



Act to End Neglected Tropical Diseases | West FY 2022 Work Plan – Sierra Leone

October 1, 2021–September 30, 2022

Submitted by: Bolivar Pou
Senior Program Director
bpou@fhi360.org
Act to End NTDs | West
FHI 360

Date resubmitted: October 26, 2021

Table of Contents

ACRONYM LIST	3
NARRATIVE.....	5
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:	5
2. IR1 PLANNED ACTIVITIES: LF, TRA, OV	6
<i>i. Lymphatic Filariasis.....</i>	<i>6</i>
<i>ii. Trachoma.....</i>	<i>10</i>
<i>iii. Onchocerciasis.....</i>	<i>11</i>
3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES.....	16
3.1 System strengthening.....	16
3.2 Achieving sustainability: mainstreaming & health systems strengthening.....	20
a. Governance activities:.....	21
b. Prioritized functions activities:.....	24
c. Other activities: N/A	25
4. IR3 PLANNED ACTIVITIES: SCH, STH:	25
a. Schistosomiasis.....	25
b. Soil Transmitted Helminths	27
APPENDICES.....	30
APPENDIX 1. TABLE OF SUPPORTED REGIONS AND DISTRICTS IN FY22 BY ALL PARTNERS IN COUNTRY (INCLUDING NON-USAID-SUPPORTED PARTNERS).....	30
APPENDIX 2: STRATEGIC PLANNING SUPPORT.....	30
APPENDIX 3: NTD SECRETARIAT SUPPORT	31
APPENDIX 4. BUILDING ADVOCACY FOR A SUSTAINABLE NATIONAL NTD PROGRAM.....	31
APPENDIX 5. SOCIAL MOBILIZATION TO ENABLE NTD PROGRAM ACTIVITIES.....	32
APPENDIX 5B. GENDER EQUITY AND SOCIAL INCLUSION	36
APPENDIX 7. SHORT TERM TECHNICAL ASSISTANCE.....	43
APPENDIX 8. FIXED AMOUNT AWARDS	43
APPENDIX 9. TIMELINE OF ACTIVITIES.....	43
APPENDIX 10. MAPS	43
APPENDIX 11. COUNTRY STAFFING (PRIME + SUBS AS APPLICABLE)	43
APPENDIX 12. ADDITIONAL TABLES/ANNEXES (OPTIONAL).....	43
APPENDIX 13. FY21 ACTIVITIES PLANNED IN FY22 DUE TO COVID-19	44
APPENDIX 14. BUDGET (CONFIDENTIAL).....	45
APPENDIX 15. BUDGET NARRATIVE (CONFIDENTIAL)	45

ACRONYM LIST

ALB	Albendazole
AYV	African Young Voices
APOC	African Program for Onchocerciasis Control
CBO	Community-Based Organization
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CHA	Community Health Assistant
CHO	Community Health Officer
CHW	Community Health Worker
CIND	Country Integrated NTD Database
CMS	Central Medical Stores
DHMT	District Health Management Team
DFID	Department for International Development
DOT	Direct Observed Treatment
DMO	District Medical Officer
DMS	District Medical Store What about DMS district medical superintendent?
DHIS2	District Health Information System 2
DPC	Disease Prevention and Control
DQA	Data Quality Assessment
DSA	Disease Specific Assessment
EU	Evaluation Unit
FAA	Fixed Amount Award
FAQs	Frequently Asked Questions
FHI 360	Family Health International 360
FP	Focal Point
FTS	Filariasis Test Strip
GESI	Gender Equity and Social Inclusion
GoSL	Government of Sierra Leone
HMIS	Health Management Information System
HSS	Health System Strengthening
ICCC	Intra Country Coordinating Committees
ICT	Immunochromatographic test
IVM	Ivermectin
JRSM	Joint request for selected preventive chemotherapy medicines
KAP	Knowledge, attitudes and practices
LSHTM	London School of Hygiene and Tropical Medicines
LF	Lymphatic Filariasis
MCHA	Maternal and Child Health Aide
MDA	Mass Drug Administration
Mf	Microfilaria
M&E	Monitoring and Evaluation
MoGCA	Ministry of Gender and Children's Affairs

MoHS	Ministry of Health and Sanitation
MSH	Management Sciences for Health
MoSW	Ministry of Social Welfare
NSAHP	National School and Adolescent Health Program
NEC-ADR	National Expert Committee for Adverse Drug Reactions
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases
NNTDP	National Neglected Tropical Diseases Program
OV	Onchocerciasis
PCT	Preventive Chemotherapy (NTDs)
Pre-TAS	Pre-Transmission Assessment Survey
PHU	Peripheral Health Unit
PMI	President's Malaria Initiative
PZQ	Praziquantel
RCE	Responsive community engagement
re-pre-TAS	Repeat Pre-Transmission Assessment Survey
SAC	School aged children
SAE	Serious Adverse Events
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
SLMDA	Sierra Leone Medical and Dental Association
SL	Sierra Leone
SLPB	Sierra Leone Pharmacy Board
SMM	Sustainability Maturity Model
SOP	Standard Operating Procedures
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAC	Technical Advisory Committee
TAS	Transmission Assessment Survey
TIPAC	Tool for Integrated Planning and Costing
ToT	Training of Trainers
TF	Trachomatous inflammation-Follicular
TT	Trachomatous Trichiasis
TWG	Technical Working Groups
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WA	Western Area
WAR	Western Area Rural
WASH	Water, Sanitation and Hygiene
WAU	Western Area Urban
WHO	World Health Organization
WV	World Vision

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

The Sierra Leone Ministry of Health and Sanitation (MoHS) is divided into medical and management services. Under the medical service, there are 14 directorates including the Directorate of Disease Prevention and Control (DPC), which oversees the National Neglected Tropical Disease Program (NNTDP). The NNTDP was established in 2008 when the National Onchocerciasis Control Program integrated the management of other Preventative Chemotherapy (PC) NTDs into the program, including lymphatic filariasis (LF), schistosomiasis (SCH) and soil-transmitted helminths (STH). The main goals are to eliminate LF and onchocerciasis (OV) and reach and sustain control of SCH and STH.

From 2005–2006, Community-Directed treatment with Ivermectin (CDTI) was implemented in 8,451 meso- and hyper-endemic villages through the support of the African Program for Onchocerciasis Control (APOC). Integrated LF, OV, and STH MDA with ivermectin and albendazole (ALB) commenced in six districts in 2007 and expanded in 2008 to all endemic districts. In 2009, annual MDA started targeting SAC only in six endemic districts and scaled up in 2010 to include all SAC and at-risk adults in the seven highly or moderately endemic districts (now nine due to redistricting) per the national plan for morbidity control. To date, 12 districts have stopped MDA for LF, five districts have completed TAS3, three districts are projected to complete TAS3 in FY22, one district in FY23, three districts in FY25, and the remaining four districts in FY26. The NNTDP projects to submit dossier for validation of elimination in FY26. Thirteen rounds of effective MDA for OV have been completed and 2016 assessment showed that the national program is on course to control SCH and STH. Trachoma was not considered of public health significance in Sierra Leone; however, Sightsavers recently (2021) conducted a re-mapping of trachoma, and the preliminary results show that, based on the trachomatous inflammation-follicular (TF) results, MDA is not warranted and trachomatous trichiasis (TT) prevalence remains low.

The NNTDP oversees the planning, implementation, and monitoring and evaluation (M&E) of NTD activities. The central-level NNTDP has grown from three staff in 2008 to five technical staff, under the leadership of the current Program Manager (Dr Ibrahim Kargbo-Labour). Following the 2015 national census, there was a re-districting of the country from 14 to 16 districts. Koinadugu district has been divided into two districts, Koinadugu and Falaba (10 and 13 chiefdoms, respectively). Bombali and Port Loko districts have re-allocated seven and five chiefdoms respectively to create Karene. Since 2015, the new districts have been operative political entities, and in 2020 they became fully functional with a District Health Management Team (DHMT). Each DHMT is led by a District Medical Officer (DMO), who coordinates and oversees all health activities. The DHMTs have Focal Persons (FP) for each program, including NTDs. Districts are further divided into 1,903 Peripheral Health Units (PHUs) nationwide staffed by different cadres of health workers, including Community Health Officers (CHOs), Community Health Assistants (CHAs), State Enrolled Community Health Nurses (SECHNs), and Maternal and Child Health Aides (MCHAs). PHUs have variable staff depending on the population density. Community Health Centers (CHC) have the most staff serving a population over 10,000 within 5 kilometers (km) and have the highest cadres of staff, including midwives and CHOs. The Community Health Posts (CHP) serve 5,000-10,000 people within a 5km radius and may have CHAs and SECHNs and the Maternal Child Health Post (MCHP), which serve a smaller population spread over many more kilometers—and in theory should have at least two MCHAs. The PHU staff supervise the Community Drug Distributors (CDDs) who perform mass drug administration (MDA).

The primary donor for the NNTDP is the U.S. Agency for International Development (USAID), which currently provides support through the Act to End Neglected Tropical Diseases | West (Act | West) program, managed globally by FHI 360 and led by Helen Keller International (Helen Keller) in Sierra Leone. Act | West supports MDA and Disease Specific Assessment (DSAs) for LF, OV, SCH, and STH, and the larger program consortium (including Deloitte and World Vision) under Act | West who support sustainability planning for the NNTDP. In fiscal year 2019 (FY19), AmeriCares provided technical assistance for drug supply management activities. Other than the Act | West program, Sightsavers is another significant contributor to NNTDP activities and provides support for the pre-stop MDA survey for OV and entirely supports the biannual Onchocerciasis Elimination Committee meetings. Please refer to Table 1 for a full set of details on partners supporting NTD activities in Sierra Leone projected for the next year.

See also: Table 1 (List of all partners supporting NTDs in-country)

2. IR1 PLANNED ACTIVITIES: LF, TRA, OV

i. Lymphatic Filariasis

Previous and current FY activities and context

LF is endemic in all 16 districts in the country. To date, 12 districts have stopped LF MDA and transitioned to post-MDA surveillance. Eight districts passed pre transmission assessment survey (pre-TAS) using microfilaria (mf) in FY13, then passed TAS1 in FY17 and TAS2 in FY19 using filariasis test strips (FTS). Five districts (Pujehun, Moyamba & Bonthe, Port Loko, and Tonkolili) constitute into 4 EUs passed TAS3 in FY21. One district, Western Area Urban (WAU), passed pre-TAS in FY17, TAS1 in FY18, and TAS2 in FY21¹. In November 2020, a repeat pre-TAS (re-pre-TAS) was conducted in five (now seven due to redistricting) LF districts. Three districts (Kenema, Kailahun and Western Area Rural) passed the re-pre-TAS and proceeded to conduct TAS1 in May/June 2021. All three districts passed TAS1 and have stopped MDA for LF. However, two districts (now four, due to re-districting) failed the re-pre-TAS for a third time (FY13, FY17 and FY20 (under FY20 carry-over)). These districts (Bombali, Karene, Koinadugu and Falaba) share a border with Guinea and had high baseline prevalence.

Following the re-pre-TAS, USAID convened a meeting on March 24, 2021, to review the persistent LF transmission in hotspot districts, prompted by the third re-pre-TAS failure in four of six hotspot districts (originally two of four districts, prior to redistricting in Sierra Leone). The meeting involved FHI 360, Helen Keller - Sierra Leone & Global, the Centers for Disease Control and Prevention, and The Task Force for Global Health. Topics covered during the presentation included overview of progress made to date, programmatic challenges and strategies taken to overcome them, exploration on why some districts continue to fail while others have passed, and hypotheses for LF DSA failures. Key highlights of the discussion included:

- A focus on migrants/missed populations, such as cattle herders and semi-pastoralists, including the human-vector dynamics² and challenges in engaging them due to language and influencers within these populations

¹ These surveys were completed by the end of July 2021. Results will be provided once they are finalized.

² The human-vector dynamics is something to explore further. The hypothesis here is about vector efficacy and high baseline prevalence and whether culex is the main vector in these hotspot districts—possibly being harbored

- Use of supervision coverage tool (SCT) to identify areas of low coverage
- Special attention to specific, high-risk ethnic groups (Fulani and Limba) due to resistance to messaging unless it is channeled through their parallel system of traditional leaders
- Ways to minimize multiple mop-ups by making sure the first round is effectively implemented.

After this meeting, Helen Keller and the NTDP developed an activity and budget to address the issues highlighted and implement them as part of FY21 MDA. One successful round of MDA has been conducted in March 2021 in all four districts since the last re-pre-TAS in November 2020 (carryover FY20 activities). The second round MDA will be conducted in November 2021 as a carryover FY21 activity.

LF MDA implemented in March 2021 as a carryover activity from FY20 in these districts met both program and epidemiological coverage targets. In the recent (FY20 carry over) MDA, sub-district level coverage was over 65% for most of the PHUs (in approximately 94% of PHUs) with the exception of 22 PHUs: 8 out of 170 PHUs in Bombali; 6 out of 88 PHUs in Karene; 3 of 46 PHUs in Koinadugu; and 5 out of 83 PHUs in Falaba. In the PHUs where 65% coverage was not met, mop-up was conducted to reach the target program and epidemiological coverage. By comparison, in FY19 the SCT identified 70 PHUs with low coverage <65% (Bombali /Karene– 43, Koinadugu/Falaba- 27) which prompted the NTDP and DHMTs to conduct mop-up to improve coverage. The program is seeing improvements at the PHU level from the preliminary results from the FY20 campaign. The final LF MDA results will be reported in the FY21 second Semi-Annual Report (SAR2).

Please see Table 2a: USAID supported LF coverage results for FY20-FY22.

Please see Table 2b USAID supported LF DSAs for FY20-FY22.

Plan and justification for FY22

MDA:

LF MDA is not planned in FY22, assuming all districts will pass re-pre-TAS and TAS1 scheduled for May and June 2022, respectively.

Disease-Specific Assessments (DSAs):

The following LF DSAs are planned for FY22:

- **Re-pre-TAS in four districts (implementation units (IUs)):** this will be the fourth pre-TAS in these LF hotspot districts. One sentinel site and two spot check sites will be chosen per IU based on local knowledge and sub-district MDA analysis. The four IUs include Bombali, Karene, Koinadugu, and Falaba.
- **TAS1 in four districts (4 EUs):** will be conducted after successful re-pre-TAS.
- **TAS3 in three districts (3 EUs):** the EUs are Bo, Kambia and Kono. These EUs would have been assessed in FY21, however, due to the tight schedule of the NTDP and the carryover FY20 activities, these EUs are now scheduled to be evaluated in May/June 2022. (Refer to Appendix 12 for a breakdown of which districts/EUs will be targeted for TAS3 in FY22)

by cattle in the “worrehs”. There has been some engagement with President’s Malaria Initiative (PMI) about looking into this hypothesis, but there are no concrete plans yet for supporting investigation into this hypothesis.

Ensuring quality TAS implementation (*Budgeted under Helen Keller Program*)

In FY22, Act | West will work to ensure quality TAS implementation through the provision of NTD survey and materials support, mhealth, COVID-19 support, project vehicle rental, responsive community engagement, power mapping and supervision for TAS 1 and TAS 3. The Act | West program team will also support protocol development and the quality implementation of LF DSAs through training, monitoring and field supervision in collaboration with the NTDP (refer to appendix 6 for details of DSA training).

Training/refresher training of field supervisors and survey teams will be led by the NTDP in collaboration with the Helen Keller – Sierra Leone office, supported by Helen Keller – Global and/or the FHI360 Act | West teams, according to the approved survey protocol, sampling methodology and use of the FTS diagnostic test. The trainings will include a field practice component and pre- and post-tests. All LF survey protocols will be reviewed and approved by Helen Keller – Global and FHI 360 prior to the training. Act | West technical staff will ensure that LF survey protocols outline quality control measures, including:

- The use of a positive control to test FTS prior to, during, and immediately after field use
- Proper storage of FTS in a cool (<25°C) and dry setting
- Use of the WHO LF diagnostic feedback form and its inclusion in the survey report
- Use of the TAS supervisor’s checklist
- Treatment of confirmed positive cases and their immediate family.

For the re-pre-TAS only, the following measure is planned, which will be proposed for COR-NTD (TFGH) support: Confirmatory re-testing of positive cases and collecting dried blood samples (DBS) which would be analyzed using ELISA. The NNTDP will consult³ with WHO, USAID and operations research partners on the analysis. No funds from Act | West are requested to support the analysis.

Helen Keller will directly observe DSA field work along with NTDP for quality assurance. As a best practice, communities will be sensitized prior to conducting the survey. In addition, Helen Keller will support the NTDP’s use of Electronic Data Capture (EDC) for the re-pre-TAS and TAS to allow for real-time data validation, built-in questionnaire prompts/reminders of standard protocol steps, and closer monitoring of data quality during the survey to allow for course correction. Survey teams will be trained in EDC using the Ona platform (data-hosting platform) with support from Helen Keller – Global Monitoring, Evaluation & Learning (MEL) team, as needed. As part of the sustainability plan priorities, the NNTDP will work with the DHMTs to include district surveillance officers in the pre-survey sensitization meetings, training of survey teams, and the implementation of both the pre-TAS and TAS. This is done to ensure surveillance officers understand the importance of incorporating NTD surveillance into district activities.

Responsive Community Engagement Pre-TAS

Using the results of a quality improvement (QI) rapid assessment carried out in FY20 to identify the social dynamics that influence DSA and MDA compliance, responsive engagement with communities in sentinel and spot check sites for the re-pre-TAS will be carried out prior to the survey implementation. The goal of targeted responsive engagement with these communities is to understand barriers and enablers to help improve compliance, especially in the Limba and Fulani communities. The key indicators will be the number of trainers, health workers and CDDs/CHWs who have had the three

³ There will be further discussions with USAID on this proposed operations research area.

modules of basic social sciences: participant observation, power mapping and rumor tracking during their refresher training (one additional day added to the training to cover these topics and practical exercises). Influential community members are identified and sensitized to participate in the pre-TAS. The discussions during these meetings will include the dates for the pre-TAS, target population and COVID-19 prevention measures during the survey. As part of the NNTDP sustainability plan priorities, additional key community structures and networks will be identified and constructively engaged in creating awareness and trust about NTD services.

MDAs and DSAs in the Context of COVID-19

A Standard Operating Procedure (SOP), developed in August 2020, will guide the implementation of DSAs and MDAs in the context of COVID-19. To ensure safety of technicians, support staff, participants, and supervisors, pre-DSA sensitization will include COVID-19 prevention measures. Alcohol-based hand sanitizers, soap, and Veronica buckets will be provided and have been budgeted for under Act | West.

Every team will have a hand washing station equipped with soap and water. Before registration, every participant will wash his/her hands and be provided with a face mask to be used during the process (masks provided by the NNTDP). The pre-DSA sensitization will take place in two phases—primary and secondary engagements. In the primary engagement phase, District Directors of Education, paramount chiefs, chiefdom speakers, and councilors will be targeted at the district level. These meetings will be coordinated and facilitated by the DHMTs with participation of the NNTDP and Helen Keller staff. During the secondary engagement phase, the city/town council education committee members, head teachers, town chiefs and other community members will be targeted. These meetings will also be coordinated and facilitated by the DHMTs with participation of NNTDP and Helen Keller staff. For all engagements, the number of people will be limited in accordance with government guidelines and SOP for NTD activities referenced previously to avoid COVID-19 exposure.

Pre validation timeline: Five districts have completed TAS 3, three districts are projected to complete TAS3 in FY22, one district in FY23, three districts in FY25, and the remaining four districts in FY26. The NNTDP projects to submit dossier for validation of elimination in FY26.

Morbidity management and disability prevention component: In 2010, the backlog of people living with hydrocele and lymphedema was estimated as 23,500 and 8,300 respectively, using the CDD annual census (see FY19 SAR2 for updated figures based on these 2010 estimates). In 2012, reports from PHU staff at health facilities reported these figures to be 11,104 and 4,341 respectively. CapaCare, a non-profit humanitarian organization, conducted a surgical needs survey in 2020 but has not yet shared the report with the NNTDP. During the visit of Deloitte to Sierra Leone in 2019 a guided self-assessment using the sustainability maturity model re-estimated 15,000 cases of hydrocele, which took death rates into consideration. Management of morbidity for LF remains under-supported in Sierra Leone. However, through the END Fund, Helen Keller-Sierra Leone will support the DHMTs in eight districts (Bo, Bonthe, Moyamba, Pujehun, Kono, Kambia, Port Loko, and Tonkolili) to conduct 1,000 hydrocele surgeries by the end of November 2021. The NNTDP has begun informal engagement with senior MoHS officials about the importance of integrating MMDP services into primary healthcare services. In FY22, Helen Keller will work with the NNTDP to formally engage the MoHS, especially the directorate of primary healthcare, to integrate services through training of health staff and identification of health facilities for MMDP services. The NNTDP will pilot the Direct Inspection Protocol (DIP) with an added hydrocele section to assess health facilities as part of the

MDA supervision during the campaign planned for November 2021 (FY21 carry-over)—further implementation of the DIP⁴ will be explored with the NNTDP with potential other donor support. This activity will not require a budget, only LOE of NNTDP staff.

Status of dossier writing: The MoHS has not yet begun to prepare the narrative portion of the dossier. Although not inputted into the dossier template, historical survey and MDA data are available through the Country-level Integrated NTD Database (CIND). Orientation workshop meetings were budgeted for in FY20 carryover activities and will be held in August 2021. A dossier development workshop will be conducted in fourth quarter of FY22. During the workshop, the NNTDP will populate the available survey and MDA data into the dossier template and devise a plan to gather the necessary information for the narrative portion.

Historical data completeness and security: The MoHS and partners have kept copies of all data and information generated by the program since its inception. All baseline data, reports, impact assessments, and pre-TAS and TAS data are available at the national level as well as data on capacity building, social mobilization and other M&E activities. In addition, reports generated and shared with WHO and USAID contain most of the data required to develop the dossier and are stored in both NTDP M&E and Helen Keller staff computers, backed up by Helen Keller’s local server. Many publications exist online. In February 2021, the Helen Keller country office worked with the Helen Keller M&E Associate at headquarters to set-up the CIND. The second M&E Officer at the NTDP is currently inputting historical data and this will be updated regularly to ensure data is properly stored and managed in preparation for dossier development.

In FY19, Sightsavers began supporting the MoHS to integrate key NTD indicators into the District Health Information System (DHIS2). Available information indicates that meetings were held with the appropriate MoHS authorities, but no indicators have been identified. In FY22 Helen Keller will work with Act | West consortium partners to further engage the appropriate MoHS departments to identify and integrate high level NTD indicators into DHIS2 (refer to the IR2 section below for more details).

ii. Trachoma

Previous and current FY activities and context

Mapping was conducted with USAID support in 2008⁵ in the five districts (now seven) that border Guinea. The prevalence of trachomatous inflammation-follicular (TF) in children aged 1–9 years in the five mapped districts was <5% in all districts and thus MDA with azithromycin was not warranted in accordance with WHO guidelines. The prevalence of trachomatous trichiasis (TT) in persons ≥15 years was ≥0.2% but TT outreach (surgical camps) has not been conducted to date despite these activities being included in the 2016-2020 NTD Master Plan. In April 2021, Sightsavers conducted repeat trachoma mapping in the same districts. Based on preliminary survey findings, the prevalence of TF does not indicate a need for MDA, though exact point prevalence data are not yet available. At the time of this work plan resubmission, there are still no updates. Helen Keller is following up with the NTDP and Sightsavers. TT also remains low, and these results confirm to the mapping results obtained in 2008. The report of this repeat mapping will be shared with FHI360 and USAID once it is available. Sightsavers previously planned to support up to 1,000 TT surgeries; however, this plan has been

⁴ The NNTDP will pilot the DIP tool in the upcoming MDA during supervision and will continue discussions with USAID on the results and next steps.

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/21780873>

suspended due to the withdrawal of ASCEND funding by the UK Government. There are no Act | West MDA or DSA activities planned for FY22.

iii. Onchocerciasis

Previous and current FY activities and context

According to studies conducted from 2002–2004 using skin snip, 14 of the current 16 districts had areas that were meso-endemic (mf prevalence ≥ 40 and $< 60\%$) or hyper-endemic (prevalence $\geq 60\%$). The Western Area (Rural and Urban) and Bonthe Island were non-endemic. From 2005–2006, Community-Directed Treatment with Ivermectin (CDTI) was implemented in 8,451 meso- and hyper-endemic villages. Integrated LF and OV MDA with ivermectin and albendazole (ALB) commenced in six districts in 2007 and expanded to all 12 endemic districts (now 14 districts) in 2008.

An impact assessment supported by the African Program for Onchocerciasis Control (APOC) conducted in 2010 using skin snips showed significant reduction in mf prevalence in the 14 districts after five MDA rounds. An impact assessment in FY17 after 10 years of MDA—using the OV16 Rapid Diagnostic Test (RDT) integrated with LF TAS1 and using the TAS sampling method in eight districts and separately in the other four districts testing 5–9 years old. The main objective was to determine the impact of MDA and the need for IVM MDA in hypo-endemic areas that have benefitted from LF treatment since 2008. Of the 17,441 children tested, 347 (2.0%) were positive. The results indicated a decrease in prevalence, however, it also showed that there is ongoing transmission of *onchocerca volvulus*—hence the need to continue OV MDA. USAID has not supported OV DSAs in Sierra Leone since that time. In October 2019, Sightsavers supported a pre-stop OV survey in all OV endemic districts of Bo, Bonthe, Moyamba, Pujehun, Kailahun, Kenema, Kono, Bombali, Tonkolili, Koinadugu, Port Loko, and Kambia. Forty-five sentinel sites and 12 new sites were sampled. The sentinel sites were located on riverbanks near large breeding sites, where large numbers of flies can be caught. About 5-8 sentinel sites in the same ecological area, on the same river basin were grouped to form a transmission area. In each transmission area, finger-prick blood samples were taken from 3,000 children, between 5 and 10 years of age to determine the presence of the *Onchocerca volvulus* antibody. The children were selected by a multistage stratified sampling method scheme applied to the transmission area (sentinel village or cluster of villages). In smaller transmission areas where there are fewer than 3,000 children under 10 years of age, essentially all eligible children were sampled. However, the samples collected have not yet been processed. The NNTDP indicated that the samples have been sent in 2020.

Please see Table 4a: USAID supported OV coverage results for FY20-FY22.

Please see Table 4b USAID supported OV DSAs for FY20-FY22.

To date, 13 effective rounds of OV MDA have been conducted (with one missed round in 2014 due to Ebola). All 14 districts treated in FY20 reported effective program and epidemiological coverage.

The Technical Advisory Committee (TAC) meets at least twice yearly to advise the NTDP on activities toward OV elimination. A key recommendation in FY20 was the call for a speedy but quality analysis of approximately 12,900 samples collected during the pre-stop OV survey conducted in October 2019 by the Sierra Leone National Reference Laboratory using OV16 ELISA (note: the samples were sent to Cameroon for this analysis to ensure the quality is maintained since the national reference lab in Sierra Leone has not done analysis of this nature and reagents are not available in-country). Sightsavers will provide the technical assistance (TA) and funding to support the analysis.

Plan and justification for FY22

OV/STH Sub-district coverage analysis

During FY22 MDA, SCT will be conducted by PHU staff and chiefdom level supervisor to identify areas with low coverages that need mop-up during and after the MDA. The NTDP will encourage PHU staff to do an extra 2 days of mop-up to ensure their catchment communities reach effective coverage before MDA results are submitted to districts and national levels. The targeted mop-up is done immediately following the MDA within the resources available at the district-level. Once the MDA is completed in November 2021, the Act | West MEL team will support Helen Keller-Sierra Leone and the NTDP to analyze the sub-district coverage data, to ascertain that effective coverage ($\geq 80\%$ programmatic coverage) has been achieved in each PHU-catchment community. In the recent (FY20 carry over) MDA, sub-district level coverage was over 65% for most of the PHUs (in approximately 94% of PHUs) with the exception of 22 PHUs: 8 out of 170 PHUs in Bombali; 6 out of 88 PHUs in Karene; 3 of 46 PHUs in Koinadugu; and 5 out of 83 PHUs in Falaba. In the PHUs where 65% coverage was not met, mop-up was conducted to reach the target program and epidemiological coverage. By comparison, in FY19 the SCT identified 70 PHUs with low coverage $< 65\%$ (Bombali /Karene– 43, Koinadugu/Falaba- 27) which prompted the NTDP and DHMTs to conduct mop-up to improve coverage. The program is seeing improvements at the PHU level from the preliminary results from the FY20 campaign. The final LF MDA results will be reported in the FY21 second Semi-Annual Report (SAR) In the most recent MDA campaigns, only one round of mop-up has been required at the district-level. The analysis will be presented at the FY21 annual NTD review meeting in January 2022 to support the DHMTs in targeted planning for the FY22 OV-STH MDA (i.e., review and adjustment of CDD/population ratios and supervisor/CDD ratios, and enhanced supervision with SCT). In FY22 the sub-district coverage analysis and targeted mop-up will be repeated. ***(This activity requires no budget beyond LOE of Helen Keller staff.)***

OV-STH MDA in 14 districts

OV-STH MDA will be conducted in 14 districts in June 2022 targeting 5,314,291 persons aged five years and above for IVM and 1,944,633 school-aged children (SAC) for ALB in a five-day campaign. CDDs will be paid a stipend of 20,000 SLL (approx. US\$ 2/day), comparable to other health campaigns. This period will be described as “MDA Week” during which the entire PHU staff, DHMTs, NTDP and Helen Keller staff will dedicate their time to monitoring and supervision for effective coverage among all targeted populations. The “MDA Week” will replace the previous strategy of conducting MDA over a 6-week period using volunteer CDDs and be followed by a mop up period for an additional period until target coverage is reached in all PHU catchment communities. (See notes above on how the mop-up is conducted immediately following the MDA and has been successful in one round with recent strategies.)

In FY20, Helen Keller – Sierra Leone with support from Helen Keller Act| West QI Lead reviewed MDA treatment forms including tally and summary sheet templates, in accordance with USAID’s recommendations of reviewing all MDA materials. Additional QI activities, such as creation of District QI teams and holding of learning sessions (planned in FY21 that were not implemented due to COVID-19 and other competing priorities for the MoHS and the NTDP) will be implemented in FY22 as carryover FY21 activity. In FY22, quality planning and training will include other QI activities such as:

- Emphasis on proper completion of tally sheets during CDD training and supportive supervision
- Confirmation of central-level pharmacy’s plans for drug deliveries to PHUs in advance to avoid stock-outs
- Budget provisions for sachet of water for all fixed posts (including schools), public places including market, bus terminals, streets, public squares—the availability of water in public places should increase drug uptake from eligible people.

Additional planning, advocacy, social mobilization, training, and supervision activities are planned for the OV MDA in FY22. Please refer to the appendices section for “**Integrated IR1 Activities**” below for details.

Quality Improvement Learning Sessions (budgeted under Helen Keller IR1 Training)

In addition to the QI measures described above, Helen Keller will continue support of implementation of the FHI 360 model for QI in FY22. The QI is a systematic implementation of a package of change ideas that lead to measurable improvement. It involves testing the change of ideas in a few sites and scale-up if it indeed leads to program improvement. The QI framework and tools will be used to determine root-causes of low coverage challenges, design an integrated approach with QI team members at the sub-district level (NTD staff, nurses, CDDs, community leaders), and mentor them to implement and assess improvement. Through the establishment of a coaching system, QI team members will be trained to share lessons learned. The coaching system includes QI coaches who are selected as NTD focal points at central, regional, and (in some cases) district level staff and trained on QI model application. QI team members at the peripheral level are also trained during learning sessions facilitated by the trained QI coaches on the QI framework and multiple tools to establish the baseline performance, develop, implement, and monitor QI action plan in their respective sub-districts.

The QI process initiated in FY20 will continue with the goal to improve MDA coverage of the border districts that have failed pre-TAS thrice and where OV MDA is still being implemented. Following the QI coach training (to be completed alongside FY21 MDA campaign scheduled for September–November 2021) and the establishment of QI teams at the sub-district level, in FY22 the NNTDP will put in place monitoring and coaching systems to support QI teams to review and adjust action plans. The coaches will come from the NNTDP and Helen Keller NTD team. They’ve been identified as coaches that can facilitate and accompany the QI action plans.

In FY22 the QI teams will hold quarterly learning sessions to brainstorm, identify challenges, implement, and review changes to improve overall quality of MDAs and DSAs. The changes will be integrated in the overall activities where feasible or implemented as additional activities in consultation with FHI 360. In addition, the coaches will regularly visit the QI teams and facilitate the learning sessions together with the DMO and District Operation Officer on occasion.

Holistic review of MDA components (no budget beyond LOE of Helen Keller staff).

A holistic review of training modules, supply chain management, and supervisory and data collection tools was completed in the first quarter of FY20 and a **quality improvement checklist** was developed with recommendations from previous supervision reports and observations made during the FY19 MDA in the WAR (see below). In FY22, this checklist will be used by Helen Keller and the NTDP for preparation, implementation, and supervision to ensure that all critical steps are followed for quality MDA and DSA. In FY22 Helen Keller will ensure that new community MDA treatment registers will include the option to record sex of CDDs and will explore the option of adding a tick box on tally sheets for sex of CDDs and flowing this data up to the national level systems to collect more accurate data on CDD sex. Helen Keller will also explore how MDA tools can be used to capture disability data among target populations and support job aid development, as needed, for dosage measurement. Helen Keller will work with the DHMT to increase priority for this data and encourage the CHWs and CDDs to routinely collect the data.

Enhanced (responsive) community engagement pre-MDA (*Budgeted under Helen Keller Program*)

Using the results of a QI rapid assessment carried out in FY20 to identify the social dynamics that influence DSA and MDA compliance, enhanced engagement with communities that are targeted for MDA will be carried out in FY22. The enhanced engagement activities will be focused on areas of the HD with hard-to-reach populations, as identified through the rapid assessment. Influential community members and channels of information that have been identified as generating rumors and hesitancy to participate in DSAs and/or MDAs will be targeted. Sensitization efforts for the MDA will focus on these community members and communication channels to address any rumors and assure communities of the safety and efficacy of the MDA. This activity is especially critical in the context of COVID-19 when communities that are already hesitant to participating in MDA will be even more difficult to reach without additional sensitization.

To achieve this, and in line with the recommendation from the Gender Equity and Social Inclusion (GESI) study focused on developing a group of “MDA champions,” two CDDs/CHWs per village will be trained as “citizen social scientists” in each of three LF hotspot villages where MDA hesitancy is greatest or where LF positivity remains highest, illustrating ongoing transmission in LF hotspots in Karene, Bombali, Koinadugu, and Falaba districts. The CDDs/CHWs will be trained on how to perform participant observation, power mapping, and rumor tracking to identify those with trust and influence within communities and get accustomed to social listening in a different way from how they normally work. A reporting system will be developed where CDDs/CHWs can report potential rumors before MDAs to DHMTs. The budget is included under the FY22 Social Mobilization section for the training and local travel costs. LOE of existing Helen Keller staff will also support this activity. Integrated IR1 activities for FY22 will include social mobilization, CDD rural census, enhanced social mobilization, and engagement of border communities to improve MDA coverage (see appendix 5 for details) and MDA trainings (see appendix 6 for details).

Supervision

Supervision of MDA is conducted on several levels: the NTD Task Force (now the partners’ network forum) oversees master planning and overall progress. Helen Keller works with the NNTDP to supervise the cascade of MDA activities to ensure quality implementation, effective logistics management and, accurately collection of data and reports. The NNTDP supervisors consist of six staff for the 14 districts that are targeted for MDA. Helen Keller’s staff supplement the supervision of MDA-related activities to ensure they can be carried out in a timely and quality manner in all districts, including hard-to-reach areas. This is especially critical when NTD MDA campaigns are given limited

timeframes for implementation in public health campaign scheduling. Certain activities and/or geographies require a higher level of effort than others.

The training of trainers (ToT) for DHMTs and training of PHU-in-charge is supervised by the NTDP and Helen Keller. The DHMT and the district NTD focal points supervise PHU staff and conduct spot checks. PHU staff supervise village-level social mobilization, CDD training, and MDAs and mop-up, as required. Additional supervision days and support for logistics for hard-to-reach areas have been planned in the budget. Starting with the FY20 MDA and continuing with the FY22 MDA, additional DHMT staff including the M&E, Pharmacist and Social Mobilization Officer have been included in the ToT to enable direct support of data collection, supply chain management and social mobilization, respectively. The NTDP and Helen Keller will also conduct spot checks on social mobilization, training and MDA activities at all levels.

Supportive supervision of CDDs focuses on ensuring they adhere to guidelines: correct use of dose poles, exclusion criteria, correct recording of doses administered in the village register or tally sheet by gender, supply chain management to detect and report stock-outs, identification and referral of serious adverse events (SAE), and reporting of SAEs to the DHMT. In addition to supportive supervision, the SCT will be implemented during OV-STH MDA by DHMT supervisors in the 14 districts in FY22. *(M&E section below)*

Monitoring, Evaluation and Learning

In addition to DSAs and M&E activities previously mentioned, integrated M&E activities for FY22 include:

- **CDD Rural Census**

In March 2020, the CDDs conducted a census to update the rural population (for all OV and LF communities in all 14 districts—excluding WAR and WAU). This data was compiled, analyzed, and used to quantify drug needs at PHU level and calculate the MDA coverage. Urban populations have been projected from the national 2015 census using regional growth rates. In FY21 projected CDD census was used in requesting for drugs and workbooks using regional growth rates. However, having accurate, reliable, and up-to-date rural census figures from CDDs will help DHMTs quantify drugs needed for hard-to-reach communities and rapidly growing communities especially in mining areas. In FY22, there will be no rural population census by CDDs as was done in FY20. However, prior to MDA the CDDs will update the village census register of every household. The CDDs will visit each household and enquire whether there has been any additional member to that household including new permanent residents or if any member has moved permanently to another village or community or has died. This information will be updated in every household register and used as updated CDDs census for rural population and use for requesting for drugs and workbooks.

- **Data Collection, Analysis & Reporting**

Data collected by the CDDs in their community registers (and tally sheets for MDA in urban settings) is collated by the PHU-in-charge and checked by the district NTD FP and the M&E Officer. The NTDP supervisors collect these reports and assist with data review and validation. District FPs and the NTDP also follow up with PHUs to obtain delayed reports as needed. The NTDP then collates all district data for the USAID workbooks with support from Helen Keller.

Host Government/Partner Supported Activities

The Government has continued to provide support to the NTDP for human resources, including paying of salaries and wages for the national staff, DHMT, and PHU staff and office space for all levels. In FY20 the government provided additional human resource support to the NTDP, including the transfer of additional staff: Pharmacist, Deputy M&E Officer, Surveillance Officer, and Finance Officer and absorbing the entomology team. Following extensive consultation and advocacy by Helen Keller, Deloitte, and the NTDP with the MoHS senior management team, 3,900 hydrocele surgeries were included in the calendar year 2020 work plan and budget. However, this was not implemented due to the COVID-19 pandemic. Helen Keller, NTDP will continue to advocate for reallocation of this budget line in FY22.

The following activities are supported by other partners:

- **LF:** Through the END Fund project, Helen Keller is supporting approximately 1,000 hydrocele surgeries by the end of November 2021.
- **OV:** USAID supports OV MDA in all 14 endemic districts while Sightsavers supports analysis of OV epidemiological surveys (in FY20 and FY21) and TAC meetings.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

3.1 System strengthening

a. DATA SECURITY AND MANAGEMENT

Update and back up of CIND (*Helen Keller LOE only*)

Helen Keller will continue to support the NNTDP to update the CIND with DSAs and MDA data. In FY21, Helen Keller supported the NNTDP to create and populate an internal version of the CIND using a dedicated password-protected desktop computer. The second M&E Officer at the NNTDP will continue to input data. In FY22, all NTD data stored on ESPEN will be reviewed and updated by the NNTDP. The M&E Coordinator at Helen Keller will continue to provide technical support to the NNTDP to review and back-up their data regularly to ensure data is properly stored and managed in preparation for dossier development.

Targeted TA to strengthen the NNTDP's data policies and procedures (Deloitte/Helen Keller)

In Sierra Leone, the NNTDP follows guidance outlined in the Data Management SOP used by the MoHS, however, challenges persist in NTDs data management at various levels. In Q1 of FY22, Deloitte will complete a data security policy analysis and organize a two-day “presentation and validation meeting” with the NNTDP, DPPI, and other MoHS staff to further discuss and validate findings and make policy recommendations on opportunities to strengthen collection, transfer, and storage of data specifically based on challenges identified by the NNTDP. Recommendations will be limited to policy and procedures, building upon MoHS’s guidance, and will not include the purchase of additional software or hardware. Once the NNTDP has prioritized the most critical recommendation and identified needed support from Act|West, Deloitte will work with the MEL Team and Helen Keller to support rollout and implementation of the recommendations, which could include an orientation session and the creation of easy reference job aids related to data security that can be disseminated at all levels. (*Budgeted under Helen Keller IR 2 Data Security and Management*).

Integrate key NTD Indicators into DHIS2 (*Budgeted under Helen Keller NNTDP FAA 1*)

In FY19, Sightsavers began supporting the MoHS to integrate key NTD indicators into DHIS2. Despite effective advocacy meetings to engage the Directorate of Program Planning and Information (DPPI) and Directorate of Disease Prevention and Control (DPC) for the integration of NTD indicators into the DHIS2, indicators selection has not been finalized. There has not yet been a technical discussion on the approach and process to agree on the parameters to select the indicators, which delayed the selection of indicators. In addition, the competing priorities within the MOH to address COVID-19 and the re-emergence of Ebola in Guinea limited interactions between the NTDP and the DHIS-2 team. The national program prioritizes holding stakeholders meeting in the first quarter of FY22 to pursue indicator selection. These meetings will identify, review, and select key NTD indicators for formal approval of NTD indicators by the MoHS authorities. Helen Keller will support the NNTDP to continue to engage the Directorate of Program Planning and Information (DPPI) and Directorate of Disease Prevention and Control (DDPC) for the integration of NTD indicators into the DHIS2. In addition, it will work with FHI 360 to draw on experiences from other countries (such as Cote d'Ivoire, Senegal, Burkina Faso) to define a process for identifying and selecting relevant indicators, developing the NTDs modules in DHIS2, strengthening the capacity of people involved in data entry and use of data for decision-making, and ensuring that data entered in DHIS2 are of high quality. The NNTDP will continue to advocate to the MoHS to include NTD surveillance in the national disease surveillance system to mainstream detection of recrudescence of LF.

b. DRUG MANAGEMENT

NTD Drug Quantification and JRSM

The joint request for selected preventive chemotherapy medicines (JRSM) forms has been completed and submitted to WHO for FY22. The drug quantification is based on the 2020 CDD projections from rural census and 2015 projections for urban settings. In FY22, Helen Keller will organize meetings to support the NNTDP to complete the JRSM forms for FY23 and submit before the April 15 deadline or according to current WHO guidance. These meetings will not require budget except LOE of the NTDP staff.

The under-supply of drugs due to inaccurate population data was addressed in FY20 utilizing the CDD census for rural population figures. In addition, the NNTDP provides a 10% buffer of drugs to districts bordering Guinea and Liberia that experience significant population migrations. During MDA in FY22, the CDDs will administer MDA based on the new census but will add new members to the register who were not present during the census and administer drugs to everyone eligible. If drug shortages are identified, additional supplies requested by the PHU in-charge will be delivered by the NTD focal persons.

Transport and storage

According to the current NNTDP supply chain management, all drugs arriving in-country are cleared from customs by the WHO Country Office and transported to the NNTDP warehouse in Makeni without passing through the Central Medical Stores (CMS), which would incur a storage fee of 3% of the total value. The cost of transportation of Praziquantel for SCH and IVM and ALB is covered in the Act | West budget in FAA #2 and FAA #4 respectively. The NNTDP warehouse and the NTD drug inventory are managed by a NNTDP Pharmacist and a Store Manager. Drugs are stored under suitable storage conditions. Act | West (under AmeriCares lead) had recommended remote training of the Pharmacist and Store Manager on storage and inventory management which was completed in August 2020.

For the inventory management the First Expiry-First Out (FEFO) will be promoted to ensure proper inventory management and to prevent expiration of NTD medicines. Helen Keller also produces monthly inventory updates of NTD drugs which is shared with partners. To that end ESPEN SOP will be used as basis to strengthen inventory management as needed. Furthermore, all ESPEN SOPs will be adopted for the remaining components of NTD supply chain management as soon these SOP are finalized and published this coming 2021 Spring. Helen Keller and Act | west will support the NTDP to implement the SOPs as needed and conduct quarterly physical inventory checks at district level to ensure compliance and best practices are maintained.

From the NNTDP warehouse in Makeni, the NTD drugs are delivered to MoHS district medical store (DMS) and onwards to the PHU based on the estimated target population of each PHU. At PHU, the NTD drugs are kept alongside other MoHS drugs in the drug cupboard. After training, the drugs are allocated to the CDDs based on the estimated target population of village/community in drug tins and/or dispensary bags. The CDDs take the allocated drugs to communities for distribution and are advised to keep the drugs in dry and safe place and out of reach of children.

Improvement of Central NTD Medical Warehouse and District Medical Store (*Budgeted under Helen Keller Drug Supply and Commodity Management*)

In FY19, Act | West (under Americares lead) conducted a series of assessments to identify improvements needed to reach the minimum standard of medical warehousing, both in the Central NTD Store and in the DMSs (Sierra Leone Warehouse Assessment Report (October 2019)). The highest priority improvements are those directly affecting the Central NTD Store as this is where all the NTD commodities are stored at some point and items stay there for a longer duration as compared to DMSs. Below is the table of proposed improvements. Helen Keller worked with the NNTDP on several costing exercises to determine what was highest priority and most feasible. In FY22, Helen Keller will work with NNTDP to procure the equipment needed for the Central NTD Store.

Table 1. Proposed improvements to the NTD store, justification, location, and remarks

	Improvement	Reason	Locations	Remarks
1	Provide or re-charge existing fire extinguishers	Improve safety and security of staff and commodities	Central NTD Store, DMSs	
2	Install voltage limiters in-line with air conditioners	Protect functioning air conditioners from electrical damage	Central NTD Store, DMSs with working A/C and electricity	It is not evident that the DMSs will have enough funds to pay for generator fuel or government electricity for A/C use
3	Provide high quality surge protectors	Protect IT equipment (laptop & printer) from electrical damage	Central NTD Store, all DMSs	
4	Install voltage stabilizers	Protect functioning cold chain equipment from electrical damage	Selected DMSs	Only install if equipment is functioning and electricity available
5	Replace electrical cable connecting DMS	Provide energy supply to cold chain equipment	Koinadugu DMS	DLO reported that cable needs to be replaced; need to investigate to see if feasible and useful to do the repair

	to district hospital generator	and backup for solar power		
6	Provide high-quality thermometers	Enable accurate temperature monitoring for warehouse and cold chain	Central NTD Store, all DMSs	
7	Provide high-quality ladders	Improve staff safety	Where needed	Existing ladders are lightweight

Reverse logistics and waste management

Post-MDA, leftover drugs are brought to the PHU staff by the CDDs. The PHU staff quantify and document the remaining stock and return the stock to the district pharmacist. These are again quantified by the district storekeeper, checked for expiry date, documented, and stored. The remaining stock in each district is taken into consideration in the subsequent drug requisition and distribution. There is no budget for this exercise as the PHU staff bring the leftover drugs along during their subsequent monthly meeting visits in the district headquarters. This can also be done when the PHUs are invited to one of the regular training events at the district headquarters.

Prior to Management Sciences for Health (MSH) recommendations in 2016 to destroy all empty cups/bottles after MDA, all empty cups/tins were reused by CDDs or communities to store palm oil or salt or used for other domestic purposes. Following the MSH recommendations, CDDs were instructed to return empty cups and bottles to the PHUs. Although Sierra Leone Pharmacy Board (SLPB) has a written SOP for the destruction of open bottles/cups, this has not uniformly been put into practice. Helen Keller will work with the NNTDP and DHMTs to reinforce this SOP during trainings and supervision in FY22.

Mainstreaming NTD drugs into national system

Due to lack of space and storage charges, no further efforts have been made to mainstream NTD drugs within the CMS. However, the NTD drugs are integrated in the system at district and PHU level. As described above, the NTD drugs are delivered to the DMS and onwards to the PHUs where the NTD drugs are kept alongside other MOHS drugs. This system has been working effectively since 2008.

In September 2019, Americares conducted a capacity assessment of the NNTDP, CMS and DMS in selected districts. In FY22, Helen Keller will work with NNTDP and other SCM partners such as MSH to implement the main recommendation of the assessment: comprehensive supply training for all DMS teams to ensure alignment of warehouse-level practices and reinforce management practices and printing of stock cards to ensure SCM best procedures are followed at all levels. To help facilitate this, the MoHS has assigned a capable storekeeper, who can be trained to manage the NNTDP store in alignment with national protocols for inventory management.

Monitoring and management of adverse events

MDA training/refresher trainings are provided to health staff and CDDs to conduct directly observed treatment (DOT) and follow WHO guidelines on exclusion criteria, common side effects, and

recognition and response to SAEs. During social mobilization, communities are informed about minor side effects. Any SAE should be referred to the PHU for management and health workers are expected to record all cases on the SAE forms distributed during training. The PHU staff immediately report to the DHMT and onwards to the NNTDP without delay using reporting system established by WHO and the SLPB.

The NNTDP is responsible for SAE management. When a SAE is reported, the NNTDP should immediately inform the SLPB, Helen Keller, the drug donation program and the WHO. Helen Keller will inform FHI 360 within 24 hours of receiving the notification.

3.2 Achieving sustainability: mainstreaming & health systems strengthening

Summary Work to Date

Sierra Leone is currently in Phase 3 of USAID's phased sustainability approach, having recently developed its Sustainability Plan and working towards political validation/high-level MoHS endorsement in early FY22. Phase 1 (initial sensitization and buy-in) and phase 2 (landscape analysis, financial analysis, and sustainability assessment) were completed in FY20. Phase 3 (country Sustainability Plan) was completed in FY21. During Phase 1, the NNTDP, key stakeholders in the Ministry of Health and Sanitation (MoHS), Ministry of Education (MoE), Ministry of Finance (MoF), Ministry of Social Welfare, Gender, and Children's Affairs, Ministry of Water Resources, and others committed to NTD sustainability priorities during a sustainability sensitization meeting.

During phase 2, Act | West conducted several analyses, resulting in the Joint Landscape Analysis document to establish a baseline of shared information on NTD sustainability and promote coordinated assistance supporting NTD sustainability efforts in Sierra Leone. Act | West supported the NNTDP through financial analysis using TIPAC to cost NNTDP activities and identify funding needs to inform discussion and identification of priorities interventions during the sustainability planning process. Furthermore, the NNTDP worked with Act | West to document the NTD landscape and the barriers to mainstreaming NTDs and service delivery integration. Some of the key opportunities identified in the Landscape and Barrier Analyses include establishing a cross-sector platform to collaborate and engage with a broad spectrum of stakeholders around NTD programming, mobilizing resources for NTDs on Sierra Leone's Free Healthcare Initiative, and streamlining service delivery through increased district-level engagement.

In January 2020, equipped with the findings from the TIPAC, Landscape Analysis, and Barrier Analysis and based on the NNTDP's on-the-ground experience, the NNTDP completed a guided self-assessment. The goal of this facilitated self-assessment was to determine where the NNTDP and NTD program currently stands concerning the six Sustainability Outcomes of USAID's Sustainability Framework, and where the NNTDP believes it can reasonably target in the next five years. Throughout the guided self-assessment, the NNTDP used the Sustainability Maturity Model—a tool designed for the NNTDP to score itself along the sustainability continuum in each of the six outcomes—to determine the NNTDP's current state of sustainability, target state, and milestones to achieve the target state.

Significant challenges of mainstreaming and health system strengthening were identified during the Guided Self-assessment in Phase 2. Challenges related to data management include limited governance and security written procedures and protocols to protect NTD data and lack of data

sharing written protocols and norms among the NTDP's teams. Other challenges related to core governance activities include limited capacity to leverage opportunities within other sectors to strengthen their contribution NTDs elimination and control and limited capacity to analyze data to inform advocacy, planning, budgeting, forecasting, and lack of regular and consistent advocacy with targeted data-driven messages to engage effectively with key decision makers to secure funding. Though the NNTDP engaged with the MOF, MoHS, and parliamentarians to advocate for government funding for NTDs early in FY20, the NNTDP has had limited engagement with key stakeholders since then due to time constraints and competing priorities, especially given the demands of COVID-19 response on NNTDP staff over the past year.

To address these challenges, in Phase 3, the NNTDP convened key stakeholders across government, private sector, and civil society sectors to develop the NTD Sustainability Plan to serve as a roadmap over the next five years for mainstreaming, advocacy, and long-term service delivery for sustainable NTD programming. The NNTDP intends to leverage its newly established Partners Network Forum (PNF)—which is composed of stakeholders from the NNTDP, within the health system, across other sectors, and outside government—to drive the implementation of the NTD Sustainability Plan (Phase 4), including a refresh of the Master Plan with elimination timeline, accounting for the post-elimination service delivery needs, HSS analyses, and link to Sustainability Plan priorities by August 2021.

a. Governance activities:

Country-led TIPAC Data Entry workshop (*Helen Keller NNTDP FAA with TA from Deloitte*)

The 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 they can use to make sound programmatic and financial decisions as well as advocate for government funding.

In FY21, after a series of remote consultations with Deloitte and Helen Keller on TIPAC data entry, the NNTDP planned to update FY21 data independently. During the FY21 TIPAC data analysis workshop, the NNTDP stated the need for dedicated time in a workshop to enable completion of data entry and the training of the newly appointed NNTDP Finance Officer. In FY22, the NNTDP plans to leverage results from FY20 and FY21 TIPAC data analysis and build on existing financial data, which identifies gaps in funding for morbidity management after the closure of the ASCEND project. There were advocacy activities that were planned in FY21 that were unable to be completed due to an increased priority to respond to the COVID-19 pandemic, the Ebola outbreak along the Guinea border, and a polio outbreak – all of which required an additional campaign. These activities have been reprogrammed to FY22 based on their priority in the sustainability plan. Some of these activities will be direct engagement or working sessions with selected MOH officials and were not included in FY22 workplan. The purpose of these activities is advocate to Parliamentarians to prioritize NTDs and advocate to the MoHS in the national budget cycle to increase funds for NTDs to fill the gap in coverage of morbidity management services and cover the costs for the NTD drug warehouse repair (see section drug management section). To continue to build capacity of the NNTDP to use TIPAC as a tool for domestic resource mobilization and planning, Deloitte will provide remote support in FY22 for a 5-day country-led TIPAC Data Entry workshop to ensure that data is entered correctly and

completely. Based on lessons learned in FY21, data entry workshops are critical because they provide dedicated time for the NNTDP and other stakeholders such as staff from MOH's directorate of finance, MOH's planning department, to convene and reflect on NTD activities costs and funding needs. For FY22, in preparation for the workshop, Deloitte will provide remote support to the NNTDP to use information gaps that can be filled with TIPAC, which were identified during a review of the Sustainability Plan and Master Plan guidance during the FY21 TIPAC data analysis workshop. This will ensure that the NNTDP considers how other existing programmatic data can be linked with TIPAC data to provide a complete picture of NNTDP financial needs. The NNTDP will also fill in the Data Capture Sheet and collect the necessary data to expedite data entry during the workshop.

While the NNTDP has made significant progress in the last few years and is able to perform the data entry autonomously, TIPAC is a cumbersome tool to use and NTDPs need at least a full week to complete the data entry/updates and more time to generate the graphs, review and discuss the data to determine how best to use it. Deloitte and Helen Keller support is limited to targeted data entry questions and particularities to the NNTDP that are not easily reflected in the standard data entry templates in the TIPAC tool. The dedicated time of the workshop allows for the NNTDP to have uninterrupted and focused time to enter data into the tool which is required since the tool is not server-based and requires in-person entry into one version of the tool.

Following the workshop, Deloitte will organize debrief working sessions with the NNTDP to ensure accurate data entry. The intended outcome of this data entry is for the NNTDP to have included FY22 NTDP costs and funding gaps to provide a comprehensive picture of NTDP finances and support domestic resource mobilization and advocacy activities.

Technical support for TIPAC Data Analysis and prioritization of funding gaps. *(Budgeted under Helen Keller with TA from Deloitte)*

During the FY21 TIPAC data analysis workshop, the NNTDP reported using previous TIPAC data analysis for budgeting and prioritizing implementation activities; for advocacy engagements with the Parliament Health Committee; and to have a comprehensive view of partners funding. Based on findings from the FY21 TIPAC data analysis workshop, the NNTDP will have a significant decrease in funding for morbidity management and disability prevention activities. The NNTDP highlighted the crucial need to leverage updated FY21 and FY22 TIPAC data to mobilize resources for hydrocele surgeries in 10 districts in accordance with the LF elimination program by using TIPAC analyses to advocate to the MoHS, local governments and private sector stakeholders for financial resources. These meetings are not included in the FY22 workplan as they will be implemented through a format of direct engagements with selected decision makers.

In FY22, following data entry, Deloitte will provide technical support for TIPAC data analysis which will include activities captured in the validated Sustainability Plan. The financial analysis will support future planning and budget advocacy purposes with the government. To continue leveraging financial needs analysis in support of stakeholder engagement and advocacy for resources for NTDs, Deloitte will support the NNTDP to identify funding gaps anticipated in the FY23 budget. Equipped with the FY23 TIPAC, the NTDP will be positioned to follow up and continuously engage with MoHS, MOF, and parliamentary stakeholders more effectively in meetings around securing an independent budget line. During a 4-day workshop, Deloitte will support the NNTDP to plan stakeholder engagements during critical points in the national budget cycle for advocacy, which the NNTDP mapped in FY19 during the TIPAC data analysis and budget mapping workshop and confirmed during FY21 TIPAC data analysis

to ensure the NNTDP is well positioned to engage MoHS, MOF, and parliamentary stakeholders at strategic points of the 2023 budget cycle. Notably, during FY21 Data analysis, Deloitte began a discussion on increasing the utility of TIPAC for NTD programs and will leverage the outcomes of this review and previous analyses to best address the NNTDP's needs using existing program data to complement TIPAC data. The intended outcome will be to analyze FY22 NNTDP costs and funding data and develop targeted messages that the NNTDP can leverage to engage stakeholders during advocacy activities.

Technical support to implement a targeted advocacy initiative for and domestic resources and develop material for high level engagements planned in FY22 (*Budgeted under Helen Keller IR 2 Governance and Deloitte*)

With financial data updated through TIPAC data entry and analysis, the NNTDP will develop sustainable financing advocacy materials for engaging the Parliamentary Committee (Appendix 4) , MoHS and other relevant governmental bodies. These materials will identify financial gaps, communicate resource mobilization objectives, demonstrate financial projections based on elimination trends, and convey messages to engage with the MOH along the budgeting process. Act | West will build the NNTDP's capacity and the PNF to advocate for mobilization of domestic resources and provide technical assistance to support the NNTDP in their targeted stakeholder engagement to secure government funding throughout FY23. In accordance with the FY22 Sustainability Plan activities, Deloitte will provide technical assistance to the NNTDP and the PNF to develop and implement NNTDP-led advocacy engagement for domestic resources in government budget for sustainable NTD interventions. Deloitte will work closely with Act West team in Sierra Leone to help the NNTDP use financial (e.g., TIPAC) and other relevant program and country data to make the case to the MoHS and the Parliamentary Committee to institutionalize the commitment that was made in 2019 to allocate resources to NNTDP to support implementation of activities. With support of the PNF, the NTD program will identify resource mobilization objectives, financial projections based on elimination trends, and messages to engage with stakeholders involved in advocacy activities planned in FY22. Additionally, these advocacy activities may support mainstreaming of NTD activities into existing platforms and influence inclusion of NTDs in relevant national policy. This activity is budgeted under the Helen Keller program.

Sustainability Plan Political Validation (*Budgeted under NNTDP FAA 1*)

In FY22, Helen Keller will support the NNTDP by holding a validation workshop for the sustainability plan. The validation workshop will be a half-day and will include the key influencers and owners for each action item described. For example, some action items may fall under the responsibility and control of the NNTDP, while other actions may require engaging policy makers within or outside the MOHS or the country NTDs coordination mechanism. As the scope of the plan goes beyond the NNTDP, this workshop will create space for the stakeholders at the national level to validate the proposed interventions, responsibilities, and indicators and ensure coordination with other in-country partners which are not part of Act | West regarding technical assistance to support the implementation of Sierra Leones' NTDs sustainability agenda. Participants in this workshop will be key decision-makers from the government and relevant actors identified by the MOHS whose voice and support are priorities to support mainstreaming into national policies, planning, and budgeting frameworks. The NNTDP will also require TA from the Act | West Consortium to develop the M&E framework for the sustainability plan. A day will be added onto the Sustainability Plan Political Validation workshop to facilitate the M&E framework development.

Advocate for the inclusion of NTD program sustainability priorities into the National Health Sector Strategic Plan (No budget is required for this activity; only LOE of Helen Keller staff)

The National Health Sector Strategy (2017–2021) was developed as a recovery strategy for the health system post-Ebola with the goal of building a resilient health system. The health sector strategy comes to an end in 2021, and a new version is being developed in line with Sierra Leone’s Universal Health Coverage (UHC) Roadmap and revised Basic Package of Essential Services with the goal of providing quality, affordable, and accessible primary healthcare to all. In FY22, Act | West will support the NNTDP to advocate for the inclusion of NTDs into the revised National Health Sector Strategy and UHC policy as has been identified as a priority in the Sustainability Plan development.

Building on activities that are on-going from FY21, Act | West will continue to work with the PNF as a cross-sectoral mechanism that will identify opportunities to mainstream NTDs into the national strategies and policies of other health, education, and WASH sectors. This will be conducted through strategic planning with other sectors and advocacy within the MoHS to integrate NTD services into Sierra Leone’s UHC Roadmap and health sector strategy. These activities will be completed in line with the Sustainability Plan, which is scheduled to be politically validated in early FY22.

Within the MoHS, there are technical working groups (TWGs) that coordinate with other programs for joint planning, implementation, and supervision. However, the NNTDP is not well represented or prioritized in most of these TWGs. For instance, the Health Sector Steering Group is a critical coordinating body led by the MoHS Health Systems Strengthening Unit that convenes health partners, including donors and UN partners, to streamline systems strengthening approaches and develop health sector strategic plans. Ensuring routine participation of NTD’s interest through the NNTDP or/and the PNF to represent NTD programming and priorities will raise the visibility of NTDs, facilitate integration, and tap into additional sources of assistance (technical or financial). In FY22, Helen Keller will build upon the results of the cross-sector landscape analysis, support the PNF and NNTDP to define parameters to classify the key coordinating bodies and technical groups relevant to advancing NTD sustainability priorities, and advocate for their routine participation and involvement with the respective structures’ executive bodies and NTDs included in the health sector strategic plan.

b. Prioritized functions activities:

Due to COVID-19 and the NTDP’s competing priorities including conducting DSAs, MDAs, and NTD masterplan, the prioritized activities in FY21 were postponed to FY22. The following activities were prioritized by the NNTDP and will be implemented in FY22.

Advocate for the inclusion of NTD services case management in the Essential Health Care Package in the UHC rollout (Re-programmed from FY21) (This activity is only LOE and does not have additional budget)

Helen Keller will continue to participate in the development of the UHC roadmap from FY 2020 and support the advocacy effort of the NNTDP towards the inclusion of NTD services in the primary healthcare package and strengthen coordination across the health sector to develop an integrated community health platform. The services that Helen Keller and the NNTDP intend to advocate for in the roadmap include capacity building of health workers to conduct hydrocele surgeries, identify key health facilities and train health workers to manage lymphedema cases, and integrate key messaging

with the health education division to raise awareness about lymphedema management and hydrocele surgeries in health facilities.

In FY22, Helen Keller and the NNTDP will engage with the Directorate of Primary Health Care and the DPPI to explore opportunities to integrate NTDs control and elimination programs into the essential healthcare package under development. This activity will build on advocacy meetings facilitated by Helen Keller and the NNTDP in FY20. During the FY20 meetings, Helen Keller and the NNTDP advocated to include sustainable post-elimination NTDs into the National Health Sector Strategy to be included in the development of the National Health Sector Policy (2021–2026) to include Sustainability Plan priorities and clear elimination targets. The inclusion of NTDs into the health sector policy and plan will be critical in leveraging NTD services case management in the essential health care package for UHC in Sierra Leone.

Advocacy meetings with the Directorate of Primary Health Care to integrate NTDs into training curriculum for community health workers (CHW) (Re-programmed from FY21) (Budgeted under Helen Keller Prioritized Functions)

The landscape analysis conducted in FY20 identified that a barrier to CHW training in NTD case management is due to the lack of NTD modules in the national CHW training curriculum and policy. In addition, the NNTDP identified enhanced community engagement (social listening) as a priority milestone in the Sustainability Plan following the rapid assessment by social scientists in collaboration with the LSHTM under the QI rollout that could be included in the NTD module of the curriculum. The World Bank is funding UNICEF to modify the CHW curriculum in 2021 in partnership with the MoHS. The modules would be developed by UNICEF in consultation with the NNTDP, PNF, and Helen Keller. The World Bank plans to fund materials, training of CHWs and other costs associated for 8,500 CHWs.

In FY22, Helen Keller and the NNTDP will continue to engage the Director for Primary Health Care to seek key opportunities for the integration of NTDs into the training curriculum for national CHWs. This will be done by attending meetings with key decision makers to discuss the importance of NTD training and the need to move towards more sustainable CHW training for MDAs, surveillance, enhanced community engagement, and morbidity management as identified in the drafted Sustainability Plan in June FY 2021. **It has been determined by the NNTDP that it is a high priority to hold high-level advocacy meetings with MoHS officials and the PHC Directorate in March / April 2022 after the validation of the Sustainability Plan to advocate for the inclusion of NTDs in the CHW curriculum.**

c. **Other activities: N/A**

4. IR3 PLANNED ACTIVITIES: SCH, STH:

a. Schistosomiasis

Previous and current FY activities and context

From 2008–2009, the national program mapped 14 districts for both SCH and STH with support from USAID. SCH endemic districts were classified as follows: low (≥ 1 and $< 10\%$) in the five coastal districts; moderate (≥ 10 and $< 50\%$) in four districts; and high ($\geq 50\%$) prevalence in three districts. The predominant SCH species is intestinal, *Schistosoma mansoni*, in all seven districts (now nine due to

redistricting)⁶ and urogenital, *S. haematobium*, is endemic in three districts. The entire Bonthe district and WAU were not endemic. In 2009, annual MDA started targeting SAC in six (three high and three moderate) endemic districts and scaled up in 2010 to include all SAC and at-risk adults in the seven highly or moderately endemic districts (any adult living in the rural areas of these seven districts) per the national plan for morbidity control.

Following several rounds of MDA, a SCH impact assessment was carried out in 2016 in 12 districts, with both Kato-Katz and urine filtration diagnostics. These results showed that overall prevalence had decreased from 42.2% at baseline to 20.2% in 2016. As a result of treatment in the moderately or highly endemic districts, there was low prevalence in four districts and moderate in three districts. The five low endemic coastal districts with no MDA over the years still remains low after the 2016 assessment. A national review meeting to examine the impact assessment data and the treatment strategy was revised based on the updated prevalence estimates. This current treatment strategy is implemented at chiefdom level (equivalent to a sub-district) where chiefdoms are treated once per year, once every two years, or once every three years, based on 2016 prevalence data in accordance with WHO guidelines. The current SCH MDA strategy targets SAC only as praziquantel (PZQ) is not available for high-risk adults.

The FY20 SCH MDA was conducted in October 2020 and all targeted districts had effective program coverage of SAC (≥75%).

Please see Table 5a: USAID supported SCH coverage results for FY20-FY22.

Please see Table 5b USAID supported SCH DSAs for FY20-FY22.

Plan and justification for FY22:

SCH MDA in nine districts

In FY22, Act | West will support both a community and a school based SCH MDA in nine endemic districts at sub-district level (55 chiefdoms) targeting 663,676 SAC, implemented by CHW assisted by teachers. This will be conducted in February 2022 and will last seven days. To both minimize the chance of side-effects and maximize treatment coverage, Act | West will support school feeding prior to PZQ distribution in FY22 on the day of the MDA (refer to **Budget Narrative Section 4 e.2 and e.3**). As part of the drive towards sustainability through school feeding before MDAs with PZQ, Helen Keller in FY19 began discussions with Catholic Relief Services (CRS), an International NGO operating in SL, to launch a school feeding program in some chiefdoms in Koinadugu district as part of their education program. This discussion will continue in FY22 to identify a sustainable approach for school feeding. Helen Keller will also engage both the Ministry of Basic and Senior Education and the World Food Program (WFP) to extend their school feeding programs to schools/community with SCH MDA. Please refer to appendix 5 and 6 for pre-MDA related activities including social mobilization and training of health workers.

In addition, chiefdom supervisors will be trained on using the SCT to supervise MDA and identify poorly covered areas for corrective actions. The supervisors will in-turn inform the health workers for additional mop-up in areas that had not reached optimum coverage and extend supervision in these areas.

⁶ Koroma JB, Peterson J, Gbakima AA, et al. Geographical Distribution of Intestinal Schistosomiasis and Soil-Transmitted Helminthiasis and Preventive Chemotherapy Strategies in Sierra Leone. *PLOS Negl Trop Dis*. 2010; 4(11): e891. DOI: 10.1371/journal.pntd.0000891.

Disease-Specific Assessments (DSA):

No DSAs have been conducted for SCH since 2016. Five effective (treatment coverage >75%) rounds of SCH MDA will have been completed since the last assessment, inclusive of the MDA planned for FY22 in February 2022. DSA for SCH will include an evaluation of prevalence and intensity of infection in seven (now nine due to redistricting) districts to determine the impact of MDA. The SCH/STH impact assessment will help the NNTDP to know the current epidemiological situation following five rounds of high coverage MDA since the 2016 impact assessment and 10 rounds since baseline mapping. The SCH/STH impact assessments are scheduled for September 2022 six months after the last round of MDA as recommended by WHO. The impact assessments will then enable the program to know the SCH situation before the final year of Act | West, which will allow the program to best plan for any transition of support for SCH. A national SCH/STH review meeting will be conducted in 2023 after the remaining districts have completed evaluations to review the current treatment strategy and make an informed decision for further MDA.

SCH and STH Impact Assessment in 9 districts: Bo, Bombali, Falaba, Karene, Koinadugu, Kono, Kenema, Kailahun and Tonkolili.

Act | West will support SCH and STH impact assessments in 9 districts. For quality DSA implementation, please refer to IR1 section for pre-survey activities and COVID-19 prevention measures for survey participants. In the absence of a WHO SCH/STH impact assessment protocol, Sierra Leone will adapt the protocol developed by FHI 360 that is being implemented in Togo. This protocol uses robust sample size calculations to estimate prevalence at the sub-district level and therefore get some guidance on how to assess the SCH/STH situation in areas that seem to be approaching focal elimination of SCH and 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).

The new WHO recommended protocol, if available by the time of survey, will be used, otherwise the FHI360 protocol will be adapted for Sierra Leone. Helen Keller will engage the USAID and FHI 360 focal points for STH and SCH at least a month prior to the survey to discuss the disease strategy and what will be achieved through the survey implementation.

b. Soil Transmitted Helminths**Previous and current FY activities and context**

USAID support for STH activities started in 2008 with integration of LF MDA for all persons five years and above in all 14 districts. Mapping in 2008 showed low (≥ 20 and $< 50\%$) in eight districts and high ($\geq 50\%$) prevalence in six districts. From 2008–2013, a second round of STH MDA for SAC only was implemented on an ad-hoc basis, depending on availability of funding. In 2016, an integrated SCH/STH impact assessment were conducted in all 14 districts to determine future STH treatment needs, given the fact that LF treatment was projected to stop in eight districts in 2017. The results demonstrated that a total of three districts classified as low (≥ 1 and $< 10\%$) and 11 districts (now 13 due to redistricting) with prevalence between ≥ 10 and $< 50\%$. As a result, there has not been a second round of STH MDA since FY13 as there was no justification for it based upon the FY16 impact assessment.

Since 2005, Helen Keller has also supported the nutrition program of the MoHS to conduct biannual ALB distribution for children 12–59 months old with funds from Global Affairs Canada. This is

integrated with Mother and Child Health Weeks that include vitamin A supplementation, distribution of long-lasting insecticide-treated nets and polio, measles, and/or yellow fever vaccinations. As of 2017, these interventions are now being integrated into routine reproductive and child health services through the “six-monthly contact point” funded by Irish Aid through Helen Keller, implemented by MoHS-DHMTs (refer to Table 1).

Previously, STH was treated during the LF MDA. The current national strategy is to target only SAC with ALB for STH in conjunction with the OV MDA. In FY20, all districts targeted with STH MDA exceeded coverage targets ($\geq 75\%$).

Please see Table 6a: USAID supported STH coverage results for FY20-FY22.

Please see Table 6b USAID supported STH DSAs for FY20-FY22.

Plan and justification for FY22

STH MDA in 14 districts

In FY22, STH MDA will be integrated with OV MDA in 14 districts, targeting 1,944,633 SAC. Refer to description of OV-STH MDA under IR1. Refer to the appendices for activities related to pre-MDA including social mobilization and training.

SCH/STH tracker

To assist the NTDP to collate historical SCH/STH parasitological survey data including baseline mapping, sentinel site, and impact assessments since the start of the SCH/STH program—in USAID-supported countries, an SCH/STH tracker was developed by FHI and RTI. This Excel spreadsheet is used to collect 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 reduce the frequency of MDA, move to more focal (i.e. community level in Sierra Leone), and track progress towards Elimination of SCH/STH as a Public Health Problem (EHPH) in certain areas. The SCH/STH tracker will be populated by the country in FY22.

Disease-Specific Assessments (DSA):

The most recent SCH/STH evaluation was conducted in 2016. After five rounds (inclusive of the MDA planned for FY22 in February 2022) of MDA with high ($>75\%$) coverage since the last assessment, 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 biennial or a move to focal (i.e., community MDA) treatment. For additional information, please refer to the SCH DSA section above.

The remaining seven districts for STH will be assessed in 2023 prior to the expert committee meeting to redefine treatment strategies.

Table 2: SCH/STH Impact Assessment survey data

District	SCH [BL] prev %	STH [BL] prev %	Year MDA started	# MDA rounds to date	Treatment Coverage				
					FY20	FY19	*FY18	FY17	FY16
Kailahun	22.0-73	49.8	2009	9	83.9	88.4	NA	74.4	80.3
Kenema	3.0-97.0	53.3	2009	9	81.9	83.6	NA	82.5	80.6
Kono	50.0- 93.0	40.0	2009	8	87.6	90.6	NA		81.1
Bo	0.0-65	73.3	2009	9	87.9	84.3	NA	79.4	82.8
Bombali	0.0-68.0	25.2	2010	8	76.1	89.1	NA	82.2	82.9
Koinadugu	13.3- 93.3	68.5	2009	9	97.5	90.8	NA	78.2	80.6
Tonkolili	3.0-90.0	33.3	2009	9	98.5	76.7	NA	79.4	81.0
Kambia	0.0-6.7	35.8							
Port Loko	0.0-8.3	53.3							
Bonthe	0.00	62.7							
Moyamba	0.0-1.7	72.3							
Pujehun	0.0-4.2	53.6							
WAR	1.0-19.0	41.7							
WAU	0.00	41.7							
Karene					90.7				
Falaba					91.6				

*No SCH MDA in 2018 due to closure of End-In-Africa project.

APPENDICES

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

Appendix 2: Strategic Planning Support

Annual NTD Review Meeting, (2 days, 10 participants) (*Budgeted under Helen Keller Program*)

Location: Bo

The annual review meeting is a two-day meeting with NTD stakeholders and provides an opportunity for the NNTDP, Helen Keller, and partners to validate the work plan, agree on the target population for each MDA, and agree on modified strategies and timeframes for implementation. It also reviews the targets achieved and discusses recommendations from SCT, lessons learned and best practices from the previous year's activities. Stakeholders at various levels are encouraged to give opinions on how NTD activities can be better planned and implemented based upon experience. The budget includes per diem for NTD national staff and drivers, program partners, DMOs, CMO, DDPC, focal points, MCHA coordinators, district M&E and pharmacists, and representatives from tertiary education institutions. The number of participants takes into account the increase in the number of district-level staff involved in the program (taking into account the re-districting that has increased the number of DHMTs from 12 to 16 from the past year).

Annual Work Plan Meeting FY23 (81 people, 3 days) (*Budgeted under Helen Keller*)

Location: Freetown

The annual work plan meeting for FY23 is proposed for June 2022. The annual work planning meeting will be held for three days and will bring together the NNTDP, District NTD focal persons, and key senior MoHS staff and partners including Helen Keller; Sightsavers; and ACT | WEST partners FHI 360, USAID, WV, NSAHP and Deloitte, among others. The work plan meeting is used to plan and budget for activities for the next fiscal year including identifying the target districts for MDA and DSAs, reviewing the previous years' activities, and discussing new strategies and lessons learned.

Onchocerciasis Technical Advisory Committee Meeting (supported by Sightsavers) (*No budget under Act | West except for LOE*)

As the country is approaching 13–15 rounds of effective treatment for OV, a Technical Advisory Committee (TAC) was set up in 2016 to look at the possibility of elimination by 2025, as per new WHO guidelines. The TAC meets at least twice yearly to advise the NNTDP on activities toward OV elimination. A key recommendation in FY20 was the call for a speedy but quality analysis of the pre-stop OV survey samples conducted in October 2019 by the Sierra Leone national reference laboratory using ELISA. To date these samples have not been analyzed, a delay that has been attributed to COVID-19 pandemic. This entire survey was supported by ASCEND funded by department for international development (DFID). To ascertain that there is no OV transmission in WAR and Bonthe Island, Sightsavers has also been supporting entomological surveillance in 43 potential breeding sites, however, this activity was not accomplished as previously planned due to funding cuts from DFID. Key participants in TAC meetings include NNTDP, WHO, USAID, Sightsavers, Helen Keller, and international experts. Sightsavers has committed to supporting these meetings.

NTD Five Year Master Plan (2022-2026) (5 days, 31 participants) (Budgeted under Helen Keller)**Location: Freetown**

The most recent NTD Master Plan (2016-2020) will need to be updated in FY22 to develop a new Master Plan for the next five-year period. Act | West will support a five-day meeting to develop a new NTD Master Plan (2022-2026) using the new WHO/ESPEN template with a health system strengthening and sustainability focus. The NNTDP will also seek technical assistance from WHO and partners including Helen Keller, FHI 360, Sightsavers, World Vision and Deloitte. Act | West program staff will work with the NNTDP to incorporate the sustainability plan objectives into the Master Plan. Note that this activity was approved in FY20 and reprogrammed into FY21; however, WHO was not able to provide the technical support in time to complete this activity before the end of December 2021. The current projection is that WHO will be available in January 2022.

Appendix 3: NTD Secretariat Support**NTD Secretariat (Budgeted under Helen Keller Program)****Support for operational capacity & strategic planning:**

Maintenance and fuel costs of NNTDP vehicles have been included in the NNTDP operations budget. This fund will be used to make regular maintenance and provision of fuel for the NNTDP vehicles and will enhance the NNTDP staff's capability to supervise the activities at all levels. Funds are also regularly made available to the NNTDP secretariat to support administrative running costs including office supplies, computers and accessories, internet running cost and fuel for office generator. The details of what is being requested for funding under Act | West are in the Budget Narrative.

Appendix 4. Building Advocacy for a Sustainable National NTD Program**World NTD Day Celebration (Budgeted under Helen Keller and NNTDP FAA 1)****Location: Freetown**

The NNTDP and partners drafted a list of proposed activities and invitees for World NTD Day celebration. World NTD Day celebration activities will include a press release and newspaper advertisements in three major local tabloids, as well as a PowerPoint on the progress of NTD control in Sierra Leone. The PowerPoint will be presented by members of the NNTDP, recorded, and broadcasted on Zoom to an audience of invited parliamentarians and other invited guests.

Advocacy with Parliamentary Committee for Health for sustainability of NTDP building on planning work done in FY20 (Re-programmed from FY21) (Budgeted under Helen Keller NNTDP FAA 1)

In FY20, Helen Keller initiated discussions with the NNTDP to approach administrators in the Parliamentary Committee for Health using advocacy resources developed by Deloitte. The advocacy materials are tailored to each Parliamentarians' constituents by using disease prevalence in each catchment area, to advocate for domestic resources for NTDs, engage high-level stakeholders in policy discussions, and increase NTD literacy with Parliamentarians. Helen Keller and the NNTDP will primarily target the Parliamentary Committee through biannual meetings, as well as with cross-sectoral partners identified by the Ministries of Finance, Health, Education, and other relevant bodies.

Appendix 5. Social Mobilization to Enable NTD Program Activities

MDA Social Mobilization Activities

The following strategies and communication channels will be used in FY22 to increase awareness of “MDA Week”, which is scheduled for June 2022 and encourage participation and compliance. Social mobilization will focus on the OV and STH MDA.

Social mobilization is conducted at national, regional and community levels. Meetings are organized by the NNTDP, and information is shared with decision-makers within the MoHS and with parliamentarians, medical professionals, NGOs, and community-based organizations (CBOs). At the district and community level, social mobilization activities for MDA target key stakeholders such as religious leaders, paramount chiefs, civil society heads, and councilors/city mayors. Remote Zoom presentations to the Health NGO forum inform all other NGOs in country and representatives from the Health Development Partners group and MoHS-NGO liaison officer of upcoming MDAs. Specific, planned social mobilization activities include:

Social mobilization at chiefdom and community level

Previously held at district level, chiefdom level social mobilizations are now performed to ensure that opinion leaders and PHU staff receive and disseminate key messages effectively. These meetings target stakeholders such as religious leaders, paramount chiefs, sections chiefs, and councilors. Religious leaders are the most respected opinion leaders in these communities, and their support is vital to improving community participation. Paramount chiefs are the traditional heads of the chiefdoms, and their inclusion is crucial for the success of any program. Councilors are encouraged to integrate to talk and sensitize about NTDs in their council meetings. Youth groups, market women, and commercial motor bike riders will also be targeted during social mobilization to enhance participation of their peers in the NTD program.

Village-level/community level meetings

These gatherings will target stakeholders such as religious leaders, paramount chiefs, section chiefs, and councilors to get their support to improve MDA coverage. The PHU staff will hold pre-MDA village meetings attended by traditional leaders, headmen, religious leaders, and local teachers to help improve MDA compliance. At village levels, the PHU staff hold pre-MDA village meetings attended by traditional leaders, headmen, religious leaders, and local teachers.

Selected communities will also be engaged on pre DSA sensitization. This will take place in two phases, primary and secondary engagements. In the primary engagement phase, the paramount chiefs, the chiefdom speaker, “blacksmith,” and the councilors will be targeted at district level, and the meeting will be coordinated and facilitated by the DHMTs with participation of the NNTDP and Helen Keller staff. During the secondary engagement phase, the District Directors of Education, head teachers, town chiefs, and other community members will be targeted. These meetings will also be coordinated and facilitated by the DHMTs with participation of NNTDP and Helen Keller staff.

Town criers: Town criers work on a volunteer basis and are utilized to convey information and sensitization at the request of the village chief to inform people about the MDA and emphasize the need for every eligible person to comply with treatment. This strategy is appropriate considering that 2018 independent monitoring reports for hotspot districts found that 17% of respondents had heard about MDA through town criers.

Religious leaders: Lessons learned from the recent past suggest that some communities listen to religious leaders more than traditional leaders, as they are considered closer to God and their messages in line with God's will. This was also evidenced during the Ebola outbreak, as community compliance with Ebola prevention messages increased when the religious leaders were engaged by a local NGO, "FOCUS 1000," to lead community sensitizations efforts. The NTDP has continuously used the services of religious leaders and traditional heads in all social mobilization activities to raise awareness about NTDs and during MDAs. The high reported annual MDA coverage and reduced prevalence of NTDs are indication that the social mobilization activities have been largely effective.

Youth groups: Leaders of youth groups will be recruited and trained in FY22 to serve as community mobilizers to help sensitize their communities to participate in MDAs to improve coverage especially in hotspot districts.

Youth and Bike riders: Youth and bike riders at community levels will be targeted in FY22 for sensitization about NTDs and MDA. The "Pico" video on oncho will be used during such sensitization to give a better understanding of the diseases in targeted districts.

Coordination with border villages to address cross border migration/trade (*Budgeted under NNTDP FAA Social Mobilization FAA 4*)

In FY22 meetings will be conducted in border communities prior to MDA in nine districts: Kambia, Bombali, Karene, Koinadugu, Falaba, Kono, (bordering Guinea), Kailahun (bordering Liberia and Guinea), Kenema, and Pujehun (bordering Liberia). The goal of these meetings is to improve MDA coverage along these borders through coordination with health workers and community authorities. Nine meeting sessions will be held—one session in each district. The discussions during these meetings will include the dates for the MDA and the cross-border MDA activities, including discussion on the estimated border population who are likely to cross over into Sierra Leone during MDAs. These populations are estimated based on the available data from DHMTs from previous campaigns (including polio) that were synchronized with the neighboring countries. Planning with communities will ensure all community members are encouraged to participate and sufficient drugs are available for distribution at border crossing points and for seasonal migrants.

In addition, social mobilization on market days within border districts will specially target the traditional cattle-herders who migrate between Guinea and Sierra Leone. Social mobilization is organized by PHUs on market days because this is the only time the cattle herders will be in the same place, and they can receive treatment during MDA regardless of their country of origin. Attention will be paid to the recruitment of Fulani-speakers to perform this role.

Enhanced Community Engagement for special risk groups (Limba and Fulani)

Following the rapid assessment in FY21 with the LSHTM and a social listening session, a novel approach of working with CDDs/CHWs was proposed, involving key informant interviews, focus groups discussion, participant observation, power mapping, and rumor tracking. New means of social interactions and messaging were developed and translated into another three Limba dialects to be used by all motivators in the four LF hotspot districts.

Helen Keller will build upon this model to enable Ebola vaccine trials in Kambia district. This approach consists of training supervisors, health workers (PHUs), and CDDs/CHWs as "Citizen Social Scientists" to identify both positive and negative influencers through a power-mapping exercise in their villages,

which is a means of understanding non-traditional influencers in communities that are well-respected and able to engage with marginalized or hesitant populations.

This enhanced community engagement approach will be targeted to communities in Karene, Bombali, Koinadugu, and Falaba districts, where two CDDs/CHWs per village will be trained as Citizen Social Scientists in each of the four LF-hotspot villages where MDA-hesitancy is greatest and where LF positivity remains highest. These Citizen Social Scientists would be trained on participant observation, power-mapping, and rumor tracking to identify those with trust and influence within communities and get accustomed to social listening in a different way from how they normally work. These influencers will be invited to engage in the MDA to advance trust and dispel negative rumors about NTD programs.

This enhanced community engagement will be a significant move towards sustainability as the NNTDP's goals of elimination are met and MDAs cease, in addition to building trust between marginalized communities and the wider health system. Meanwhile, as a part of rumor tracking, Helen Keller staff will support the Citizen Social Scientists by identifying and minimizing negative influences on social media that impact NTD activities in these communities.

IEC Materials, Radio and Pico Video (*Budgeted under Helen Keller Program*)

Radio broadcasting has been and will be used again as a complementary and cost-efficient strategy. Community radio stations and the commercial "Star Radio" transmit nation-wide and will continue to disseminate well-tailored, pre-tested messages through interactive, live, panelist broadcasts. Position statements will be prepared in advance to ensure that key NTD messages are repeatedly delivered in various forms during each broadcast by the various panelists. These programs also include the use of the information found in the FAQs to ensure consistency of messaging⁷ and jingles translated into the main eight local languages and will be revised to include COVID-19 preventive measures. The FAQs can be used as an anchor by the interviewer to address public concerns on NTDs and respond to questions and concerns those listeners might send by SMS or voice calls. The revised FAQs and position statements are written in English but discussed in the local language Krio during radio discussion and will also be disseminated during community meetings before and during MDAs.

Radio broadcasts: Community radio stations and the commercial "Star Radio" and Sierra Leone Broadcasting Cooperation SLBC "morning coffee" and African Young Voices (AYV) transmit nationwide and will continue to disseminate tailored, pre-tested messages through interactive, live, and panelist broadcasts. At the district level, emphasis will be placed on town criers and chieftdom and village level meetings, with radio serving as a complementary strategy.

The radio programs use position statements and **Frequently Asked Questions (FAQs)** prepared by Helen Keller and the NNTDP to ensure consistency of messaging⁸ and **jingles** which are translated in the main eight local languages. In FY21, all four jingles (LF, OV, SCH and STH) were revised. The FAQs are used as an anchor by the interviewer to address public concerns on NTDs and respond to questions listeners submit by SMS or voice calls. The revised FAQs and position statements are written in English but delivered in the local language Krio. They are also disseminated during the pre-MDA

⁷ FAQs are printed pages listing common questions received about NTDs and the medications used to treat them, along with a factual response to counter misconceptions about the diseases and drugs)

⁸ FAQs are printed pages listing common questions received about NTDs and the medications used to treat them, along with an appropriate response to counter misconceptions about diseases, adverse events and drugs

community meetings. The FAQs were adapted in FY19 with FOCUS 1000 to a worldview more appropriate for religious and traditional healers. In FY22, these FAQs will be rewritten in Krio to facilitate ease of dissemination of information.

Pico videos on OV:

A portable hand-held projector is used for sensitization in hotspot, MDA-hesitant communities. The OV Pico video will be shown in FY22. In FY21 it will be revised in four additional local languages and shown during social mobilization activities and MDA.

Table A1: Social mobilization channels, messages, and rationale

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
FAQs and leaflets	MDA will take place in all communities in 14 districts	Distributed in all community meetings for all MDAs Once annually, prior to MDA	These are used during trainings and community sensitizations enabling trainees, religious leaders, and traditional healers to understand the different NTDs and MDA interventions in their communities. Illiterate community members have reported these materials were read by their children and explained to them in their local languages. University students and school-aged children have also found it useful. While this has not been quantified, MDA supervision reports indicate that most people receive information on MDA through community sensitization/engagement meetings. This also indicates that the tools such as FAQs and leaflets used during community sensitization are effective. In FY22, these materials will be re-assessed during monitoring and supervision of MDA by NNTDP and Helen Keller staff.
Radio	The drugs provided are free and safe Increased itching and some swelling are the result of the dying “baby worrums”	Jingles in 8 local languages aired twice a day (morning and night) during peak hours	The 2018 MDA showed that about 13% people (community leaders) interviewed during independent monitoring heard about the MDA through radio and that in 2019, 3% of those who did not participate in MDA were afraid of side effects.
Integrated training manual	Increased itching and some swelling are the result of the dying “baby worrums”	District level health workers and supervisors’ trainings Integrated training manuals will be distributed in all trainings	Over the years, these have been used to facilitate PHU staff and CDD training in all districts. It includes key NTDs & MDA implementation such as adverse events, exclusion criteria, causes and prevention. In FY22, the integrated training manual will be reviewed to include specific diseases updates such as number or districts that have transitioned from LF MDA to post MDA surveillance.
Health NGO forum	Twice annual presentations	Progress reports on control/ Elimination	Orientation of HNGO members helps spread information and push-back on misinformation/rumors. Members in this forum have help to convey accurate information on MDAs and DSAs and help to improve compliance.
Others	Promoting visibility of NTDP	Sierra Leone Medical and Dental	The SLMDA holds an annual meeting attended by many for the medical practitioners’ in-country,

		Association (SLMDA) annual conference 1-3 pages printed in their brochure	nurses and students. Their brochure is distributed to all attendees (approx. 250). The information in the brochure has help to update members of the SLMDA about the progress towards NTD control and elimination in the country.
--	--	--	---

Appendix 5b. Gender Equity and Social Inclusion

GESI Sessions during Training of Trainers

As part of the MDA training sessions described in Appendix 6, Helen Keller will support the NNTDP to incorporate GESI sessions into the trainings. The trainings are cascaded from the national level to the district-health management teams (DHMTs) and peripheral health units (PHUs), and finally to community drug distributors. The modules of the GESI sessions are based on Helen Keller-developed materials for human resources training and have been adapted for the context of NTD MDA program delivery. In FY22, these sessions will be part of the MDA training for SCH in Q2 and OV-STH in Q3.

Enhanced community engagement through CHW rumor tracking and identifying influencers in communities to reach marginalized and hesitant populations

The “Enhanced Community Engagement for Special Risk Groups (Limba and Fulani)” described above in the social mobilization section will include a gender and social inclusion lens. The overall activity will provide a new approach to improving MDA uptake among men and youth, who may be more hesitant to participate due to fear of potential side effects or risks (both real and rumor-based). Specifically, Helen Keller and the NNTDP will focus on identifying where rumors and distrust are originating in communities and adapting approaches to MDA to reach populations that are socially excluded, such as nomadic groups or populations that speak different dialects, or those who distrust MDA motives or safety and therefore do not participate in NTD activities, the most prevalent among these groups being male youth.

These interventions will be incorporated into the pre-MDA enhanced social mobilization and engagement activities proposed for FY22. The budget will appear under the FY22 Social Mobilization section and include training and local travel costs. LOE of existing Helen Keller staff will also support this activity. The activity will initially be piloted alongside the LF/OV/STH MDA that is part of the FY21 work plan (partially carried over into the FY22 period of performance) that will be implemented from September–November 2021 and will occur alongside the community-based OV-STH MDA planned for FY22 in Q3.

Advocacy and Multi-sectoral Initiatives within Sustainability Plan

As part of the ongoing collaboration with the NNTDP on the development of the Sustainability Plan, Helen Keller proposes utilizing this platform to incorporate a GESI lens into the NNTDP’s longer term interventions. The associated Sustainability Workshop could be an opportunity to identify opportunities for advancement for women in lower-level healthcare positions, increase advocacy to the CHW Coordinator to select more women CDDs as CHWs to have a balance in male-to-female ratios as they are trusted in their communities and hardly move out for employment seeking opportunities. Also, to identify opportunities to engage more women in monitoring and evaluation by including more women in existing trainings if they express interest. This will be done by engaging the Ministry of

Gender and Children's Affairs and the National Disability Commission to provide feedback on the Sustainability Plan and participate in the workshop discussions, as well as potentially revising national health policies and organizational approaches to accept equivalent years of experience in place of academic achievements (e.g., certain number of years of on-the-job experience would hold equal weight to advanced degrees) for lower and mid-level health workers.

There is ongoing work on the Sustainability Plan draft between the NNTDP and Act | West consortium partners (starting from FY21 and continuing into FY22) that will allow for discussion around incorporating GESI-related interventions. The Sustainability Plan validation (described in the IR2 section) is planned for Q4 of FY22, which will solidify what GESI-related interventions the NNTDP takes on.

Revision of MDA Tools

Helen Keller has been working with the NNTDP to ensure MDA tools adequately capture pertinent demographic data of program participants including sex and age-disaggregated information to inform approaches (refer to "Holistic Review of MDA Components" under IR1). Helen Keller will continue this support and will explore the option of adding a tick box on tally sheets to track sex of CDDs and flowing this data up to the national level systems to collect more accurate data on CDD demographics rather than relying on proxy data from training information. In FY22, Helen Keller will also explore how to capture disability status among target populations and support job aid development, as needed, for consistent and respectful dosage measurement of people who are unable to stand against the dosage pole due to a disability. Helen Keller will work with the DHMT and disability advocates to prioritize disability inclusion and encourage the CHWs and CDDs to routinely collect disability data to support this effort. In addition, Helen Keller will work with the NNTDP to review supervision checklists to monitor and evaluate GESI related activities. Results of this assessments will provide information on implementation strategy and assess program performance. The support for this activity will be provided through LOE already included in the Act | West budget and will be ongoing throughout subsequent fiscal years.

Addressing Stigma for People with Disabilities due to NTDs

Helen Keller will take a two-pronged approach to respond to the needs of people with an NTD-related disability. First, the program will select individuals who recovered from an NTD and/or have an NTD-related disability and offer training on a voluntary basis as NTD Ambassadors to support advocacy activities in domestic resource mobilization from the private sector and government and increase priority for NTDs. In addition, they can serve as representatives from the community during social mobilization and media coverage to share their experiences, advocate for MDA participation, and reduce stigma.

Second, to improve morbidity management, Helen Keller will work with the NNTDP to develop and deliver messages on the routine care of LF and OV as a part of the sensitization on MDA and modes of transmission of NTDs in routine community engagement. Helen Keller will clarify that the medicines are specifically for the prevention of NTDs and not curative. This increases confidence and knowledge that the medicines being provided in MDA are effective as a preventative measure and that they are not intended to treat pre-existing morbidities from NTDs.

This activity will be mainstreamed into social mobilization activities as part of community-based MDA activities starting from the LF/OV/STH MDA that are part of the FY21 work plan (partially carried over into the FY22 period of performance) that will be implemented from September–November 2021. This

activity would occur in October 2021 as part of that campaign (considered a new activity for FY22). The activity will also be incorporated into the MDA for OV-STH in Q3. The budget will be absorbed into the social mobilization budgets for material development and LOE.

Appendix 6. Training

Annual training/refresher trainings for MDAs are provided for health personnel at all levels. These are required due to transfer of staff to new positions, attrition, recruitment, and selection of new CDDs. Trainings are provided in a cascade format starting with the training of trainers, which include district NTD focal points, MCHA coordinators, and DHMT members. The MCHA coordinators conduct drug distribution in the district headquarters where there are no CDDs. All training of trainers will integrate GESI issues and be cascaded to all levels. This will be facilitated by the NNTDP and Helen Keller-SL GESI focal points, who will lead all interactive training of trainers. All trainings will include COVID-19 prevention measures: the use of face masks or covering by all facilitators and participants, smaller training sessions to ensure social distancing, and the provision of hand wash stations with soap, water, and alcohol-based hand sanitizer.

Quality Improvement (QI) Learning Sessions (*Budgeted under Helen Keller Strategic Planning*)

Following the QI coaches-training in FY21, the coaches will recruit and train one QI team (District NTD representative, PHU health worker, CDDs, chiefdom leader, religious/youth/ women leader) for hard-to-reach communities/PHUs that have failed pre-TAS three times. The QI team will hold quarterly remote (Zoom) learning sessions to brainstorm, identify changes, and implement these to improve overall quality of MDAs and DSAs. The changes will be integrated in the overall activities where feasible or implemented as additional activities. In addition, the coaches will regularly visit the QI teams and participate in some of the learning sessions together with the DMO and District Operation Officer on occasions. An additional day will be added to the training of trainers for QI team training.

MDA and DSA Training

- Yearly training/refresher training for MDA are provided for health personnel. Pre- and post-tests are administered to ensure that participants acquire the knowledge and skills being taught. The quality of training is further assessed during independent monitoring using questionnaires to assess knowledge, attitudes, and practices (KAP). Details of planned trainings/refresher trainings for FY22 are shown in the Table below. To minimize the number of trainings, supervisors are encouraged to rotate the PHU staff who attend training activities so that even with transfers they will still have knowledge of NTDs. The inclusion of NTDs into the teaching curriculum has helped increase knowledge of NTDs control among all graduating personnel. Training of trainers for MDA OV-STH will target NTD focal points, school health focal points, district pharmacists, MCHA coordinators, District M&E Officers, and other DHMT members. Training topics will include signs and symptoms of the targeted NTDs, exclusion criteria, MDA strategies, reporting of adverse events, logistics and supply chain management, strategies for effective social mobilization. and GESI.
- Training of supervisors for SCH MDA in nine districts will comprise of community health- officers, -assistants, -nurses, district pharmacists, and NTD and school health focal persons. The topics will range from the causes, transmission, and signs and symptoms of SCH, treatment and prevention, MDA strategy, GESI and exclusion criteria. The training will be held in two districts headquarter towns- one in the south-east and another in the north.

- Training and refresher training of PHU staff for MDAs OV-STH will target health personnel in PHUs nationwide. Topics will range on the causes, transmission, signs and symptoms of NTDs, treatment and prevention, MDA strategies, GESI and how to conduct social mobilization at village level. These training will be conducted at district headquarter towns by the DHMTS and will be supervised by the national program and partners. The effectiveness of these trainings will be evaluated after each MDA.
- Training and refresher training of PHU staff for SCH MDA will target health workers in PHUs that are targeted for MDA in the nine SCH MDA districts. Training topics will include causes, transmission, and signs and symptoms of SCH, treatment and prevention, MDA strategy, exclusion criteria, reporting of adverse events, management, and GESI.
- Training and refresher training of CDDs for MDA OV-STH will be conducted at PHU levels in all 14 districts. Training topics will include exclusion criteria, referral of severe adverse events, drug management, the importance of following the directly observed treatment protocol, inclusion of new community members in the register and GESI. These trainings will be supervised by the national program, DHMTs, and partners.
- Training of survey teams for LF Pre-TAS in four districts: a total of 56 personnel including team leaders, laboratory technicians, and support staff will be trained on pre-TAS methodology, sample selection, GESI, the use of FTS and biohazard and safety handling of blood samples. The survey training will be supervised by both the national program and partners.
- Training of survey teams for LF TAS 1 and TAS3 in four districts and three districts respectively: a total of 56 personnel including team leaders, laboratory technicians, and support staff will be trained on TAS methodology, sample selection, GESI, the use of FTS and biohazard and safety handling of blood samples. The survey training will be supervised by both the national program and partners.
- Training of survey teams for SCH-STH impact assessment in nine districts: A total of 45 personnel including team leaders, laboratory technicians, and support staff will be trained on Kato-Katz and urine filtration techniques, survey methodology, sample selection, biohazard and safety handling of biomedical waste, and GESI. The survey training will be supervised by both the national program and partners.

Conduct internal training on financial management for national and relevant district-level NTDP staff (*Budgeted under Helen Keller*)

Helen Keller will provide support to the NNTDP and district level finance officers to understand FAAs and reporting requirements. Recently, the MoHS posted a finance officer to the national program and at district level and two new DHMTs were set-up (Karene and Falaba) All these individuals need training on financial management to ensure that they comply with Act | West finance procedures. The internal training will also help strengthen the capacity of the NNTDP and other district level finance officers who are often transferred from one district to another.

Table A2: Summary of groups, topics, numbers to be trained, and location of Act | West training

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	Refresher	Total Trainees			
MDA-DSA related training (IR1 and IR3)								
Supervisors	Training of Trainers MDA OV-STH	<ul style="list-style-type: none"> signs and symptoms of the targeted NTDs, exclusion criteria, MDA strategies reporting of adverse events, logistics and supply chain management 	TBD	98	98	2	Bo and Makeni	
PHU staff	Training of PHU staff MDA OV-STH	<ul style="list-style-type: none"> causes, transmission, signs and symptoms of targeted NTDs treatment and prevention MDA strategies, GESI how to conduct social mobilization at village level 	TBD	1,903	1,903	2	14 Districts	
CDDs	Training of CDDs MDA OV-STH	<ul style="list-style-type: none"> MDA exclusion criteria referral of SAEs drug management 	TBD	30,000 ⁹	30,000	1	All PHUs in 14 Districts	

⁹ The exact number of CDDs who are new or returning cannot be determined at this time; generally, it depends on the number of CDDs who decide to continue to work for the NTDP.

		<ul style="list-style-type: none"> the importance of following the directly observed treatment protocol inclusion of new community members in the register GESI 						
Team leaders, technicians and support staff	Training of survey teams for LF pre-TAS in 4 districts	<ul style="list-style-type: none"> Pre-TAS methodology sample selection the use of FTS biohazard and safety handling of blood samples EDC using ONA platform 	TBD	24	24	3	Makeni	
Team leaders, technicians and support staff	Training of survey teams for LF TAS1 in 4 districts and TAS3 in 3 districts	<ul style="list-style-type: none"> TAS methodology Sample selection the use of FTS biohazard and safety handling of blood samples EDC using ONA platform 	TBD	56	56	3	Bo	
Supervisors	Training of Supervisors MDA SCH	<ul style="list-style-type: none"> Causes, transmission, signs and symptoms of SCH treatment and prevention MDA strategy, GESI and exclusion criteria 	TBD	55	55	2	Makeni and Kenema	
PHU staff	Training of PHU staff	<ul style="list-style-type: none"> Causes, transmission, signs and 	TBD	381	381	2	Targeted PHUs in 9 districts	

	MDA SCH	<p>symptoms of SCH,</p> <ul style="list-style-type: none"> • treatment and prevention • MDA strategy • exclusion criteria • reporting of adverse events and management • GESI 						
Team leaders, technicians and support staff	Training of survey teams on SCH-STH impact assessment	<ul style="list-style-type: none"> • Kato-Katz and urine filtration techniques • survey methodology • sample selection, biohazard and safety handling of biomedical waste • EDC using ONA • GESI 	TBD	45	45	3	Kenema	

Appendix 7. Short Term Technical Assistance

N/A

Appendix 8. Fixed Amount Awards**Table A3: FAA recipients, activities supported, and dates**

FAA recipient (split by type of recipient)	Number of FAAs	Activities	Target Date of FAA application to USAID
NNTDP	7	<ul style="list-style-type: none"> ▪ Integrated NTDP Budget ▪ SCH FAA ▪ Training FAA ▪ Social Mobilization FAA ▪ OV-STH MDA FAA ▪ CDD Payment 1 FAA ▪ CDD Payment 2 post-MDA FAA 	Dec 2021
Districts (Bombali, Karene, Koinadugu & Falaba)	4	<ul style="list-style-type: none"> ▪ Bombali DHMT FAA ▪ Karene DHMT FAA ▪ Koinadugu DHMT FAA ▪ Falaba DHMT FAA 	Dec 2021

Appendix 9. Timeline of Activities

See attached Appendix.

Appendix 10. Maps

See attached Appendix.

Appendix 11. Country Staffing (Prime + Subs as applicable)

See attached Appendix.

Appendix 12. Additional tables/annexes (optional)

Appendix 13. FY21 activities planned in FY22 due to COVID-19

Table A4: Activities carried over from FY21 to FY22 due to COVID-19

IR	Budget category(s)	Brief activity description
1	Social Mobilization	Social Mobilization at Chiefdom Level for LF-OV-STH MDA in 4 districts and OV-STH MDA in 10 Districts
	Social Mobilization	Social Mobilization at Community Level for LF-OV-STH MDA in 4 districts and OV-STH MDA in 10 Districts
	Social Mobilization	Responsive social mobilization and engagement of border communities to improved MDA coverage
	Social Mobilization	Social mobilization with special risk groups (Fulani and Limba) in 4 LF hotspot districts (recommendations from the LF deep dive meeting) *
	Social Mobilization	FOCUS 1000 chiefdom level social mobilization (recommendations from the LF deep dive meeting)*
	Training	Training of Trainers Integrated LF-OV-STH MDA in 4 districts and OV-STH MDA in 10 Districts
	Training	Training & Refresher Training PHU Staff LF-OV-STH MDA in 4 districts and OV-STH MDA in 10 Districts
	Training	Training & Refresher Training of CDDs LF-OV-STH MDA in 4 districts and OV-STH MDA in 10 Districts
	Training	Training of community health volunteers for MDA (LF-OV-STH) for special groups (Fulani & Limba) in 4 LF hotspot districts (recommendations from the LF deep dive meeting) *
	Training	FOCUS 1000 training of trainers in 4 LF districts (recommendations from the LF deep dive meeting) *
	Training	FOCUS 1000 training of traditional healers, religious leaders on social mobilization (recommendations from the LF deep dive meeting) *
	Drug Supply and Commodity Management and Procurement	Distribution of drugs and Logistics LF-OV-STH MDA in 4 Districts and OV-STH MDA in 10 districts
	Drug Supply and Commodity Management and Procurement	Reverse logistics
	MDA Coverage	LF-OV-STH MDA 4 Districts by CDDs and OV-STH MDA in 10 districts by CDDs
	MDA Coverage	LF-OV-STH MDA 4 District/OV-STH MDA in 10 district Headquarters by MCH-Aide - " MCH-Aides distribute MDA drugs in the district headquarter towns where there are no CDDs"
	MDA Coverage	MDA for special risk groups (Fulani and Limba) in 4 LF hotspot districts (recommendations from the LF deep dive meeting)*
	MDA Coverage	FOCUS 1000 traditional healer & religious leader drug distribution (recommendations from the LF deep dive meeting)*
	Supervision	Supervision of MDA distribution
	Supervision	Data Collection, Analysis and Reporting in 4 districts (LF-OV-STH) and in 10 districts (OV-STH)
2	System strengthening	Data governance & security TA work session to strengthen NTDP's data governance, including security policies, protocols, and procedures (Deloitte/Helen Keller)
*Approved for FY21 funding by USAID September 30, 2021.		

Appendix 14. Budget (confidential)

Attached separately

Appendix 15. Budget Narrative (confidential)

Attached separately