA evaluation workshop ▪ Organization of the National MDA evaluation workshop ▪ Organization of the MDA launch day ▪ Supervision of MDA in 5 regions 	9/15/2021
FAA 9 – DLM (2 of 2)	1	<ul style="list-style-type: none"> ▪ LF TAS1 survey in 24 HDs ▪ LF pre-TAS survey in 7 HDs ▪ SCH impact survey in 8 HDs 	9/15/2021

Appendix 9. Timeline of Activities

Please see attached Excel file.

Appendix 10. Maps

Please see attached PDF file.

Appendix 11. Country Staffing

Please see attached PDF file.

Appendix 12. Additional tables/annexes (optional)

N/A

Appendix 13. FY21 activities delayed/rescheduled to FY22 due to COVID-19

IR	Budget Category(s)	Brief Description of the Activity
2	Other activities	HMIS Integration Documentation

Appendix 14. Budget (confidential)

Please see attached Excel file.

Appendix 15. Budget Narrative (confidential)

Please see attached Word file.