



# Act to End Neglected Tropical Diseases | West

FY 2023 Work plan-Cote d'Ivoire  
October 1, 2022-September 30, 2023

## Table of Contents

ACRONYMS LIST .....	3
NARRATIVE .....	6
NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT .....	6
IR1 PLANNED ACTIVITIES: LF, TRA, OV .....	7
Lymphatic Filariasis .....	7
Trachoma .....	8
Onchocerciasis .....	11
IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES .....	14
IR 3 PLANNED ACTIVITIES: SCH, STH .....	21
FY 2023 planned GESI Activities.....	21

**ACRONYMS LIST**

AE	Adverse Event
ALB	Albendazole
AIRP	Ivorian Pharmaceutical Regulatory Authority
APOC	African Programme for Onchocerciasis Control
BMGF	Bill & Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
CENI MTN CP	Committee of National and International Experts for PC-NTDs (Equivalent to an OV expert committee)
CSRS	Centre Suisse de Recherche Scientifique
CIND	Integrated NTD Database
CNER	National Committee on Ethics and Scientific Research
CSAS	Head of Health Service
CSE	Epidemiological Surveillance Manager
DGS	Office of the Director General of Health
DHIS2	District Health Information System 2
DIIS	Directorate of Computer Science and Health Information
DOLF	Death to Onchocerciasis and Lymphatic Filariasis
DQA	Data Quality Assessment
DR	Regional Directorate
ECD	District Management Team
ERS	Regional Health Team
ESPC	Front-Line Health Facility
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO)
FAA	Fixed Amount Award
FHI 360	Family Health International 360
FTS	Filariasis Test Strip
GET	Global Elimination of Trachoma
GOCI	Government of Côte d'Ivoire
GTMP	Global Trachoma Mapping Project
HD	Health District
HKI	Helen Keller International

HSS	Health Systems Strengthening
IEC	Information, Education and Communication
ICRCI	International Committee of the Red Cross
IVM	Ivermectin
LF	Lymphatic Filariasis
LNSP	National Public Health Laboratory
LOE	Level of Effort
LSTM	Liverpool School of Tropical Medicine
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MDP	Mectizan Donation Program
MMDP	Morbidity Management and Disability Prevention
MSHP-CMU	Ministry of Health, Public Hygiene and Universal Health Coverage (Ministère de la Santé, de l'Hygiène publique et de la Couverture Maladie universelle)
NPSP	New Public Health Pharmacy
NTDP	Neglected Tropical Disease Program
OCP	Onchocerciasis Control Programme
OTS	Onchocerciasis Technical Advisory Subgroup
OV	Onchocerciasis
PC	Preventive Chemotherapy
PC-NTDs	Preventive Chemotherapy-Neglected Tropical Diseases
PGP	Pharmacy Preparer-Managers
PNDAP	National Program for Development of Pharmaceutical Activity
PNLMTN-CP	National Program for Control of Preventive Chemotherapy-Neglected Tropical Diseases
PNLSGF	National Program for the Control of Schistosomiasis, Soil-transmitted Helminthiasis and Lymphatic Filariasis
PNSO-LO	National Program for Eye Health and Onchocerciasis Control
PNEL	National Leprosy Elimination Program
PNLUB	National Buruli Ulcer Control Program
PNETHA	National Program for the Elimination of Human African Trypanosomiasis
PNEVG/EA	National Guinea Worm Eradication Program / Water and Sanitation
PZQ	Praziquantel
RDT	Rapid Diagnostic Test
REMO	Rapid Epidemiological Mapping of Onchocerciasis
SAC	School-Age Children

SAE	Serious Adverse Event
SAFE	Surgery, Antibiotic therapy, Facial cleanliness, Environmental improvements
SCI	Schistosomiasis Control Initiative
SCH	Schistosomiasis
SCIF	Schistosomiasis Control Initiative Foundation
SOP	Standard Operating Procedure
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation – Follicular
TIPAC	Tool for Integrated Planning and Costing
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WASH	Water, Sanitation, Hygiene
WHO	World Health Organization

## NARRATIVE

### NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Côte d'Ivoire has been working towards the control and elimination of neglected tropical diseases (NTDs) since 2000. However, minimal progress was made until 2015, due to civil war, political instability, and funding limitations. In 2016, the Ministry of Health, Public Hygiene and Universal Health Coverage (MSHP-CMU) created the National Program for Control of Preventive Chemotherapy-Neglected Tropical Diseases (PNLMTN-CP), which was a result of reorganization of the National Program for the Control of Schistosomiasis, Géohelminthiases and Lymphatic Filariasis (PNLSGF) and the National Program for Eye Health and Onchocerciasis Control (PNSO-LO). The PNLMTN-CP is under the supervision of the Director General of Health (DGS) for the coordination of activities.

Since the last redistricting in August 2019, the country is divided into 113 districts grouped into 33 regions.

Once the country became more stable, USAID expanded its funding to support NTD control and elimination efforts. Despite this “late” start in program implementation, mapping of lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), and soil-transmitted helminthiases (STH) is now complete. The general context of LF endemicity shows that among the 99 LF endemic HDs, 90 are co-endemic with OV.

OV mapping was carried out by the Onchocerciasis Control Programme (OCP) from 1974 to 2002 and by the African Programme for Onchocerciasis Control (APOC) in 2014. In total, 97 HDs are endemic for OV, with 90 HDs that are co-endemic for LF and 7 HDs that are endemic for OV only. OV mass drug administration (MDA) started in the country in 1990 with Community-Directed Ivermectin Treatment (CDIT) in 46 endemic HDs of the southern extension zone and forest. These CDITs were irregular and interrupted in some HDs due to lack of funding. Since 2016, all 97 OV endemic HDs are under regular treatment with the integrated LF/OV/STH MDA.

Trachoma mapping began in 2015 through the Global Trachoma Mapping Project and continued with USAID support via END in Africa and Act | West and Sightsavers. Forty of the 78 HDs mapped are known to be endemic for trachoma; results from another 10 HDs are pending. Trachoma MDA started in 2016 in 10 HDs. By 2022, all 40 trachoma-endemic HDs known to warrant MDA had completed their treatment cycles of Zithromax and tetracycline ophthalmic ointment 1% (TEO). Twenty-five HDs have had one or more EUs meet the criteria to stop MDA. However, results from trachoma impact surveys (TIS) conducted in FY 2022 are pending in 13 HDs (13 EUs) and the remaining four HDs (four EUs) have TIS planned in FY 2023<sup>1</sup>

The integrated LF/OV/STH MDA started in 2013 and has scaled up progressively since 2016 to cover all LF-endemic HDs. Ivermectin (IVM) coupled with Albendazole (ALB) is distributed during MDA in HDs endemic to LF alone or co-endemic with OV and/or STH. MDA is carried out in the communities with

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<sup>1</sup> Number of HD adds up to 42 because two HDs (Bangolo and Man) are counted twice, since one EU in each HD has reached criteria to stop MDA and one EU in each HD are either awaiting results or will conduct TIS in FY 2023.

the support from community drug distributors (CDDs). The HDs, as defined by the MSHP-CMU, serve as the implementation unit for the LF/OV/STH MDA.

In 2021, Côte d'Ivoire adopted its *Strategic plan for the sustainability of achievements in the fight against neglected tropical diseases with preventive chemotherapy in Côte d'Ivoire (2021-2023)*. This plan serves as a roadmap to integrate NTD control and elimination strategies into national policies, planning and budgeting processes through sustainable multisectoral collaboration. It was supported technically and financially by USAID via Act | West and will provide an effective and sustainable response to changing the epidemiology of the PC-NTDs in the face of scarce resources.

The current NTD Master Plan runs from 2021 to 2025 and covers the five PC-NTDs: LF, OV, SCH, STH, and trachoma and the five case-management NTDs (Buruli ulcer, Guinea worm disease, human African trypanosomiasis, leprosy, and yaws). The process of developing this plan began in 2020 under the leadership of the DGS with technical and financial support from WHO, Act | West and other stakeholders.

### **NTD Partners in Country**

USAID commenced support for NTD control and elimination activities in Cote d'Ivoire in 2016, first via the END in Africa Project (FY16–FY18), then through Act | West (FY 2019–FY 2023). Other partners are: WHO Cote d'Ivoire, which provides technical support; Sightsavers under the Accelerate project and other funding, which supports water and sanitation activities for trachoma and the management of LF- and trachoma-related morbidities; and the Schistosomiasis Control Initiative Foundation (SCIF), which supports MDA for SCH. In addition, the Bill & Melinda Gates Foundation (BMGF) is funding the REACH (Resiliency through Azithromycin for Children) project (via FHI Partners) and DOLF (Death to Onchocerciasis and Lymphatic Filariasis) Project (via PNLMTN-CP).

### **IR1 PLANNED ACTIVITIES: LF, TRA, OV**

#### **Lymphatic Filariasis**

#### **LF MDA FY 2023 Planned Activities**

##### **LF/OV/STH MDA in 1 HD**

Act | West will provide technical and financial support to conduct integrated LF/OV/STH MDA in Gagnoa 1 HD in FY 2023. (The district which failed pre-TAS in FY 2021). This will be the second round of integrated LF/OV/STH MDA since the pre-TAS failure.

#### **LF DSA FY 2023 Planned Activities**

##### **Re-pre-TAS in 9 HDs**

The 9 HDs that failed pre-TAS in FY 2020 conducted two rounds of MDA in FY 2021 and FY 2022. In FY 2023, Act | West will provide support to conduct re-pre-TAS in these 9 HDs.

##### **TAS 1 in 29 HDs (20 EUs)**

Act | West will provide support for TAS 1 in 29 HDs constituted into 20 EUs in FY 2023. This includes 20 HDs (13 EUs) that passed pre-TAS in FY 2022 and nine (9) HDs (7 EUs) where re-pre-TAS is planned in FY 2023 (assuming these HDs will pass the re-pre-TAS).

**Supervision for LF re-pre-TAS in 9 HDs and TAS 1 in 29 HDs**

In FY 2023, The PNLMTN-CP and Act | West staff will provide joint supervision during re-pre-TAS and TAS 1 surveys. They will conduct field visits to survey sites to ensure adherence to survey protocols and standard operating procedures, to assist in problem-solving, and to ensure availability of necessary supplies. Additionally, FHI 360 will provide technical support for compilation and analysis of data collected.

**LF remapping in 3 HDs (Bocanda, Kouassi-Kouassikro and Abobo Ouest)**

In FY 2023, Abobo Ouest, Bocanda and Kouassi-Kouassikro, will be remapped using the WHO LF confirmatory mapping protocol. Each HD will constitute an EU. The protocol uses a cluster random survey design similar to TAS where about 500 children (10-14 years old) are tested in 30 selected schools using a survey sample builder for confirmatory mapping. Act | West will support the PNLMTN-CP with protocol development, training, and implementation of the confirmatory mapping. The mapping data review and findings of the confirmatory mapping will be documented for inclusion in the country LF validation dossier.

**Trachoma****FY 2023 Planned Activities****Trachoma MDA**

No MDA is planned in FY 2023

**Trachoma DSA FY 2023 Planned Activities****TIS in 3.5 HDs**

The 40 trachoma endemic HDs have all completed their MDA cycle except for 3.5 HDs<sup>2</sup>, which will finish in FY 2022 and will be eligible for TIS six months later. In FY 2023, Act | West will provide technical and financial support to PNLMTN-CP to conduct TIS via the Tropical Data platform in those 3.5 HDs.

**TSS in 14.5 HDs (10 EUs)** In FY 2021, 14.5 HDs conducted the TIS (14 full HDs plus one EU from a 15<sup>th</sup> HD). The results of the TIS showed a decrease in the prevalence of TF below the 5% threshold. Two years after the TIS, those HDs are eligible to conduct a TSS. Thus, in FY 2023, Act | West will provide technical and financial support for the implementation of the TSS in these 14.5 HDs.

**Supervision of TIS in 3.5 HDs and TSS in 14.5 HDs**

PNLMTN-CP, FHI 360 staff, master graders and health regions and districts team will provide cascade joint supervision at the different levels of the TIS implementation. They will conduct field visits to the assessment sites to ensure adherence to survey protocols and standard operating procedures, to assist in problem solving, and to ensure the availability of necessary supplies. Tropical Data will provide technical support for cluster selection, compilation and analysis of the data collected.

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<sup>2</sup> EUs of Bangolo 1, Dueke 1 & 2, Guiglo 1, and Guiglo 2-Tai.



**MMDP (LF and trachoma):****FY 2023 Planned Activities****Training for the identification of cases of morbidity due to LF (lymphoedema, hydrocele) in 30 HDs**

In FY 2023, Act | West will support the PNLMTN-CP to conduct a training of the actors of the health pyramid for the identification of cases of morbidity due to LF (lymphoedema, hydrocele) in 30 HDs with technical assistance through Act | West and following discussions on scaling up cost-effective measures to collect LF morbidity data.

A team composed of members of the PNLMTN-CP will ensure the training of the ERS and ECD involved in this activity. The District Management Teams will be responsible for training local supervisors. The supervisors in turn will ensure the capacity building of the Community Distributors (CDD) of their respective health area. CDDs will be responsible for the identification and reporting of morbidity cases. These trainings will take place during the LF/OV/STH and OV-only MDAs in strict compliance with COVID-19 barrier measures. All CDDs will benefit from the same training, both those identified for active case finding and those identified for drug distribution.

**Supervision of trainings for the identification of LF morbidity cases (Lymphedema, Hydrocele) in 30 HDs**

In FY 2023, Act | West will support the PNLMTN-CP to conduct supervision of the training for the identification of cases of morbidity due to LF (lymphoedema, hydrocele) in 87 HDs. The trainings will be cascaded under the supervision of the central team, the regional teams, and the district teams. This supervision will take place during the supervision of the LF/OV/STH and OV-only MDA.

**Awareness raising and mobilization for the identification of LF morbidity cases (Lymphedema, Hydrocele)**

In FY 2023, Act | West will support the PNLMTN-CP to conduct awareness raising and mobilization for the identification of LF morbidity cases (lymphedema, hydrocele). Information dissemination and sensitization of communities will be done before, during and after the identification phase. Administrative, customary, and religious authorities, and local communities will be mobilized. Messages in local languages will be broadcast on the HDs' community radio. The HD coordinates the implementation of all sensitization activities. All these sensitization and social mobilization activities will be carried out concurrently with the LF/OV/STH and OV-only MDA activities.

**Provide technical assistance to the PNLMTN-CP to train regional and district health staff on the Direct Inspection Protocol in three health districts**

As part of the requirements for the country to demonstrate the elimination of LF, countries need to assess the capacity of a proportion health facilities designated to provide MMDP services. In Cote d'Ivoire, the NTD MMDP guidelines include the clear designation of the facilities expected to provide MMDP services within the country.

In assessing these facilities, programs can identify MMDP gaps and plan to address these gaps within the broader health system. Currently, there is only limited support for training and facility assessments via an ALM and Sightsavers-supported project to provide LF MMDP services (described above). Based on this gap, the PNLMTN-CP has identified the need to prioritize activities related to meeting LF elimination requirements, including facility assessments and training of health staff within designated facilities to provide MMDP services and high-quality treatment for lymphedema and hydrocele.

WHO has recommended the use of the Direct Inspection Protocol (DIP) to assess health facility readiness to provide LF MMDP services. The DIP is generally administered once a country has trained relevant health workers on MMDP service provision and provided services for some time (at least a year is recommended). While training for health staff at all MMDP-designated facilities has not yet taken place in Cote d'Ivoire, the PNLMTN-CP wants to use a proactive and unique approach to assess the capacity of designated facilities regarding other elements of MMDP service (e.g., supply chain and availability of MMDP consumables, hydrocele surgery equipment availability, availability of MMDP guidelines/ communication materials) using some of the assessment categories contained within the DIP in addition to others identified by the PNLMTN-CP.

Because the PNLMTN-CP has not previously conducted facility assessments and MMDP services and activities are in their infancy within Cote d'Ivoire, this technical assistance to the PNLMTN-CP officers will equip them to train regional health team (RMT) and district management teams (DMT) to support the health facility assessments and ongoing performance monitoring.

For FY23, the PNLMTN-CP requests the support of Act | West to implement this training approach in one health region to test and refine procedures and tools before scaling up of facility assessments across select MMDP-designated facilities nationwide. The PNLMTN-CP proposes the region of Hambol (Dabakala, Niakaramandougou and Katiola HD) due to logistical purposes (more efficient to do the activity in a single region), easy accessibility and no prior LF MMDP activity implementation.

**Proposed sub-activities for FY 23 will include:**

- A three-day meeting led by the PNLMTN-CP to review and contextualize the DIP and to develop plans for cascade training. Nineteen participants will attend the meeting in Abidjan.
- Cascade training of the RMT and DMT on the use of the DIP. Three sessions (one session of each HD lasting three days and with 16 participants each).
- DIP field work in three HDs for 10 days. Nine persons will conduct the field work: six from the three HDs and three from the HR.
- A one-day dissemination meeting to share the findings of the assessment, the lessons learned from the process, and plan to address the identified gaps. The meeting will be held in Yamoussoukro with 23 participants.
- A manuscript will be developed

**LF and Trachoma Dossier Status:**

**FY 2023 Planned Activities**

**Follow up meeting for Trachoma Dossier**

In FY 2023, Act | West will support the PNLMTN-CP to conduct a 2-day follow-up meeting for the trachoma dossier and complete data entry of available data into the datasheet during the orientation session. Act | West's Trachoma Technical Advisor will serve as facilitator.

**Follow up meeting for LF Dossier**

In FY 2023, Act | West will support the PNLMTN-CP to conduct a 2-day follow-up meeting for LF dossier and complete data entry of available data into the datasheet during the orientation session. Act | West's Ghana-based LF Technical Advisor will serve as facilitator.

## Onchocerciasis

### FY 2023 Planned Activities

#### LF/OV/STH MDA in one HDs and OV-only in 96 HDs

In FY 2023, Act | West will support the PNLMTN-CP to conduct OV-only MDA in 96 HDs, and as indicated above in the LF section, integrated LF/OV/STH MDA in Gagnoa 1 (the only LF/OV endemic HD still requiring treatment).

#### Workshop to review the data collection tools for LF/OV/STH MDA in 1 HDs MDA and OV-only in 96 HDs

In FY 2023, Act | West will support the PNLMTN-CP to conduct a 2-day workshop to review the data collection tools for LF/OV/STH MDA in 1 HD and OV-only MDA in 96 HDs.

#### Printing of forms and sheets for LF/OV/STH MDA in one HDs and OV-only in 96 HDs

In FY 2023, Act | West will support the PNLMTN-CP to print **93558** forms and sheets used for MDA.

#### Purchase of supplies and materials for LF/OV/STH MDA in one HD and OV-only MDA in 96 HDs

Act | West will provide support to PNLMTN-CP for purchasing 11292 dose poles, 32260 spoons for distribution of drugs, and 32,264 markers for identification of treated persons.

#### Supervision of LF/OV/STH MDA in one HD and OV-only in 96 HDs

The supervision during MDA includes supervision for training, distribution of drugs, drug management, and data collection and management. It is carried out in cascade fashion by actors from the central level to the peripheral level (the PNLMTN-CP, HRs, HDs, and Front-Line Health Facility). Supervisors from the central and regional levels will provide technical assistance during site visits and verify compliance to standard operating procedures during drug distribution.

#### Annual validation of post-MDA data from LF/OV/STH MDA in one HD and OV-only MDA in 96 HDs at regional level (31 HRs / 97HDs)

The data quality control process includes verification, validation, and comparison of data. The data collected by CDDs are verified by comparing the information collected during the MDA with the information in the various data collection tools. This takes place during regional workshops with the District Management Teams (ECDs) and Regional Health Teams (ERSs).

In FY 2023, Act | West will provide support to the PNLMTN-CP to conduct a one-day LF/OV/STH or OV-only MDA data validation meeting at regional level, two to four weeks after the end of the MDA in collaboration with each of the 31 regions, under the supervision of the PNLMTN-CP. Validation will allow the various actors to compare the data available at different levels of the system and produce a single information source at the central level. Participants will include Regional Health Team (ERS), Head of Health Service (CSAS), Epidemiological Surveillance Manager (CSE), pharmacists and the District Management Team (ECDs) who carry out the activity. This activity is critical to consolidate, check, and analyze the MDA data from the 97 HDs and to produce quality data results.

#### Data Quality Assessment (DQA) in two regions

In FY 2023, Act | West will provide technical and financial support for the implementation of DQA in two HDs. The DQA tool will be utilized to check the accuracy of the data collected. The CSASs from the

health regions, data managers and pharmacists from regions and districts, nurses/midwives from health areas, and CDDs from the selected localities will implement the DQA. Act | West will also support the costs of supervision during the DQA exercise.

#### **Workshop to monitor the implementation of the CIND in 97 HDs and 31 HRs**

The Country Integrated Neglected Tropical Disease Database (CIND) was designed to strengthen the data storage, management, analysis, and reporting capacity of national NTD programs. Since 2016, Act | West has provided technical and financial support for the training and implementation of this database during a pilot phase in 12 HDs with scaling up in all 69 HDs. Thus, each year, after the validation of the MDA data for LF/OV/STH and trachoma, the CSEs, data managers of the health regions and districts that have received training on the CIND, participate in a workshop to enter PC-NTD data from the region or HDs, and to migrate it into the database for generating appropriate reports and products.

Given the workload of the CSEs, who are in great demand by the HDs and by the 24 health programs of the MSHP-CMU, the PNLMTN-CP opted for this strategy to ensure the accuracy and completeness of the data entered into the CIND, and to complete the process of implementation of the CIND and its interconnection with the DHIS2.

In FY 2022, Act | West has provided technical and financial support for the training of regional and district CSEs in the 30 HDs previously supported by Sightsavers under the ASCEND program. In addition, the PNLMTN-CP plans to integrate these data into the national DHIS2 database in the medium term. In FY 2023, Act | West will provide support to the PNLMTN-CP to conduct a follow-up CIND implementation workshop with the CSEs of 97 HDs and 31 HRs.

#### **Organize a Committee of National and International Experts for PC-NTDs (CENI MTN-CP / OV Expert Committee) meeting**

In FY23, to review and redefine OV elimination strategies in the context of LF MDA stopping in all districts but one, the PNLMTN-CP will organize a three-day meeting of the CENI MTN-CP/OV Expert Committee, with technical and financial support from Act | West, WHO, and Sightsavers. The CENI meeting will also be an opportunity to review and analyze all OV data.

#### **Workshop to review the national OV elimination plan (Consultation meeting PNLMTN-CP/WHO/ Act | West / OV Experts)**

Given the current context of OV, it is essential to develop a national plan for the elimination of OV which will analyze the epidemiological, entomological, and programmatic situation and define OV elimination objectives and strategic interventions in Côte D'Ivoire. Act | West will provide technical and financial support to the PNLMTN-CP for the hiring of a consultant for the development of the first draft of this plan and organize a 3-day residential review workshop with stakeholders.

#### **Workshop to validate the national OV elimination plan**

Act | West expects a strong commitment to the OV elimination program in Cote D'Ivoire at all levels (central level and sub-national levels). The OV program in the country has been dormant for a couple of years with almost no specific OV meeting or assessment conducted since 2018. The validation of the OV elimination plan as a strategic document, is therefore critical to : i) ensure buy-in from all the stakeholders, ii) ensure a better understanding of the entomological and epidemiological situation in the country, ii) understand the critical needs regarding programmatic management, resources, laboratory capacity, and long-term commitment for OV elimination by all the actors (regional and

national health officials, implementing partners-FHI360 and Sightsavers, representatives of endemic districts). Act West will provide support for the validation of the national OV plan during a two-day residential workshop with the participation of the PNLMTN-CP, Technical Director of Act | West, WHO, Act | West /Experts OV and other partners.

### **Quality Improvement for OV MDA data quality (QA/QI) in 7 HDs**

The DQA investigation conducted in FY 2019 found the following: i) a lack of data management procedures; ii) inadequate documentation of data collection errors (data gaps are resolved without documentation); and iii) no personnel assigned to cross-check the data. To address the coverage data discrepancies, the PNLMTN-CP has been working to apply the Quality Improvement (QI) model to proactively address the challenges.

In FY 2021, as part of the implementation of the QI model, Act | West trained 15 PNLMTN-CP members, including five lead coaches. This training enabled the QI coaching system to be set up to facilitate the implementation of the QI model in the selected HDs. The trained coaches developed the coaching action plan, including training of the QI HDs teams.

During FY 2022, it is planned that the PNLMTN-CP will conduct the following activities in FY 2022 Q4: 1) training on QI framework and the various tools; 2) carry out implementation of the QI model including the HDs QI team establishment; and 3) develop an action plan with a monitoring system based on established performance indicators.

In FY 2023, the PNLMTN-CP will engage a QA/QI consultant to provide technical support to the QI coaches. It is planned that there will be **QA/QI Coach visits in seven pilot HDs**. QI coaches will conduct two visits and provide QI team members with corrective actions, mentorship, and coaching to implement the QI platform as intended. Ideally, these visits will be conducted during other NTD field activities as the coaches are involved in the daily PNLMTN-CP activities. Act | West has planned **QA/QI Learning session meetings in the seven pilot HDs (two meetings per HD)** in which the district QA/QI team will conduct two meetings to review the implementation of QI activities with participation of the PNLMTN-CP coaches and Act | West. It is also planned that there will be **QA/QI learning sessions at regional level meeting (for 7 regions)** and they will conduct a QI learning session to review the improvement activities carried out and to share experiences between HDs in the same region. The expected outcomes of the quality improvement process are to identify key gaps, develop a local action plan using the QI framework, implement quality improvement strategies, establish a monitoring system, and record lessons learned according to the collaborative approach scale up packages of ideas of change.

### **OV DSA FY 2023 Planned Activities**

#### **OV Pre-Stop MDA survey in 17 HDs**

OV epidemiological impact surveys using Ov16 rapid diagnostic tests (RDTs) were conducted in 2016 and 2017 in 20<sup>3</sup> HDs, in first-line villages on the river basins and their tributaries of Comoé, N'Zi, Bandama, Marahoué, Sassandra, Bafing, and Bere. The results showed a prevalence using skin snip of less than 5% in 17 HDs. Each HD has had more than five years of treatment with effective treatment coverage of more than 80% and therefore are eligible for a pre-Stop MDA survey. In FY 2023, Act | West will provide support to the PNLMTN-CP to carry out epidemiological pre-stop OV treatment surveys in

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<sup>3</sup> per the most recent redistricting in 2019

17 HDs. Three to five first-line villages associated with known productive breeding sites will be targeted. Then 100 children 5-9 years will be sampled in each village. If two or fewer children are found positive, a full stop MDA survey will be proposed later.

### **OV monitoring impact survey in 10 HDs**

In 2014, ten HDs were assessed using skin snip and have a prevalence of less than 10% and could therefore be targeted for monitoring impact surveys. In FY 2023, Act | West will provide support to the PNLMTN-CP to carry out monitoring impact surveys of OV in ten HDs. A total of 20-30 villages will be surveyed in each transmission zone. In general, a sample of 100 children from 5-9 years of age/village is required for OV-16 serology tests. All first-line villages will be included. The second line will be randomly selected to complete the sample if necessary.

## **IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**

### **Improving core NTD program functions**

#### **1. Data Security and Management**

As part of the implementation of MDA, the MSHP-CMU, through the PNLMTN-CP, organizes data validation workshops in each HR with the ERS and the ECD. The PNLMTN-CP compiles these validated data and sends them to the MSHP-CMU/DGS for feedback, information and decision making. Local health and administrative authorities also receive the reports.

#### Data Security

#### **Targeted TA to strengthen the PNLMTN-CP's data security policies, procedures, and protocols in alignment with MSHP guidance**

The PNLMTN-CP uses the CIND database for data entry, analysis, and storage. From 2016 to 2022, the PNLMTN-CP deployed trainings for CSEs in 99 HDs and 31 ERSs, strengthening their knowledge of how to use this database.

In March 2022, Act | West requested the PNLMTN-CP to self-administer a questionnaire that assessed the current policies, procedures and protocols for data security and governance. The questionnaire helped to identify gaps and ensure that they are consistent with MSHP-CMU practices and standards. In September 2022, Act | West plans to conduct a series of remote consultations with PNLMTN-CP staff, and the Directorate of Informatics and Health Information (DIIS) team based on the survey results. Deloitte will then write a data security policy assessment report that will be validated with the PNLMTN-CP and the DIIS team during a 3-day workshop. Findings of this activity will support the PNLMTN-CP in storing and securing data to achieve a more sustainable, secure, country-owned solution that is compliant with MSHP-CMU and international standards.

For FY 2023, as part of the continued securing of data, ongoing monitoring, and testing of the effectiveness of the recommended processes will be conducted according to a predefined timeline to maintain the continued existence of the PNLMTN-CP data security.

### **CIND/DHIS2 Interoperability**

The CIND/DHIS2 interoperability aims to integrate CIND data into the national DHIS 2 database for a comprehensive approach to the use of health data in a single system as recommended by WHO. It is also MOH policy to have public health data in the national repository system.

In 2018, the PNLMTN-CP in collaboration with the Directorate of Informatics and Health Information (DIIS), with financial and technical support from Act | West, developed a roadmap describing the different steps to be followed for the integration of CIND data into DHIS2 as follows: (i) identify indicators; (ii) develop data collection tools;(iii) validate data collection tools; (iv) test data collection tools;(v) finalize data collection tools; (vi) provide parameters for tools in DHIS 2; (vii) roll out nationally (training and coaching); and (viii) monitor DHIS 2 use.

In FY 2021, the PNLMTN-CP with technical support from the DIIS successfully integrated the 2021 MDA data from 31 HDs into DHIS 2.

In FY 2022, the PNLMTN-CP in collaboration with DIIS will carry out the following in late July and September 2022:

- a CIND and DHIS 2 interoperability workshop to transfer historical data from CIND to DHIS 2
- a training of the PNLMTN-CP team on DHIS 2 data analysis for decision making
- the development of a data consistency matrix, a user guide, and a manual of procedures for managing PC-NTD data
- an online orientation session for CSEs in 66 HDs for MDA campaign data entry

### **Activities planned for FY 2023**

#### **CIND/DHIS-2 interoperability workshops to set up and test CIND modules in DHIS-2**

As part of the interoperability process between the CIND and the national DHIS 2 platform, the PNLMTN-CP, in collaboration with the DIIS, is requesting support from Act | West to:

- Organize a 5-day workshop with the DIIS and the PNLMTN-CP to set up the parameters of the CIND tools in the national DHIS 2
- Organize a 3-day workshop to test the retrospective data entry, analysis, and verification of the recovered historical data (from 2015 to 2022) with the 99 CSEs.

## **2. Drug Management**

### **Quantification of NTD drugs**

The PNLMTN-CP with Act | West support quantifies its medicine needs according to the target populations of the endemic HDs and the stock of drugs available, at the New Public Health Pharmacy or NPSP and HD pharmacies, before starting the drug procurement process. The drugs are donated free of charge by the pharmaceutical companies and are exempt from customs duties upon arrival in Côte d'Ivoire. However, there are costs associated with delivery, including insurance and storage fees at the national level. The IVM, ALB, and PZQ are handled by WHO at the PNLMTN-CP office. The PNLMTN-CP then coordinates the delivery of the drugs to the endemic HDs prior to the MDAs. For Zithromax<sup>4</sup>, the NPSP provides storage and transportation to the targeted HDs.

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<sup>4</sup> For FY23, Zithromax will only be required if 3.5 HDs failed TIS and require MDA

In FY 2023, Act | West will continue to financially support Zithromax warehousing and distribution costs, under the contract with NPSP. The PNLMTN-CP, in collaboration with Act | West, initiated meetings with the NPSP to develop and sign an agreement to formalize the framework for collaboration between the stakeholders. The PNLMTN-CP has planned to partner with the National Commission for the Coordination of the Supply of Essential Medicines and other strategic health products in Côte d'Ivoire (CNCAM-CI) in the implementation of the collaboration framework between the MSHP-CMU and the NPSP for the storage of all the products for the fight against PC-NTDs. In this regard, the PNLMTN-CP will effectively integrate the quantification committee of the CNCAM-CI for a better national planning. NTD drugs will then be integrated in the national system as the other drugs. During FY 2023, the PNLMTN-CP will conduct the following:

- continue its participation in CNCAM-CI coordination and planning activities (no cost).
- monitor the agreement implementation (MOU) between the NTDP and NPSP with technical support from Act | West (no cost)

#### Availability or reliability of storage or transportation to the last mile

The PNLMTN-CP works in collaboration with the HDs and the NPSP from receipt in the NPSP or PNLMTN-CP warehouses to distribution to the target populations. In addition, the regional pharmacists, and Pharmacy Managers (Pharmacy Preparer-Managers (PGP) and district pharmacists) carry out supervision at several levels (regions, health districts, health areas) to ensure sufficient supply of medicines and consumables, as well as appropriate storage and distribution conditions to the population. All stages of the supply chain are supervised by the PNLMTN-CP who will make sure that the First Expiry First Out policy is implemented along the system.

#### **Activities planned for FY 2023**

#### **Transport of drugs (IVM and ALB) and supplies for LF/OV/STH MDA in 1 HD and OV-only MDA in 96 HDs**

In FY 2023, Act | West will cover the costs of transporting MDA drugs from the central level to HDs. This includes trucks rental, per diem, trucks loading and unloading, and fuel.

#### **Management, procurement of essential drugs and commodities and management of adverse events (PNLMTN-CP)**

The PNLMTN-CP will participate in the quarterly meetings of the CNCAM-CI's technical committees to analyze the program's performance indicators (availability rate and rate of execution of the supply plan and quantification accuracy rate) and the analysis (strengths and weaknesses) of the supply chain with a view to proposing measures and mechanisms for improving the system.

Adverse events (AEs) are reported on the PNLMTN-CP's case report forms during the MDA. The nurses in charge of the health areas are responsible for reporting these cases. Thus, the reports produced by the peripheral levels and sent to the PNLMTN-CP include information on the nature and number of people with AEs and the management carried out to mitigate these effects. Districts report and monitor all cases of AEs and any serious side effects. The information is then forwarded to the Ivorian Pharmaceutical Regulatory Authority (AIRP) for follow-up. In FY 2023, the MSHP-CMU through the PNLMTN-CP will continue to supply the HDs with drugs for the LF, OV, and STH-related AE management.

#### **ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING**



**Previous and current FY activities and context:**

Since 2019, the PNLMTN-CP has been engaged in a process of developing a sustainability plan to maintain the country achievements in the fight against PC-NTDs, based on the USAID's sustainability framework.

This process includes five phases. From phase 1 to phase 3, the country was able to complete: 1) Sensitization meeting (FY 2019), bringing together multi-sectoral stakeholders to gain buy-in for sustainability from the MSHP-CMU leadership and national stakeholders and discuss the next steps of the process; 2) Situational and barriers analyses and Self-guided assessment through SMM tool (FY 19), analyzing financial gaps, mapping national cross sectoral stakeholders, analyzing multisectoral collaboration that allow the PNLMTN-CP to identify priorities sustainable interventions; and 3) Development and validation of a three-year sustainability plan (2021-2023) (FY 2020), Côte d'Ivoire, with support from Act | West, completed Phase 3 of the sustainability approach with the political validation of the sustainability plan. This sustainability plan was an important contribution to the 2021-2025 NTD master plan.

In FY 2021, the PNLMTN-CP began Phase 4 which represents the implementation of the sustainability plan. Thus, the activities carried out included the establishment of a multi-sectoral Technical Working Group (TWG), the sensitization meeting with the Ministry of Education, for exploring integration and collaboration opportunities, the revision of normative documents for the fight against NTDs (national policy framework document, national guidelines), and the implementation of a round table for domestic resources mobilization.

For FY 2022, the PNLMTN-CP continues to work on the following: 1) the domestic resources mobilization process; 2) the process for the establishment of a framework agreement between the PNLMTN-CP and the NPSP for the NTD drugs management initiated to integrate NTD's drugs into the national drug supply chain; 3) the functionality of the NTD Multi-Sectoral TWG Coordination; 4) the process of integrating NTD indicators including MDA, morbidity and disability prevention data into DHIS 2; and 5) follow up on the formalization process of the collaboration framework between the Ministry of Health and Education for the integration of NTDs.

**Governance activities:****Support sustainability bilateral negotiation process in Côte d'Ivoire**

In FY 2023, Act | West will continue to provide support to bilateral negotiations by further analyzing sustainability plan priorities to support USAID's and MSHP-CMU/GOCI decision making, sensitizing national stakeholders on the process and the expected outcomes and, most importantly, supporting the follow-up of the implementation of the decisions made during the bilateral negotiation process.

**Annual Multi-Sectoral TWG Coordination Meeting.**

As part of the implementation of the Sustainability Plan, it was imperative that the program, with the support of its partners, establish a multisectoral coordination mechanism for PNLMTN-CP by integrating all NTD programs, selected health programs, key sectors, technical and financial partners that play or could play a role in the fight against PC-NTDs. In FY 2021, the PNLMTN-CP, with support from Act | West, established the multi-sectoral TWG to assist the PNLMTN-CP in the coordination of the multisectoral NTD interventions, regarding control and elimination goals. The PNLMTN-CP will work with the DGS to formalize the multisector TWG to ensure its sustainability.

For FY 2022, the PNLMTN-CP with Act | West technical and financial support plans to organize one annual meeting of the TWG. The meeting aims (i) to launch the TWG, (ii) to develop and monitor the TWG's action plan and tools to monitor implementation of recommendations and (iii) to measure the progress in the sustainability plan implementation. The PNLMTN-CP requests Act | West support to organize this meeting as an initial accompaniment. This will reinforce coordination and collaboration with all sectors.

Then, through the domestic resources' mobilization interventions included in the sustainability plan, the TWG will be able to identify other channels and sustainable resources for funding future coordination meetings. A ministerial decree is currently being prepared and submitted to the cabinet of the MSHP-CMU. The draft of the decree highlights the long-term sustainability and the resourcing of the cross-sector coordination mechanism through transitioning the operating costs of the TWG to the GOCI contribution.

In FY 2023, the PNLMTN-CP will organize a meeting to monitor the implementation of the sustainability plan. This workshop will allow participants to review activities, share best practices, identify challenges, and make recommendations.

#### **Follow up on the resource mobilization roundtable and build upon commitments made by stakeholders**

In FY 2023, the PNLMTN-CP with technical and financial support from Act | West will hold post-roundtable engagements with targeted stakeholders started in FY 2021. To this end, Act | West will provide technical support to the NTDP to develop targeted advocacy materials based on the NTDP needs of information to engage with specific stakeholders who committed to support the implementation of the sustainability plan and domestic resources for NTDs. As stakeholders show interest in the NTDs interventions, it is important for the PNLMTN-CP to build long-lasting relationships to ensure a more consistent commitment moving forward and keep committed stakeholders accountable. The stakeholders' engagement materials will include a matrix that will serve as an adaptive tool that the program can use to tailor future engagements based on specific objective and needs. It will also ensure the PNLMTN-CP is able to monitor existing engagements. As the PNLMTN-CP continues to leverage TIPAC, Act | West will support the PNLMTN-CP by using TIPAC data to develop advocacy materials and to improve the commitment forms the NTDP developed to keep committed stakeholders accountable. Most importantly, advocacy materials will help inform future stakeholder engagement and allow for a more structured stakeholder relationship. As the follow up meetings will target the leadership of organizations that committed during the DRM round table of FY21, the NTDP plans to use a working session approach with targeted and specific decision makers.

#### **Organize a TIPAC data update**

The Cote d'Ivoire PNLMTN-CP has used TIPAC consistently for the past few years with Act | West support, using the annual activity to gain a clear understanding of program costs and funding gaps. The PNLMTN-CP staff includes experienced TIPAC users and was able to complete FY 2021 data entry together with FHI360 team in Cote d'Ivoire with minor assistance. The PNLMTN-CP intends to continue to use TIPAC for routine financial analysis and integrated program planning.

In FY 2022, the PNLMTN-CP plans to enter data and do TIPAC data analysis in the Q4 of FY 2022. In FY 2023, the PNLMTN-CP with technical and financial support from Act | West (through remote TA from

Deloitte) will hold a 6-day TIPAC data entry and data analysis workshop. Based on the NTDP need, Deloitte will perform additional analysis to be sent to Act | West team in Cote d'Ivoire and the NTDP. Along the financial data analysis FHI 360 and Deloitte will assist the PNLMTN-CP to further discuss scenarios related to the implications of a changing environment for donors. This analysis will continue to complement the work done at the national resource mobilization roundtable and support other FY 2023 advocacy activities (e.g., roundtable follow-up, cross-sector stakeholder meetings, and the PNLMTN-CP champion).

#### **Technical assistance to PNLMTN-CP to develop an advocacy plan for MMDP inclusion in Universal Health Care**

For FY 2023 the PNLMTN-CP requests support from ALM to hold a technical consultation to be able to follow government-defined processes for inclusion of MMDP into UHC. The technical consultation would be held with key stakeholders from the MSHP-CMU (Ministere de la Santé et de l'Hygiène Publique – Couverture Maladie Universelle), the CCNAM)), the Ministry of Employment and Social Protection and other partners and would lead to the development of a roadmap for inclusion of MMDP into UHC. Depending on the extent to which the steps defined in the roadmap are able to be undertaken in FY23, a final advocacy session with the decision-makers may also be conducted.

#### **Prioritized functions**

##### **Organize a workshop to follow up on the process of formalizing the collaboration framework between the MSHP-CMU and the MENA for the integration of NTD-CP**

Within the framework of MDA, two thirds of the target populations of the PNLMTN-CP are school-age children in primary, secondary school. As part of the operationalization of the priorities of the sustainability plan, the PNLMTN-CP initiated in FY 2021 a process with the Ministry of National Education and Literacy (MENA) to formalize the collaboration in the implementation of distribution activities, in order to ensure the sustainability of interventions in the fight against PC-NTD. As recommended by the results of the situational analysis conducted in FY 2021 with the support of Act | West, the PNLMTN-CP has established a TWG that includes MENA and other sectors whose interventions have an impact on the fight against PC-NTDs.

During FY 2021, the PNLMTN-CP with support from Act/West organized a sensitization meeting for MENA stakeholders to formalize school-based deworming. This meeting resulted in the development of a roadmap.

In FY 2022, the heads of the various MENA departments will designate focal points. Following this, a workshop will be held to develop a framework document for collaboration between MENA and the PNLMTN-CP. This workshop is planned for September 2022.

In FY 2023, the PNLMTN-CP is requesting Act | West support a one-day workshop with all stakeholders to validate the draft framework document and review progress in the process of formalizing the PNLMTN-CP and MENA collaboration framework. The planned meetings should lead to the signing of an inter-ministerial decree.

**Continued technical support to finalize integration of LF and trachoma data into DHIS2**

The PNLMTN-CP proposes for ALM to continue providing technical support to integrate LF and trachoma morbidity data into DHIS2. This activity was started with Act | West support in FY 2021 and FY 2022. From August 2021 to May 2022, the PNLMTN-CP (with technical support from ALM and in collaboration with WHO) selected the MMDP indicators related to trachoma and LF, developed the national reference guide for management of these indicators, developed the MMDP data collection tools that take into account LF and trachoma at all levels of the health pyramid, developed the guide for filling out these tools, and developed a roadmap describing all steps for integrating the data into DHIS2.

In FY 2023, the PNLMTN-CP requests support from Act | West via ALM to complete the integration of these MMDP indicators into DHIS2 in collaboration with the Direction Informatique et Information Sanitaire (DIIS). Per the DIIS' recommended process, the outstanding steps in the integration process include: 1) to pilot/test the use of the LF and trachoma MMDP data collection tools; 2) to finalize the process and structure for the input LF and trachoma MMDP data into DHIS2 based on data collection tools; and 3) to monitor the input of data in DHIS2, offering feedback and guidance where needed.

**4. Other activities****FY 2023 Planned Activities****HMIS Documentation**

Côte d'Ivoire has made progress in the integration of NTD data into DHIS-2. The PNLMTN-CP has successfully integrated MDA indicators and is currently working to strengthen the integration of morbidity indicators considering WHO recommendations. The next steps in the integration process include: 1) to pilot/test the use of the LF and trachoma MMDP data collection tools, 2) to finalize the process and structure to input LF and trachoma MMDP data into DHIS2 based on data collection tools and 3) to monitor the input of data in DHIS2, offering feedback and guidance where needed. As a result, Deloitte will support the PNLMTN-CP to document the process of integrating NTD data into the national HMIS by engaging related stakeholders within the MOH and articulating the rationale for selecting specific NTD indicators. This documentation will position the PNLMTN-CP, Act | West, and USAID to have a clear, common understanding of the process, stakeholders, and rationale internally within the program and externally with partners and MOH decision-makers around NTD indicator integration into the national HMIS. The activity will be completed in three major phases. In Phase 1 (review of the HMIS integration process), Deloitte will collaborate with in-country FHI 360 and the PNLMTN-CP to conduct interviews with key stakeholders in the HMIS integration process to provide a holistic understanding of the integration process. Deloitte will leverage internal documents as well as knowledge acquired during the Data Security policy activity in FY 2022. Using these results, Deloitte will produce a report that will document the integration of NTD indicators into the DHIS-2 in Cote d'Ivoire.

The report will include a summary of the process, an overview of stakeholders involved, specific steps taken towards the integration of indicators into DHIS-2. During Phase 2 (results 2-day validation workshop), Deloitte will provide technical assistance to the PNLMTN-CP to hold an in-person workshop with stakeholders in the process to validate the information in the HMIS country documenting process. Lastly, in phase 3 Deloitte will facilitate the process to finalize the documentation PNLMTN-CP and compile information gathered from all countries to share it with all PNLMTN-CPs and Act | West during a webinar. This will improve cross-country learning and information sharing on HMIS integration process.

**IR 3 PLANNED ACTIVITIES: SCH, STH****i. Schistosomiasis****FY 2023 Planned Activities**

*Act | West supports integrated OV/LF/STH MDAs as described in the OV section. The activities under IR 3 presented in subsequent sections are supported by other partners.*

In FY2023, SCIF plans to treat 61 HDs for SCH/STH. In addition, SCIF plans to conduct an SCH impact assessment in three pilot HDs through an oversampling methodology.

**ii. Soil-Transmitted Helminths****FY 2023 Planned Activities**

*Act | West supports integrated OV/LF/STH MDAs as described in the OV section. The activities under IR 3 presented in subsequent sections are supported by other partners.*

While SCIF will continue to support the SCH community treatment, Act | West will continue to support the PNLMTN-CP in its sustainability efforts by identifying potential ALB distribution platforms.

For FY 2023, all 40 HDs endemic to STH and require MDA will be supported by SCIF.

**FY 2023 PLANNED GESI ACTIVITIES****Gender Equality and Social Inclusion (GESI) activities:**

From 2019 to 2021, FHI 360 gender advisors conducted a gender analysis (qualitative research and desk review) and developed a gender strategy, to ensure Act | West and its partners are equitably addressing the needs of men, women, boys, and girls in the NTDs control and elimination activities.

In FY 2022, the Act | West program technically and financially supported the PNLMTN-CP to conduct the following GESI activities: (i) Integration of GESI sessions in the annual training of trainers of the MDA (ii) Integration of GESI components in all planned revisions of PC-NTDs and MDA awareness materials (i.e., posters, flyers) (iii) Revision of MDA tools (iv) Addressing gender parity in the MDA steering committees.

In FY 2023, the Act | West program will continue to provide technical and financial support to strengthen and further implement GESI activities.

**Proposed Activities:****Conduct a refresher GESI session during the annual MDA Training of Trainers**

The PNLMTN-CP carries out a series of cascading capacity building of all the actors involved before each MDA. These capacity building efforts target supervisors within the regional team and the PNLMTN-CP program and CDDs under the supervision of district and regional teams. To support learning and skills from the GESI ToT in FY 2022, FHI 360 Côte d'Ivoire project staff conduct an interactive, participatory refresher session for all PNLMTN-CP national and regional staff, as well as any FHI 360 Act West staff in the country office who have not already been trained on GESI with remote support from FHI 360's GESI

Advisor, during the MDA training of trainers. The trainings are cascaded from the national level to the ECD and then CDDs. These trainings will be conducted in FY2023 Q3 for the ToT and then cascaded down to the district and CDD level.

**Review new PNLMTN-CP NTD and MDA awareness raising materials (i.e., posters, flyers) to improve GESI messaging**

In FY 2022, Act West, including the FHI 360 GESI Advisor, supported PNLMTN-CP to review and revise current NTD brochures. In FY 2023, we propose carrying out the review of any new materials developed during the fiscal year. This activity will be conducted in Q2-Q3 of FY 2023 and will involve HQ level LOE.

**Develop GESI-integrated job aids for CDDs to support them to address identified barriers to MDA access and participation**

In addition to population-level Social Behavior Change Communication (SBCC) materials, it is important to provide CDDs with a job aid to be used as a reference guide on what was covered in the GESI cascade training that they can turn to as a reminder of: which drugs are safe for which stages of pregnancy and breastfeeding so that women aren't turned away unnecessarily; how to combat rumors and disinformation; how to determine dosage for people who aren't able to stand for the dose pole due to a physical disability; and how to discuss potential side effects of the drugs with concerned community members. The job aids will be developed in FY 2023 Q1-Q2 by the FHI 360 GESI Advisor in close collaboration with the PNLMTN-CP.

**Conduct a follow-up GESI data review**

In FY 2023, Act | West proposes a follow-up GESI data review to measure quantitative progress and changes to proportion of female CDDs and MDA Steering Committee members; and review sex disaggregated program coverage data and discuss findings and ways GESI data can be used to improve programming with the PNLMTN-CP. For MDA Steering Committee parity, measurement will be done through review of participation logs, and additional advocacy will be conducted for districts not meeting the 30% threshold. This will take place after the FY 2023 MDA in Q3, led by the FHI 360 GESI Advisor and the MEL HQ team, supported by the country project team.