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Act to End Neglected Tropical Diseases |
West
FY 2023 Workplan-NIGER
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ACRONYM

ALB	Albendazole
APOC	African Program for Onchocerciasis Control
BCC	Behavior Change Communication
CDD	Community-Drug Distributor
CIND	Country integrated NTD database
CSI	Center for Integrated Health (<i>Centre de Santé Intégré</i>)
CY	Calendar year
CNHF	Conrad N. Hilton Foundation
DEP	Directorate of Studies and Programming (<i>Direction des Etudes et de la Programmation</i>)
DLM	Disease Control Directorate (<i>Direction de Lutte contre les Maladies</i>)
DPH/MT	Pharmacy and Traditional Medicine Directorate (<i>Direction des Pharmacies et Medecine Traditionnelle</i>)
DQA	Data Quality Assessment
DRSP/P/AS	Regional Directorate of Public Health Population and Social Affairs (<i>Direction Régionale de Santé Publique de la population et des affaires sociales</i> in French)
DSA	Disease Specific Assessment
EPI	Expanded Program on Immunization
EDC	Electronic data capture
EU	Evaluation Unit
FAA	Fixed Amount Award
FEFO	First Expiry, First Out
FTS	Filariasis Test Strip
FY	Fiscal Year
HDs	Health District
HRA	High-risk adults
HSS	Health system strengthening
ICT	Immunochromatographic test
IEC	Information, Education and Communication
IHC	Integrated Health Center
IVM	Ivermectin
ITI	International Trachoma Initiative
JNV	National Vaccination Days (<i>Journées Nationales de Vaccination</i>)
LF	Lymphatic filariasis
MAHCG	Ministère des Affaires Humanitaires et de la Gestion de la Catastrophe (Ministry of Humanitarian Affairs and Disaster Management)
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEL	Monitoring, evaluation, and learning
MF	Microfilariae

MMDP	Morbidity management and disability prevention
MOE	Ministry of Education (Ministère de Education Nationale)
MoH	Ministry of Health (<i>Ministère de la Santé Publique</i>)
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program (<i>PNLMTN - Programme National de Lutte contre les MTN</i>)
OCP	Onchocerciasis Control Program
OEC	OV elimination committee
ONPPC	National Office of Pharmaceutical and Chemical Products (<i>Office National des Produits Pharmaceutiques et Chimiques</i>)
OV	Onchocerciasis
PCT	Preventive chemotherapy Treatment
PNDO/ELF	National Program for the Elimination of Onchocerciasis and Lymphatic Filariasis (<i>Programme National de Dévolution de l'Onchocercose et d'Elimination de la Filariose Lymphatique</i>)
PNLBG	National Schistosomiasis and Soil-Transmitted Helminthiasis Control Program (<i>Programme National de Lutte contre la Bilharziose et les Géohelminthes</i>)
PNSO	National Eye Health Program (<i>Programme National de Santé Oculaire</i>)
Pre-TAS	Pre-Transmission Assessment Survey
PZQ	Praziquantel
RDT	Rapid diagnostic test
RISEAL	<i>Réseau International Schistosomiase Environnement Aménagement et Lutte</i>
RPRG	Regional Program Review Group
SAC	School-age children
SAE	Severe adverse events
SAF	Surgery, Antibiotics, Facial Cleanliness, and Environmental Improvements
SCT	Supervisor's Coverage Tool
SCH	Schistosomiasis
SCIF	Schistosomiasis Control Initiative Foundation
SCM	Supply chain management
SMM	Sustainability maturity model
SNIS	National Health Information System (<i>Système National d'Information Sanitaire</i>)
SOP	Standard operating procedure
STH	Soil-transmitted helminths
STTA	Short-term technical assistance
TA	Technical assistance
TAS	Transmission Assessment Survey
TEC	Trachoma Expert Committee
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation – Follicular
TIPAC	Tool for Integrated Planning and Costing

TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TT	Trachomatous trichiasis
UNHCR	United Nations High Commissioner for Refugees
USAID	United States Agency for International Development
WHO	World Health Organization
ZTH	Zithromax

NARRATIVE**NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT**

Niger is the largest country in West Africa, with an area of 1,270,000 km² and an estimated population of 25,067,068 (according to 2022 estimates). Niger is divided into eight regions and 72 health districts (HDs). Niger's National Integrated Program for the Control of Neglected Tropical Diseases (NTDs) was established in 2007 to eliminate and control the five preventive chemotherapy (PC) NTDs – lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminthiasis (STH) and trachoma - according to World Health Organization (WHO) guidelines. The National Program for the Fight against Neglected Tropical Diseases (PNLMTN) is composed of three programs: the National Program for the Devolution of Onchocerciasis and Elimination of Lymphatic Filariasis (PNDO/EFL); the National Program for the Fight against Bilharzia and Soil-Transmitted Helminths (PNLBG); and the National Eye Health Program (PNSO). These three specific programs with the PNLMTN are located within the Directorate of Disease Control (DLM) of the Ministry of Public Health, Population and Social Affairs (MoH). All activities carried out by these programs over the past five years (2017-2021) align with the 2017-2021 NTD Master Plan, therefore an evaluation of the 2017-2021 NTD Master Plan is being prepared and an update will be made to the strategic priorities of the next NTD Master Plan for 2022- 2026.

Niger's NTD Program (NTDP) is supported by several implementing partners and receives funding from multiple donors. USAID (United States Agency for International Development) has been supporting Niger's NTDP since 2007 through the NTD Control Program (2007-2011), the End in Africa project (2011- 2018) and now through the Act to End NTDs | West (Act | West) program (2018-present). Act | West is managed globally by FHI 360, with Helen Keller serving as the lead implementing partner in Niger. World Vision (WV) and Deloitte are also consortium partners in Niger, providing technical assistance (TA) on sustainability initiatives.

Niger first implemented mass drug administration (MDA) for LF in 2007 and achieved 100% geographical coverage in 2014. Following the completion of the FY 2022 transmission assessment surveys (TAS1), 53 of the 54 health districts (HDs) endemic to LF at baseline have achieved the stop-MDA criteria.

MDA for trachoma in Niger started in 2002 in 72 villages. The PNSO launched the first district-wide MDA in 2003 and achieved 100% geographic coverage in 2016. To date, of the 62 HDs initially endemic for trachoma, 47 HDs have achieved the elimination threshold of less than 5% trachomatous Inflammation- follicular (TF) prevalence among children of 1-9 years old and have stopped MDA, of which 38 HDs have passed their TSS and nine HDs (Tchirozerine, N'Guigmi, N'Gourti, Goudoumaria, Madaoua, Ouallam, Banibangou, Tanout, Tesker) are waiting for TSS (i.e., until a two-year period after TIS has been completed or for the security situation to stabilize in order to enable the surveys to be conducted). Among the 15 HDs where at least one EU has TF ≥5%, nine HDs are considered to have persistent trachoma (Bilma, Bosso, Diffa, Maine Soroa, Guidan Roudmji, Mayahi, Tessaoua, Dungass, Gouré) and six HDs are considered to have recrudescence trachoma (Matameye, Belbedji, Bouza, Mirriah, Takeita, Damagaram Takaya). Eight of these HDs will complete their MDA in either FY 2022 or FY 2023, and seven are currently awaiting completion of TIS before deciding the next programmatic steps.

Niger aims to submit their OV elimination dossier by the end of FY 2022 and has made remarkable progress in this direction. In August 2021, the Committee for the Elimination of Onchocerciasis Transmission (OEC) recommended that the dossier for the elimination of OV transmission be submitted

to WHO after laboratory analyses of serum samples and black flies indicated that OV transmission had been interrupted in previously endemic HDs.

Niger has been addressing the problem of SCH and STH since 2004-2005. All the 72 HDs are endemic for STH and 69 HDs for SCH (except 3 HDs: Tesker, N’Gourti, Bilma). There are 17 sentinel sites for SCH/STH in 17 HDs throughout the country that are used to assess the two diseases’ prevalence. In 2021, SCI Foundation (SCIF) funded treatments for school-aged children (SAC) and high-risk adults in 38 HDs. However, future MDA implementation has not been confirmed due to changes in the funding landscape following the end of the British Foreign, Commonwealth & Development Office (FCDO) funded project titled ASCEND (Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases). SCIF’s GiveWell support for deworming in Niger is also ending in March 2023. SCIF is currently seeking additional funding to continue MDA in SCH endemic and SCH-STH co-endemic HDs but will not be able to fund all 69 targeted HDs in FY 2023 and beyond.

The progress of the sustainability plan has enabled Niger to increase country ownership of the NTD program, and to progress towards a more sustainable NTD program. This plan identified opportunities for sustainable control/elimination of NTDs in insecure areas through cross-sectoral partnerships. The NTDP has also made significant progress in promoting cross sector collaboration for NTDs by signing the ministerial decree for the "Multisectoral Coalition for the Fight against NTDs in Niger" on August 19, 2021.

Activities supported by the host government partners

The Government of Niger supports the NTDP to combat NTDs by providing staff salaries, infrastructure (office and meeting room facilities), MoH vehicles for NTDs activities, import exemptions for NTD drugs and other consumables, drug storage and management, etc.

IR1 PLANNED ACTIVITIES: LF, TRA, OV

Lymphatic filariasis

Plan and justification for FY 2023:

MDA

In FY 2023, Act | West will support LF MDA in one HD. Following the failure of the LF pre-TAS in FY 2021 in Aguié district, the PNDO/EFL decided to conduct two more rounds of MDA. The first was carried out in FY 2022 and the second is scheduled for FY 2023 following the investigation into the failure of the pre-TAS in the district. In FY 2023, the PNDO/EFL will again employ enhanced strategies during the MDA, including door-to-door distribution, mobile teams targeting displaced and nomadic groups, use of SCT, and sensitization caravans to improve the quality of the distribution in Aguié. Additionally, daily monitoring (using an Excel file) for village level treatment data and the SCT will again be used in FY 2023 to quickly identify areas with low coverage as candidates for mop-up. These strategies will be implemented in close collaboration with district and community health workers. The recommendations from the FY 2022 CES will be applied to this MDA as well.

Supervision

The following supervision activities will be supported by Act | West in FY 2023 during the MDA:

National level supervision

National supervisors (NTDP, DGPS, DLM, DHP/SE, MOE) will participate in MDA preparatory meetings, oversee the training of health center and education sector officials, and coordinate feedback and evaluation meetings.

Regional and district level supervision

Two supervisory approaches will be used in FY 2023; routine supervision using the supervisor’s checklist and widespread use of SCT. Supervisors will ensure that adequate amounts of drugs and all necessary materials are

available for implementation and that CDD allocation occurs based on population size. During the daily review meetings, supervisors will meet with CDDs to discuss the strengths and weaknesses of the ongoing MDA activities, the logistics aspects of implementation, and the performance of distributors. Starting on the third day of the MDA, supervisors will use the SCT to evaluate the performance and the coverage of the distribution. Results from the SCT enable supervisors to rapidly assess coverage and deploy mop-up teams in areas identified with low coverage. The Regional Directors of Health and Education, as well as the district chief medical officers and representative of the National Education, will supervise the training for CSI heads, sector heads, teachers, and community distributors and will ensure the implementation of the SCT. It should be noted that the collaboration between education and health concerns all campaigns (Trachoma, LF, STH). The education sector is involved in the entire process from planning to training to distribution, and they are responsible for the distribution at school level. NTD coordinators in the region, in collaboration with school health focal points, as well as managers of Health Information and Programming Services (HIPS), will oversee the training stages of districts and health centers, the availability of medicines, distribution, and data collection. The same supervision is provided by the District NTD Focal Point with their school health counterpart who will oversee CSI and community distributors.

CSI level supervision

CSI supervisors (two for each health center) will oversee distribution in the health zone and administer SCT at identified sites.

DSA

The following LF surveys are planned for FY 2023:

- Re-re-re Pre TAS in 1 EU (1 HD of Aguié) six months after the MDA
- TAS1 in 1 EU (1 DS) in Aguié one month after the pre-TAS

LF Remapping Planned Activity FY 2023 in three HDs

In FY 2022, Act |West initiated a review of LF mapping in endemic countries where some districts are classified as non-endemic. The purpose of this review was to identify gaps in mapping resulting from districts which had never been mapped or had uncertain endemicity (which continue to report cases of lymphatic filariasis morbidity and had low prevalence in the baseline survey) or situations in which mapping protocols were not adhered to. In Niger, this review found that LF mapping conducted in 2003 using Immunochromatographic Test (ICT) was done in a limited way. First, the number of HDs and sites selected for mapping was limited by available funding. Secondly, HDs with similar ecological, demographic, economic, and geographical characteristics were grouped together, and representative district(s) selected for mapping assessment based on presence of factors contributing to transmission as well as the number of reported cases of hydrocele and elephantiasis. In total, 54 of 72 HDs were found to be endemic with antigen prevalence of 0.68% (Ouallam HD) to 46% (Illela HD). Niger conducted additional mapping (including re-mapping of previously mapped HDs) in 2010 and 2014. The PNLMT will be targeting a total of three HDs for re-mapping in FY 2023: Aderbissinat and Ingall in the Agadez region and Balayara in the Tillabéry region.

Case for remapping for Aderbissinat and Ingall districts (Agadez region)

Before the 2017 redistricting, the three current HDs of Aderbissinat, Agadez and Ingall were combined into one large HD: In 2003, during the first round of LF mapping in Niger, the HDs of Agadez (including Ingall and Aderbissinat), Bilma, and Tchirozerine were not mapped. They were considered as part of the same ecological zone (desert) as Arlit where mapping was conducted in 2003. Despite two positive cases found in Arlit HD (cross-border with Ingall) in the 2003 mapping, these HDs were classified as non-endemic. Also, in 2003, no case of hydrocele had been reported in Arlit. However, during remapping conducted in 2010, LF prevalence in Arlit (cross-border with Ingall) was re-examined, with remapping indicating 1.3% antigen prevalence. As a result, Arlit was reclassified as endemic and conducted MDA in 2019. It passed TAS 1 in 2022. After 2003, Arlit saw significant migration to the district for mining activities that may have contributed to transmission of LF found in the 2010 remapping. The positive cases included 15-year-old girls who had never travelled outside of their villages, pointing to local transmission. In 2014, in the

Agadez region, the PNDO/EFL conducted another remapping in Bilma HD which also shares the same ecological zone as Ingall and Aderbissinat. No positive cases were found in the remapping of Bilma district. Since the other two districts, Ingall and Aderbissinat, have the same ecological, geographical, and socio-cultural characteristics as Bilma, the same results were extrapolated to them, and they were considered non-endemic at that time.

However, it is important to note two significant changes since the initial mapping activities. First, an oil refinery has been operating in the bordering district of Aderbissinat since 2010. This has caused significant population movement to the district and created environmental conditions that encourage the resurgence of mosquitoes. It is therefore important to update the epidemiological status of this district and ensure it has not changed hence the need for remapping. Similarly, Ingall HD has experienced significant environmental changes since 2013 as part of the vast hydro-agricultural project in the Irazier valley and because of the new Arlit HD (cross border HD) LF epidemiological statute (endemic with 1.3% antigen prevalence in 2010).

Case for remapping of Baleyara

The former district of Filingue (redistricted in 2017 to into three districts – Filingue, Abala, Baleyara) undertook a survey in FY 2021 in 13 villages (including 5 villages of the current district of Baleyara) testing at least 300 people in each of these sites with FTS. This survey was conducted due to the high number of hydrocele cases reported in these districts. Results from this survey showed that the prevalence varies from 0% to 4.1% in the five villages of Baleyara HD included in the survey. Kossey village presented the highest prevalence.

Currently WHO considers the LF mapping method using two sites per implementation unit as not sufficiently sensitive to determine prevalence of LF infection in areas of uncertain endemicity. WHO recommends the LF confirmatory mapping protocol for mapping or remapping in areas of uncertain endemicity. In FY 2023, three HDs (Baleyara, Aderbissinat, and Ingall) will be remapped using the WHO LF confirmatory mapping protocol. Each district 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 schools selected using a survey sample builder for confirmatory mapping. Act |West will support the PNDO/ELF 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.

Dossier Status for LF

The current date for submission of a validation dossier, which considers the FY 2021 pre-TAS failure in Aguié, is 2027, assuming that all remaining surveys in this district will be successful. As the LF control program in Niger progresses towards the elimination of the disease, it will be important to review and secure existing data and prepare a first draft of the elimination dossier, especially given the recent success of pre-TAS and TAS1 (preliminary results) in 10 HDs. An orientation workshop on dossier preparation will be organized. During this workshop, national stakeholders will be familiarized with the elimination dossier templates so that they can begin to define the steps needed to finalize the dossier and develop an action plan. Act| West will provide technical assistance by facilitating this workshop, with the aim of developing an action plan for the first draft of the dossier narrative and the completion of the dossier data template with existing data. For FY 2023, PNDO/EFL calls on Act| West to support a workshop to initiate processes to prepare a first draft of LF elimination dossier narrative and upload existing data into the dossier data template. Data is available at the national level (PNDO/EFL and the National Health Information System [SNIS]). Morbidity mapping was carried out in HDs that were supported by World Bank (WB, and results from surgical camps held in these HDs are available. After the stakeholder orientation workshop, the goal will be to have a complete first draft of the LF dossier narrative by the end of FY 2023. The workshop, funded by USAID, will bring together participants from MoH programs, NTD programs, the Directorate of Health Statistics, and other stakeholders. Act| West will provide technical assistance to assist in the preparation and implementation of this workshop. The PNDO/EFL is responsible for compiling the data and will be expected to draft specific sections of the narrative and/or to ensure the availability of data and key reports. Following potential recommendations from the LF Orientation Dossier

Workshop planned in August 2022, a request may be put forward to hire a consultant to support drafting the dossier.

Trachoma

Plan and justification for FY 2023

MDA

In FY 2023, Act | West will support trachoma MDA in four HDs (six EUs - Matameye 3, Damagaram Takaya 1, Takeita 1, Mirriah 1, 2 and 3). These EUs are all considered recrudescence after TSS conducted in FY22 indicated that TF was again above 5% and, all of these EUs have TF prevalence between 5- 9.9%. Given the high baseline TF prevalence (63% in Matameye and 35% in Mirriah, Damagaram Takaya, and Takeita) and repeated surveys indicating TF \geq 5% despite ten or more rounds of MDA, the PNSO determined that two of these EUs, Matameye 3 and Takeita 1, should carry out two MDA treatments in FY 2023. Takeita 1 experienced an increase of TF from 2.17% to 9.08% (which is likely a real increase in prevalence), borders Tessaoua 1 EU which has persistent TF (6.67%) and is targeted for biannual MDA in FY2022. Given high population movement between the two districts (and possibility of ongoing disease transmission), it is important to ensure the same strategy is applied on each side of the Tessaoua-Takeita border. Matameye 3 EU was formerly persistent (2002-2017) and reclassified as recrudescence in 2019 after TSS indicating TF \geq 5%. The specificity of Matameye 3 is the large increase in TF between the TIS prior to the TSS and the TSS results (TF prevalence at TIS in 2016 was 1.28%; TF prevalence at TSS in 2018 was 9.43%. Given this increase, it is very likely an actual change in prevalence, versus potentially a statistical issue. As the FY 2021 TIS prevalence was still 6.30%, , as well as demographic and socio-cultural factors in these areas, highlight the need for a more aggressive strategy to reduce transmission. After the first round of MDA, regrouping with the NTDP and the PNSO will be primordial to analyze and reflect to make the needed changes for the second round. In recent years, the need to collect data at the sub-district level for analysis was discussed and applied. This allowed to understand more the challenges encountered at lower level and improve treatment coverage. It should be noted that there are still seven HDs (seven EUs) where TIS are planned in FY 2022 (expected between July and September 2022), which may indicate that additional districts may require MDA in FY 2023. The results of the baseline trachoma survey in the closed Sayam camp that will be carried out during Q4 FY22 could also recommend mass treatment in FY23.

DSA

In FY 2023, the PNSO is planning TIS in six HDs (8 EUs) including three HDs (Diffa, Bosso and Maine Soroa) conducting TIS and three HDs planned for TIS+ (Tessaoua 1, Mirriah 1,2,3 and Damagaram Takaya 1). These three districts all have high baseline TF prevalence (Damagaram Takaya and Mirriah, which both stem from the mother district of Mirriah had a baseline TF prevalence of 34.8% and Tessaoua had a baseline TF prevalence of 62%). Additionally, all have conducted numerous cycles of MDA (>10 rounds). However, given that in the most recent surveys, TF was only marginally over 5% in these EUs (Mirriah HD (5.44%; 5.34%; and 5.06% in Mirriah 1, 2, and 3 respectively); in Damagaram Takaya 1 (5.64%) and Tessaoua 1 (6.68%)), TIS+ may also help determine if TF persistence is due to infection or persistent follicles, which may take longer to go away than infection. The three persistent HDs of Bosso, Maine and Diffa in Diffa region are excluded from the TIS+ due to security reasons as a prolonged survey may endanger the survey teams. Conducting TIS+ is contingent on a successful proposal to the NTD Support Center to fund the collection of dried blood spots and eyelid swabs for the additional biomarkers.

For TIS and TIS+, the plans are as follows:

- FY 2022 TIS in Diffa Bosso Maine Soroa has been reprogrammed to FY 2023, six months after the delayed second round of the FY 2022 MDA which is now taking place in October 2022.
- FY 2022 TIS for Tessaoua 1 has been reprogrammed as TIS+ in FY 2023, as well due to the delayed second round of FY 2022 MDA
- Four additional EUs (Mirriah 1, 2, 3 and Damagaram Takaya 1,) from 2 HDs after failure at the FY 2022 TSS will also conduct TIS in FY 2023 six months after the MDA.

The PNSO is also planning TSS in the following 11 HDs (13 EUs): Tchirozerine, Goudoumaria, N'Guigmi, N'Gourti, Madaoua 1, 2, 3; Gouré 2, Tesker, Dungass 1, Tanout 1, 2 ; Tessaoua 2, 3; Damagaram Takaya

2. The HDs of N'Guigmi and N'Gourti are combined into a single EU and Gouré 2 and Tesker are also combined into a single EU. Two other HDs, Ouallam and Banibangou, are overdue for TSS but due to insecurity, are not planned in FY 2023. Discussions are ongoing about including serology and CT infection testing in TSS for FY 2023. Discussions are ongoing about including serology and CT infection testing in TSS for FY 2023. A TT-Only survey is also planned in three HDs (Konni, Illela, Bagaroua) with funding from the Conrad N. Hilton Foundation.

The following trachoma program improvements are planned for FY 2023

In FY 2023, the NTDP will continue to implement program improvements, outlined above. The focus will be on continuing to maintain high MDA coverage through strengthening proven strategies such as SCT, which allows the NTDP to conduct mop-up as required; and the mobile strategy using 4x4 vehicles to reach hard-to-reach populations and a strategy recommended during the trachoma review (January 2022). The improved MDA strategy will be used in FY 2023 as these efforts in previous years have yielded improved MDA coverage and lower TF.

Quality improvement (QI) in two HDs conducting two rounds MDA

In FY 2023, QI-related activities will be implemented in two HDs (Matameye 3 and Takeita 1). These districts will conduct two rounds of trachoma MDA in FY 2023. These districts are characterized by trachoma persistence with fairly substantial TF increases in the last few years: Matameye 3 (TF prevalence at TIS in 2016 was 1.28%; TF prevalence at TSS in 2018 was 9.43 and TF remains above the elimination threshold at 63% in the latest TIS), Takeita 1 (TF was 2.17% at TIS in 2018 and 9.08% during the 2022 TSS). This activity will also be implemented for both rounds of MDA, will include the establishment of the QI teams at the subdistrict level as well as learning sessions led by QI coaches. The coaches will train QI team members in the QI methodology, utilization of QI tools, and developing action plans for the two HDs in Zinder region which were selected due to recent TSS failures; the team will be expected to implement an MDA in FY 2023. Coaches will also conduct accompanying visits to support the implementation of the FHI 360 QI model.

Supervision

The supervision activities described in the LF section will also apply to the Trachoma MDA (see section i. Lymphatic Filariasis).

DSA Supervision

As with the MDA supervision activities, referenced above, enhanced supervision will be deployed during the trachoma surveys that will take place in FY 2023, increasing the number of staff at the central level from the PNSO and Act | West. All investigators (graders and data recorders) will receive refresher training in accordance with Tropical Data's training guidelines; in addition, in accordance with same guidelines, only "certified" members of the survey team will participate in the survey.

Coverage evaluation survey (CES) in two HDs (Takeita 1 and Matameye 3)

After the two rounds of MDA in FY 2023, a CES will be conducted to validate the results of reported coverage from both rounds. This survey will also evaluate the MDA implementation quality (proportion of persons that swallowed Zithromax during one or both rounds). The survey questionnaire will include knowledge, attitude, and practice (KAP) questions to identify subpopulations, (defined by their demographics or behaviors), that may have been missed in the previous MDA, and Tropical Data WASH questions to further investigate factors related to the high TF prevalence. The CES samples will be drawn exclusively from clusters within these EUs and compared to the reported coverage of the same area.

Dossier Status for trachoma

Current validation schedule

As noted in the Program Overview above, the country is making progress towards eliminating trachoma as a public health problem. However, after several cycles of MDA and TIS surveys, there are still districts where the prevalence of TF is above 5%. According to the PNSO, the last MDA campaign will be carried out in FY 2023 and the last TSS survey is planned in 2026, which will make it possible to submit the complete dossier on the elimination of trachoma as early as 2030 for validation by WHO. Pending the recommendations from the National Trachoma Elimination Committee which will be established in July 2022, this elimination date might be revised.

Review and storage of historical data

The PNSO stores all historical trachoma data on Excel worksheets, Tropical Data servers, and a DHIS2 platform. Data verification activities (requiring health center visits and collaboration with data managers) to align central level data with operational level data were planned with The Carter Center in 2019 and 2020 but could not be funded by The Carter Center at that time (for unknown reasons). Available data are located on password-protected laptops with anti-virus software installed, and the laptops regularly updated. Data are backed up monthly to external hard drives. A more formal and detailed system to ensure regular backups of the most recent information was defined in FY 2022 and will continue to be used in FY 2023. Please see the **Security and Data Management** section below.

Dossier development and orientation workshop

In order to better guide the program on the content of the trachoma elimination dossier, an orientation workshop has been planned for FY 2022 with the technical support of partners, including WHO experts. Due to the workload of the PNSO resulting from the survey failure investigations and the additional rounds of MDA, it will be scheduled for August 2022 when the fieldwork is completed. This three-day meeting will bring together twenty-four participants to define the tasks and assign the responsibilities to move the dossier forward. Historical data is complete and saved at the PNSO, but the development of the narrative and data sections of the dossier have not yet begun. This workshop will be co-funded by the CNHF and Act| West. USAID, Act | West and other trachoma partners will be invited to participate in this meeting.

The PNSO is also in discussion with HKI and TCC under CNHF for direct support of the dossier preparation (with the most current data and narrative) via a consultancy (CNHF funded). The retired Deputy Director of the Trachoma Control Program (2022) has been retained under contract as a resource person to complement the process. By September 2022, he will:

- Produce a draft of the literature review in the elimination of trachoma.
- Update the Excel file of historical data according to the recommended dossier template.
- Propose the list of members to be part of the National Committee for the Elimination of Trachoma.
- Propose the TORs of the Monitoring Committee.

Onchocerciasis

Plan and justification for FY 2023

DSA**Oncho entomological surveillance survey**

In FY 2023, Act | West will support OV entomological monitoring in ten HDs. According to WHO guidelines, and as part of post-elimination surveillance (PES), the PNDO/EFL plans to conduct entomological assessments at the main larval sites of the ten formerly OV endemic districts (Gaya, Dioundiou, Boboye, Falmeye, Say, Torodi, Kollo, Tera, Gotheye, and Bankilare), five years after the last survey. These surveys seek to demonstrate the continued absence of infection in the *Simulium*, vectors of the disease. The PES plan including regular entomological surveillance surveys was presented at the OEC meeting held from 9-10 August 2022 for which International Experts participated and was endorsed by the OEC. The endorsed PES plan, which included the entomological surveillance surveys were included in the final recommendations.

Dossier Status for OV**Meeting of the Oncho Committee of National and International Experts**

Niger has completed all the necessary assessments to complete the OV elimination dossier. An elimination committee, composed of national and international experts, is planning to review the draft and finalize the dossier. Act | West support is requested to cover the costs of the OEC meeting, including room rentals, and coffee and lunch breaks

Consultancies and one working session

The PNDO/EFL is requesting support from two consultants

- International expert to review the dossier to be ready for submission at WHO;
- A data archivist to support the data management for the dossier

The PNDO/EFL is also two working sessions to identify potential gaps in the dossier and what needs to be addressed. The objectives of the two working sessions will:

- Review the various recommendations resulting from the last expert committee meeting and consider them in the dossier
- Ensure the dossier is aligned with WHO guidelines
- Prepare a report as an annex to the dossier

This meeting will be funded under Act | West and will take place in Niamey. A second one will be funded by END Fund and will take place in Dosso.

IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**Systems Strengthening****Data security and management****Monitor implementation of the data security SOP**

Since FY 2020, Act | West has taken steps to strengthen NTD data management in Niger, including the use of the CIND as a back-up by the PNDO/EFL and the gradual integration of priority NTD indicators into the DHIS2 platform used by the MOH. In FY 2022, Act | West supported the submission of a questionnaire to the NTDP to assess data security and management gaps and to review current policies and procedures for data management. This process will result in a workshop to share the results and provide recommendations to strengthen data security; the workshop is scheduled for September 2022. Once the workshop is complete, the NTDP will have a set of standard operating procedures (SOP) to begin to strengthen data security protections and processes. In FY 2023, the SOPs will be implemented by the NTDP, with technical assistance from Act | West. The NTDP will also create a dissemination plan to share the SOP with key personnel at NTDs program level and other ministries as with well people involved at

district level in NTDs data management. The outcomes of the data security policy activity will support the archiving missions planned in selected health districts. Act | West will support the implementation of the plan and dissemination during other data management trainings and archiving (see below).

Organize an NTD data archiving mission in the health districts

During the supervision of NTD activities, supervisors observed significant challenges in data archiving at the health districts. However, as Niger advances towards the elimination of NTDs, it is of increasing importance to have data archives for the elimination dossiers. Niger is in the process of integrating NTD indicators in DHIS2 and district level staff responsible for data entry and archiving will require training on quality and complete data entry in DHIS2. For FY 2023, the NTDP requests financial support from Act | West based on the need for improved data management and storage. This activity will include a data archiving mission to the regions, where the NTDP and Act | West teams from the national level will train eight data managers at the regional level, and 4 at HD level to assess the current state of the archives, routinely back up data, and build capacity of health agents to correctly archive data in the DHIS2. Once this training is completed, the teams from the regions will conduct cascade trainings to inform the CSIs. After these cascade trainings, each structure will be able to integrate the data correctly and regularly into DHIS2.

Train and refresh NTD programs Data Managers Officers on CIND

In 2019, the 32 HDs that received funding from the World Bank's Malaria and NTDs Sahel project were trained on the CIND. As a result, data from these 32 HDs were uploaded into this platform and periodic updates were made. However, with the end of the project and especially with the movement of health agents, an update is needed. There is also a need to train non-trained twenty-four NTDPs and MoH staff to support data updating. Note that this platform includes data by villages, survey results, and drug and morbidity management. The NTDP continues to integrate NTD data into DHIS2 for select indicators, although not all indicators are included in DHIS2; therefore, the program will continue to update data in CIND and aims to strengthen interoperability between the databases in FY 2024.

CIND data entry

Currently, historical NTD data is recorded in separate Excel-based databases and needs to be combined. More specifically, LF and OV data are entered into one database, SCH and STH data into another, and trachoma data into a third. Starting in FY 2021, Act | West supported the NTDP to begin combining historical data in the CIND in order to have one integrated source for all NTD data. It is expected that in the fourth quarter of FY 2022, a consultant (supported by Act | West) will enter historical NTD data into the CIND. The CIND database will first be moved from the PNDO/EFL (where it is currently located) to the PMTN to improve coordination. The consultant will ensure accuracy and completeness of the data that is entered, with the support of Act| West and two officers from the NTDP. Once all historical data through FY 2021 is integrated, a workshop is planned in FY 2023 to update the CIND including all FY 2022 data. This workshop will include the NTDP and the data managers of the three NTD programs (PNDO, PNDO/EFL, PNLMTN and PNLBG). One of the coordination meetings to be held in FY 2023 will focus on this NTD data management, the Disease Control Directorate will support NTD programs to better situate responsibilities and provide leadership for better coordination for the implementation and ownership of this activity.

Annual update review of NTD data (MDA, Morbidity) into DHIS2

The integration of NTD data into the DHIS2-based national health information system began in FY 2020 and will continue in FY 2023. This is essential to ensure the visibility and sustainability of program monitoring. The integration of NTD data into the DHIS2 platform requires entering of morbidity data collected at the health center level and in other health facilities during routine services into the DHIS2 platform, as happens with other service delivery data. This integration will also solidify ownership of data by the district management team and regional teams and increase their subsequent responsibility to meet the needs of their patients. The DHIS2-based database has been updated and data inputting has begun at the operational level (CSI level) in all districts. It is important to note the difficulty for some health workers at the CSI level to correctly diagnose diseases, especially TF, which can easily be misdiagnosed and requires training to correctly identify it. Capacity building actions (including training to correctly

diagnose TF, for example, for TT surgeons at the CSI level) for these agents (nurses) are continuing in the field in order to improve their capacity in diagnosis and care. Monitoring will be carried out by the data management team at the district and regional levels under NTDP coordination to improve the knowledge of operational staff and data reporters. The NTDP and the Statistics Directorate of the MoH will instruct the regional data managers to prioritize this activity and remind them of the types of diseases and routine NTD indicators to be included in DHIS2. In FY 2023, Act | West will continue to highlight the importance of data entry in DHIS2, particularly in regions and districts targeted for Trachoma MDA, as an increase in the reported clinical signs of trachoma, including TF, TI, and TT, could signal a resurgence of the disease in areas no longer conducting MDA. Piggybacking on the workshop on the annual NTD data review scheduled for 2023 under Act West funding, the PNLMTN in collaboration with the Statistics Directorate of the MSP/P/AS (DS) will bring together all NTD data managers at the regional and central levels to review routine NTD data on the DHIS2 platform. This review will help verify and synchronize NTD data in DHIS2 and identify areas where increased supervision or refresher training of health agents and data managers on the ground are necessary.

Drug Management

The vision of the Ministry of Public Health, through the supply chain provided by the National Office of Pharmaceuticals and Chemicals (ONPPC), is to make quality health products accessible to all populations of Niger for an integral management of the health problems they encounter. The ONPPC was congratulated by the MoH, NTD programs and partners on the occasion of the national review of campaign data for the progress noted in FY 2022 in the management of medicines during the MDA, as well as for the commitments it intended to maintain in FY 2023. Emphasis was focused on two key points: 1. Maintaining physical inventories with one inventory update before the start of the MDA campaign (with all programs involved in the campaign) and adhering to the "First Expired, First Out" (FEFO) principle, and a second inventory update after the campaign to take stock of the remaining drugs and to guide the decision-making for drugs nearing expiry before the next campaign. It is this second inventory update that provides the information needed to enter appropriate inputs into the WHO JAP. During FY 2022, the FEFO principle was respected during the drug distribution from the ONPPC to health districts, from the health districts to the CSIs and from the CSIs to the distributors. This practice reassures all stakeholders about the quantity and the quality of drugs available for distribution. The MoH favors the option of distributing health products up to the last mile (CSI level). The roles of the different actors and levels of the health pyramid are well established, and the implementation of the national procurement system will be based on the guiding principles outlined in the sections below for the coming year. The national supply system will be organized in such a way that the distribution of health products can be carried out at all levels of the national territory.

Tracking, transparency, and accountability

An information system exists to track medicines until they are used. For data collection, at the ONPPC level, the SAGE 100 Cloud software is used, while the regions and health districts use paper supports (delivery forms and goods received notes). The paper-based data is entered into the software by an NTD stocking agent. All these management tools are available at the ONPPC, NTDP and Act | West level for oversight and audit. The information collected will be shared with the various actors in the supply system. Visibility of supply chain information will be ensured for all.

Coordination of actors and activities

ONPPC will prioritize and work within the established NTD supply chain coordination body or committee by all stakeholders. The implementation of activities will result from coordinated planning with implementing actors and/or beneficiaries. Continued training and supervision in the HDs that will conduct the MDAs is necessary to ensure better drugs management. Act | West funds inventory and reverse logistics activities in collaboration with the NTDP to better track drugs. Capacity building with the support of the ONPPC is useful for tracking the reception of NTD drugs and materials, as well as their storage and management, and the capacity building activities will target pharmacists in the regions. Act | West's logistician will continue to work with the ONPPC and all health districts to address some of the specific challenges related to drug management. Helen Keller has added FEFO benchmarks in the

FAAs and supports the ONPPC to strengthen good FEFO management and address concerns in some health districts and CSIs. The reinforcement of the training of all focal points of the regions on the management of stores or warehouses of medicines for NTDs will also be conducted using a "cascade" type methodology. Quarterly stock-taking of drugs and inputs in ONPPC bonded warehouses are planned for FY 2023.

Improvements and next steps

The ONPPC will actively work with Act | West – Niger and the NTDP to capitalize on the achievements in the management of medicines and NTD materials. In FY 2023, the ONPPC will conduct two major activities:

- the implementation of a monitoring mission with the NTDP, so that the ONPPC corrects errors on site as soon as the error is identified.
- reverse logistics to ensure proper repackaging of drug returns, good storage, and better control of quantities in stock.

The drug quantification process begins after the MDA national evaluation and attempts to reach figures that match with national provisions. It is necessary to involve the ONPPC so that they can monitor the supply chain and prepare for the arrival of future deliveries of medicines by planning for storage room and means for distribution (trucks; vans; laborers; calculation of the volume for distribution and packaging). Since FY 2020, many measures have sought to address various deficiencies related to drug management. Helen Keller works in collaboration with the NTDP logistician and the drug managers designated by the NTDP to assist in this regard.

Drug quantification for NTDs and WHO 2024 JAP Completion Meeting

Preparation of drug donation request forms

In FY 2023, Act | West will fund a meeting in Dosso to finalize the WHO JAP report. To facilitate the smooth running of this activity, ONPPC will inform the programs of inventory results as reverse logistics activities in the HDs are carried out. This will promote ongoing coordination and communication between all programs during the mission. Separate drug application forms will be used for ZTH and TEO respectively, as these two drugs are not included in the WHO forms. The submission of the drug application will be made 10-12 months before the planned MDA dates in accordance with the MDA timeline (with distribution planned to start in March 2023). A workshop for the calculation of drug needs supported by Act | West will make the JAP submission possible in FY 2023.

Supply Chain Management and Reverse Logistics from PZQ and FTS

Significant improvements have been made to reverse logistics processes in collaboration with the NTDP. This has started in 2020, with assistance provided by Act | West, the NTDP, and the programs, by developing plans for the distribution of medicines from districts to CSI and from CSI to villages and schools to minimize gaps, to avoid shortages and to ensure reverse logistics after the campaign. CSI staff typically conduct a physical inventory of the remaining drugs before they are transported from the CSI to the HDs and then to the regions. Act | West's logistician and the ONPPC will monitor the procedure. The Operational Guide for Reverse Logistics will be available to the ONPPC for the 2023 campaign so that the MoH can lead the reverse logistics processes of the coming years.

The ONPPC is solely responsible for the safety of NTD drugs stored regionally. This process makes it possible to properly count and store all remaining medications after a campaign and makes it easier to track expirations. However, the ONPPC Storage and Distribution Best Practices Guide will be used for implementation at all levels in accordance with the strategic procurement plan. This procedure will formalize the storage processes of NTD drugs and will help to avoid difficulties related to deadlines. The ONPPC is starting to implement this guide; in fact, the storage facilities are in the process of standardization in accordance with WHO standards for improved storage, better visibility of molecules and compliance with drug delivery deadlines. This is not a different guide; its execution has been underway for several months. There is an improvement, and this makes the management of all inputs more efficient. The ONPPC has been responsible for the storage, packaging, transport, and shipment of drugs from the

center to the regions and districts as part of the implementation of MDA campaigns for several years. Drugs storage is done in compliance with international standards from central to district level. The ONPPC recently modernized its infrastructure to improve drug management and logistics with new modes of transportation, new drug management and tracking software, and new pricing. All vehicle movements from the central level to the districts are communicated, via WhatsApp and a mailing list, to the drug logistics team (with detailed information on drugs and quantities). In FY 2020, a training session on the drug supply chain was held for people involved in supply chain management (ONPPC, PNLMTN, Program Coordination, Hygiene Division of the Ministry of Public Health) with funding from Act West and support from ITI. A table was used to identify difficulties and shortcomings from which an action plan was developed (actions/responsibilities/deadlines for each problem identified). The seminar session provided an opportunity to discuss supply chain issues and make recommendations. Lessons learned from the FY 2020 and FY 2021 meetings served as the basis for activities planned for subsequent years. As in FY 2022, the FEFO principle will be strengthened during discussions on the management of drug warehouses.

In FY 2022, the Directorate of Pharmacy and Traditional Medicine (DPH/MT) developed a national guide of good practices for the storage and distribution of health commodities. Additionally, the DPH/MT collaborated with the ONPPC to develop new procedures to assess the warehouses where medicines are stored in general, applicable to NTDs to give the PNLMTN the opportunity to advocate for improvements if conditions are not optimal. In this general context of supply chain improvement, in FY 2023, the PNLMTN logistician in charge of drug management will evaluate all central and regional warehouses and 5% of warehouses at the district level and peripheral health units where NTD drugs are stored. The sustainable implementation of these new measures as part of the improvement of supply chain management requires training of regional pharmacists. In FY 2023, this new knowledge will then be transmitted via cascading to the level of health districts and CSIs, as part of capacity building and knowledge sharing that will be used by the Ministry of Health as they take full ownership of this activity at the end of the Act | West program.

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

During the MDA campaign, adverse events (AE) may occur. DMCs have AE notification and summary forms, which include contact persons for adverse events. In Niger, reported cases are usually minor and do not require medical attention. Any serious adverse events (SAEs) must be managed by the DPH/MT National Pharmacovigilance Committee. Under the SAE notification procedures, the DPH/MT Committee is responsible for informing the MoH, which in turn informs the WHO Regional Office, Helen Keller, FHI 360 and USAID, as well as the donor pharmaceutical company. The NTDP is a member of the Pharmacovigilance Committee. All AE and SAE are monitored by DCs and their local supervisors who have been trained using Act West funding. Niger MoH requires the quality control of medicines dispersed by the ONPPC. This means that each delivery of the drug must be analyzed by the approved national laboratory, the National Laboratory of Public Health and Expertise (LANSPEX), to confirm their quality. The analysis is done on 1 vial of syrup per batch number and on 1 box of tablets per batch number. After analysis, the laboratory shares the report on the quality of the drugs with Act | West. This operation is financed by Act | West with respect to NTD drugs distributed during MDA campaigns. Act | West supports the quality control of medicines, tools, and equipment (especially for traceability), and finally, the ability to respond to these AE or SAE events. If minor AEs require management, it is done at the level of peripheral health centers using the national protocol of case management. The SAE monitoring and reporting process used during previous MDA campaigns will continue in FY 2023. CDD and school principals will receive training with particular emphasis on AE monitoring and reporting procedures. Any AEs reported in the field will be entered into a CSI-level Excel file and shared to the HD level.

Sustainability

Summary Work to Date

Niger is currently in phase 3 of the USAID five-phase sustainability process with the political validation scheduled by the end of FY 2022. During phase 1, the MSP/PNLMTN held a sustainability sensitization meeting attended by high-

level representatives across cross-sector ministries, directorates, and implementing partners. The meeting introduced participants to cross-sector coordination and mainstreaming as pillars of sustainability for NTDs. During phase 2, which involved stakeholder landscape and cross-sector barriers analysis processes, the MSP/PNLMTN held a validation workshop with the MSP leadership, local directorates stakeholders, NTD programs, and technical and implementing partners to review and validate the landscape analysis tools and refine the list of stakeholders to interview and the planning/agendas of the various interviews. Following the MSP validation of the tools, WV, FHI 360, and Helen Keller provided technical assistance to the NTDP to conduct a sustainability assessment. The analyses identified mainstreaming opportunities such as including NTDs in the essential health care package, including NTD data into DHIS2, and integrating deworming during immunization days. The analyses also identified challenges for domestic resource mobilization and limited representation of NTDs in strategic policies in health and non-health sectors. The results of the sustainability assessments were used to support the development of the sustainability plan in phase 3. The country anticipates the budget development and political validation of the plan by the end of December 2022.

In FY 2021, after the signing of the ministerial decree, the MSP officially launched the multisector coordination mechanism named “coalition to combat NTDs”, and its commissions developed action plans for implementation. In FY 2022, the first biannual meeting of the Coalition (general assembly) will facilitate implementation of the Coalition’s mandate. The coalition will play the role of oversight committee for the implementation of the NTD sustainability plan in Niger. In addition, the MSP/PNLMTN with technical support from Act | West has achieved notable successes in collaboration with the Social Commission of the National Assembly (branch of the parliament in charge of social affairs) and the Network of Parliamentarian f o r Health and Immunization following the engagement meeting held in September 2021. These successes included the MSP engagement in the Network’s budget discussions to cover NTD priority activities aiming at (i) increasing domestic investments and (ii) prioritizing NTD functions in national strategic documents and local government operational plans.

Governance

Country-Led TIPAC Data Entry Workshop

The TIPAC is a budgeting tool that requires annual updates to facilitate data-driven decision making and advocacy based on an accurate understanding of costs. In addition, yearly data entry allows for NTDPs to track progress year to year to help identify trends in financial gaps to assist the NTDP in its efforts towards sustainability. At the Sustainability Plan workshop, the NTDP determined that TIPAC is essential for improving budgeting, planning, and accuracy in drug orders, and for developing advocacy materials to increase domestic resources for NTDs. Based on the Sustainability Plan activities, the NTDP resolved to prioritize TIPAC in FY 2023 and expand training for the tool to minimize the burden of data entry.

In FY 2023, Act | West will support a five-day workshop with selected participants in Niamey to conduct TIPAC data entry. In previous years where TIPAC was completed, securing the uninterrupted participation of the NTDP to enter data from each program has been a significant challenge. In FY 2023, Participants will include staff from Act | West, and the NTDP members including PNDO/EFL, PNSO, and PNLBG. After the TIPAC is fully updated, Act | West will remotely review the completed TIPAC to ensure all data has been entered properly and there are no gaps or inaccuracies that could affect the TIPAC Data Analysis Workshop. The completed TIPAC tool will have all financial and drug procurement data (needs, in-country stocks) to effectively analyze financial gaps that exist in a changing donor landscape.

In FY 2022, TIPAC was deprioritized because of the challenges in entering data across the different NTD programs. However, in the development of the Sustainability Plan, it was determined that TIPAC, despite its' challenges, is a necessary tool to be able to accurately budget, plan, and identify gaps to accurately advocate for domestic resources. Due to this, the last day of the FY 2023 workshop will be a Pause and Reflect Session on TIPAC and the uses and value the NTDP has gained from the and discuss how the tool can be better utilized, including opportunities to institutionalize the data entry and use for decision making in future. The conversation will revolve around the use of TIPAC and how the NTDP plans to continue to use TIPAC in the medium-term for their planning and financial gap analysis. Emphasizing the value of the TIPAC tool and the data it provides will encourage future use of the tool and promote sustainable adoption of the tool without further external support.

Sustainability Plan Budget Elaboration Workshop

The PNLMTN, with the support of its partners, developed in early 2022, its NTD Sustainability Plan, which will guide the actions of the Government of Niger and partners towards a gradual and deeper integration of NTD service delivery into national systems and a better consideration of the national response both at the central and decentralized levels, and within the community. This plan, which is currently being finalized, will be validated by the country's highest authorities in December 2022. The objective of this workshop will be to have a budgeted action plan for 2022-2026 developed and annexed to the sustainability plan. The budget will be elaborated with the PNLMTN and cross sector stakeholders to ensure ownership and will be the foundation to understanding the financing of the sustainability plan. For a greater ownership and shared understanding of various stakeholder's roles in the implementation of the sustainability plan, the PNLMTN plans to organize a two-day workshop with multi sector stakeholders to develop and validate the sustainability plan budget and clarify roles in resourcing the plan.

TIPAC data analysis workshop to enable the NTDP to analyze multi-year budget projections and strengthen financial management

For FY 2023, the Niger NTDP will implement a TIPAC data and funding gaps analysis and perform a year- to-year analysis with the historical TIPAC data to identify trends in their gap analysis and financial planning. The gap analysis will also assist the NTDP in beginning to discuss resource shifts due to potential changes in the donor landscape, such as identifying sustainable funding sources to fill the gaps in SCH/STH treatment coverage. Additionally, Act | West will support the NTDP to map out the MOH budget process and identify key dates and milestones for potential

engagement with government stakeholders with support from the DGHS. Act | West will provide remote support during the process and Act | West regional HSS advisor as well as country teams in Niger will support implementation of the in-country three-day workshop to facilitate discussion. The results of the analysis will also support the NTDP's participation in the MOH budgeting process and use TIPAC data analyses for the development of advocacy materials for the FY 2023 advocacy meetings with local government actors. With the Sustainability Plan soon to be validated, mobilizing diverse resources is a critical next step for the NTDP in the framework of sustainability.

Advocacy meeting with local government

The Niger NTDP highlighted in the self-assessment workshop and the NTD Sustainability Plan that domestic resource mobilization is a priority for sustainable NTD programs. In FY 2023, the Niger NTDP aims to mobilize domestic resources for NTDs, using the materials developed in the TIPAC data analysis workshop. This approach will engage with local government to prioritize NTDs in the annual planning and budget requests. The objective is to bring these structures to provide financial support in the implementation of certain activities to combat NTDs previously identified: MDA, social mobilization, and celebration of the World NTD Day and include NTDs in local government annual planning and budgeting. The strategy is to conduct advocacy for the planning and budgeting of NTD activities during the development of the Communal Development Plan (PDC) and the Annual Investment Plan (PIA). The local government engagement will tie into other FY 2023 advocacy efforts (see below) to ensure the scope of targeted activities is consistent with NTDP priorities, including mainstreaming integration efforts. The NTDP has determined that these activities would help to enhance commitment to NTDs, increase domestic resource mobilization, and ensure that all local government stakeholders are fully engaged in fighting against NTDs in Niger.

Technical support for one intra-sectorial review meeting between NTDP and other MOH directorates

One key component of the NTD long-term sustainability strategy relies on close strategic coordination with other health programs such as malaria, maternal and child health, and nutrition, and with other sectors such as water, sanitation, and education. These programs often have established resources and platforms and usually serve the same target population as national NTD programs. By strengthening partnerships with other health programs and sectors, national NTD programs can integrate their interventions and existing service delivery platforms, communication, and messaging as well as identify resources to increase synergy, efficiency, and accountability to achieve the goals of NTD control and elimination. The integration will provide an opportunity to start identifying alternative solutions to fill the MDA gaps due to the changing funding landscape with respect to support for treatment of school – aged children (SAC) and high-risk adults in 63 districts endemic to schistosomiasis as SCIF will no longer be able to support SCH MDA beyond FY 2023.

Since FY 2021, Act | West has supported the MoH/NTDP to advocate for the strategic alignment and integration of NTDs in the respective and relevant sector and health programs policies as a critical step towards integrated service delivery in Niger. In FY 2022, a high-level engagement meeting is planned with key directorates of cross-sector ministries and NTD-adjacent health programs to sensitize them on NTD sustainability processes, leveraging cross-sector approaches and advocating for the inclusion of NTDs into their respective strategies and priorities. In FY 2023, as a follow up to this engagement, Act | West will provide technical assistance to the MoH/NTDP to hold a two-day technical review meeting with the technical teams of the various health programs and directorates within the MoH. This exchange meeting is planned to review the available service delivery platforms that can support the integration of NTD services and activities as several NTD programs are progressing towards their control and elimination objectives. WV will support the NTD programs to advocate for the integration of NTD activities into other health platforms (nutrition, malaria, immunization, community health, etc.) for the sustainable provision and inclusion of NTD prevention and treatment services within the health system.

Provide technical support for quarterly meetings to facilitate the operationalization of the national multisectoral coordination platform and its commissions.

Beginning in FY 2020, Act | West supported the MoH/NTDP to develop a roadmap process for establishing the Coalition Multisectorielle de Lutte contre les MTN (NTD Multisectoral Coalition) as a multisector coordination platform for NTDs in Niger. In August 2021, the MoH officially authorized the Coalition through a signed ministerial decree, and the multisector platform was officially launched in FY 2022.

In FY 2023, WV will provide technical support the MoH/NTDP to host one biannual meeting for the Coalition’s general assembly. This is to facilitate the implementation of the Coalition’s mandate and the institutionalization of this mechanism as the oversight committee for NTD sustainability plan in the country. Other NTD stakeholders in Niger that have partnered with Act | West in providing technical and financial support to the PNLMTN to establish the NTD Coalition will fund the second biannual meeting and subsequent quarterly meetings for the NTD Coalition’s five commissions, with continued technical assistance from Act | West . The meetings will foster buy-in and ownership from MoH leadership as well as ensuring that the Coalition has the resources required to function as the cross-sector coordination mechanism in Niger. A component of this support will include facilitated discussions and approaches with the MoH for long-term self-financing strategies of the cross-sector coordination mechanism beyond donor support. The desired outcome is to provide overall monitoring and oversight in ensuring that cross-sector coordination and collaboration with all sectors relevant to NTD programs is well established.

Support the PNLMTN with the continuous monitoring of the NTD-related commitments from the action plan of the National Assembly’s Parliamentary Network for Health Promotion and Immunization

In FY 2021 and FY 2022, Act | West provided technical support to the MoH/NTDP to hold advocacy meetings with the National Assembly Parliamentary Network for Health Promotion and Immunization for raising awareness of NTDs during parliamentary missions. Following this engagement by the MoH/NTDP, several commitments were made by the parliamentarians including the prioritization of NTD funding by the National Assembly Finance Committee for specific NTD activities. In addition, an action plan of ongoing engagements and priorities was developed for continuous support of the fight against NTDs in Niger.

In FY 2023, Act | West will continue to provide technical assistance to the MoH/NTD to monitor the progress in implementation of this action plan and evaluate the implementation of NTD action items by the Parliamentary Network for Health Promotion and Immunization. This two-day meeting will be led and chaired by the MoH/NTDP and led by the Resource Mobilization Commission of NTD Coalition, which will convene the members of the National Assembly Social Committee as the lead committee on health- related interventions, NTD program coordinators, and other NTD-adjacent sector representatives, as appropriate. This meeting will also be an opportunity for the MoH/NTDP to maintain ongoing engagement with the National Assembly to continue to advocate for increased and sustained national investments and prioritization of NTD-related functions in the national strategic plans and the local government operational plans.

Organize an annual meeting to assess the implementation of the joint action plan resulting from the PNLMTN collaboration with the Ministry of National Education.

WV supported the NTDP in strengthening collaboration with the Ministry of Education in FY 2021. The collaboration between the health and education sectors on NTDs, as well as the integration of NTDs in school curricula, were the subject of discussion leading to the development of an action plan for joint implementation. In FY 2022, Act | West supported the MoH/NTDP to hold two additional meetings to strengthen this health-education collaboration which culminated in the development, validation, and monitoring of the joint action plan as well as the integration of NTD activities in school health activities. In FY 2022, Act | West supported the PNLMTN to finalize the joint action plan document, which focused on three areas, namely, (1) advocacy and social mobilization for an enabling environment for the fight against NTDs in schools; (2) building the capacity of key actors in this environment; and (3) monitoring and evaluation. Support to be provided in FY 2023 will facilitate these areas for continued advocacy with the Ministry of National Education by the DLM and School Health Division to emphasize the key role played by education in the fight against NTDs.

In FY 2023, Act | West will provide technical assistance to the MoH/NTDP to continue to strengthen the engagement with the Ministry of National Education, a key partner to advance the fight against NTDs in Niger. This will be done through a two-day review meeting which will bring together all the relevant directorates of the Ministry of Education, the PNLTMN, and specific NTD Program Coordinators. The objective of this meeting is to monitor the implementation of the action plan resulting from the recommendations of the advocacy meeting with the Ministry of National Education held in FY 2021. The meeting will aim to operationalize and mobilize resources for the joint implementation action plan as well as raise awareness among education sector officials on the importance of integrating NTDs into school training programs.

Prioritized activities

Dissemination of the communication plan at the national level

The MoH/NTDP elaborated an integrated NTD communication plan that covers all the NTD-relevant communication activities including social behavior change messages around WASH-NTD best practices. This plan serves as a strategic orientation and reference document for planning IEC activities for NTDs and simultaneously defines the process of developing necessary education messages and materials. In FY 2021, Act | West supported the revision and validation of this integrated NTD plan with relevant stakeholders from the NTD, WASH, communication, and MOH sectors. In FY 2023, Act | West is going to support the dissemination of this communication plan at the national level through a three-day workshop in Niamey convening all the eight regions. As a result, managers at the operational level will take ownership of this document, which will serve as a reference for any communication action plan for NTD activities maximizing NTD programming interventions for sustainability.

Hold advocacy sessions with local governance bodies to promote inclusion of NTD priorities and services in Municipal Development Plans

Since FY 2021, the MoH/NTDP has engaged key regional municipalities with the support of NTD implementing partners. In FY 2022, with the support of Act | West in a pilot phase, the MoH/NTDP is planning to continue the engagement of local governance bodies for the gradual integration of NTDs into municipal development plans (the strategic operational plan guiding resource allocation and local development interventions across sectors) starting with the Department of Guidan Roundji. This support will include a one-day session to follow-up and determine progress on the commitments made during the engagement with the municipalities in the Department of Guidan Roundji. This approach supports the Government of Niger's ongoing decentralization efforts, thus providing a unique opportunity to integrate NTD services and priorities at the local governance level. Also, it is necessary to take advantage of the decentralized health system of national policies for the integration of health services and strengthening skills transfer to facilitate the inclusion of NTD services and the mobilization of local resources both for implementation as well as strategic planning. Currently, NTDs are still not included in operational strategic plans that guide medium-term resource allocation and local development interventions across all sectors in Niger. This is a missed opportunity to prioritize critical investments to fight NTDs, contribute to the NTD sustainability strategy, and maximize the limited resources and commitment of local governments in the NTD response strategy. Obtaining the commitment of parliamentarians with the Parliamentary Network for Health Promotion and Immunization made it possible to consider certain activities in the Network's action plan, and in combination with this engagement with the municipalities, there is a unique opportunity for a holistic advocacy strategy to promote the prioritization of NTD activities at different levels of governance in the country.

In FY 2023, Act | West will continue to provide technical support to the MoH/NTDP to continue advocating with local governance bodies for the inclusion of NTD priorities in their annual planning and strategies, in particular their municipal development plan. This second phase will extend to the Aguié Regional Department of Maradi, a department that shares a border with Nigeria and comprises two communes. This geographical situation leads to significant cross-border-fertilization that maintains hotspots and limits the success of mass treatments.

IR3 PLANNED ACTIVITIES: SCH, STH

Schistosomiasis

Plan and justification for FY 2023

MDA

No MDA is planned for FY 2023 with the support of Act | West.

DSA

No DSA is planned for FY 2023 with the support of Act | West.

Soil-transmitted helminths

Plan and justification for FY 2023

MDA

In FY 2023, Act | West will support treatment for STH through the LF MDA in one HD (Aguie).

DSA

No DSA is planned for FY 2023 with the support of Act | West.