



Act to End Neglected Tropical Diseases | West FY 2023 Work Plan-Senegal October 1, 2022–September 30, 2023

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ACRONYM LIST

ANACMU	The National Agency for Universal Health Coverage
CBTI	Community-Based Treatment with Ivermectin
CDD	Community Drug Distributor (known locally as “DC, distributeur communautaire”)
CDTI	Community Directed Treatment with Ivermectin
CNLMTN	Comité National de la Lutte Contre les Maladies Tropicales Négligées (National Committee for the Fight Against Neglected Tropical Diseases)
CS	Community Supervisor
DCMS	Division du Contrôle Médical Scolaire (School Health Control Division)
DGSP	Direction Générale de la Santé Publique (General Directorate of Public Health)
DHIS2	District Health Information System 2
DHMT	District Health Management Team (Medecin chef de district)
DLM	Direction de Lutte contre la Maladie (Disease Control Directorate)
DSA	Disease-Specific Assessment
ECD	Equipe Cadre de District (District Executive Team)
ECR	Equipe Cadre de Region (Regional Executive Team)
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases
FTS	Filariasis Test Strip
HD	Health District
HP	Health Post
IA	Inspecteur d’académie (Academy Inspector)
IEC	Information, Education and Communication
IEF	Inspection de la Formation et de l’Education (Training and Education Inspectorate)
JAP	Joint Application Package (WHO)
JRF	Joint Reporting Form (WHO)
JRSM	Joint Request for Selected PC Medicines (WHO)
M&E	Monitoring and evaluation
MDA	Mass Drug Administration
MDCEST	Le Ministère du Développement Communautaire, de l’Equité Sociale et Territoriale (Ministry of Community Development and Social and Territorial Equity)
MEN	Ministere de l’Education Nationale (Ministry of National Education)
MSAS	Le Ministère de la Santé et de l’Action Sociale (Ministry of Health and Social Action)
NTD	Neglected Tropical Disease
OMVS	Organisation pour la Mise en Valeur du Fleuve Sénégal (Organization for the Development of the Senegal River)
PC	Preventive Chemotherapy
PNA	Pharmacie Nationale d’Approvisionnement (National Supply Pharmacy)
PNEFO	Programme National pour l’Elimination de la Filariose Lymphatique et de l’Onchocercose (National Program for the Elimination of Lymphatic Filariasis and Onchocerciasis)
PNEL	Programme National d’Elimination de la Lèpre (National Leprosy Elimination Program)

PNLBG	Programme National de Lutte contre les Bilharzioses et Géohelminthiases (National Bilharziasis and Geohelminthiasis Control Program)
PNEVG	Programme National d'Eradication du Ver de Guinée (National Guinea Worm Eradication Program)
PNLMTN	Programme National de Lutte contre les Maladies Tropicales Négligées (National Program for the Control of Neglected Tropical Diseases)
PNPSO	Programme National de Promotion de la Santé Oculaire (National Eye Health Promotion Program)
RHMT	Regional Health Management Team
RM	Region médicale (medical region)
SAFE	Surgery, Antibiotics, Facial cleanliness, and Environmental improvement
SCT	Supervisor's Coverage Tool
SLAP	Service de Lutte Antiparasitaire (Parasite Control Section)
SMM	Sustainable Maturity Model
SNEIPS	Service National de l'Éducation et de l'Information pour la Santé (National Health Education and Information Service)
SOP	Standard Operating Procedures
TA	Technical Assistance
TAS	Transmission Assessment Survey
TF	Trachomatous Inflammation – Follicular
TI	Trachomatous Inflammation – Intense
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TRA	Trachoma Rapid Assessment
TSS	Trachoma Surveillance Survey
TT	Trichiasis trachomatous
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Out of the 17 Neglected Tropical Diseases (NTDs) targeted in the African Region by the World Health Organization (WHO), 14 are endemic in Senegal. Senegal has identified five preventive chemotherapy NTDs (PC-NTDs): (lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminths (STH), trachoma) and nine case-management NTDs (leprosy, Guinea worm, rabies, leishmaniasis, dengue, snakebite envenomation, mycetoma, scabies, human African trypanosomiasis) that are prevalent in the country.

To combat and reduce the burden of NTDs, Senegal has developed and implemented three NTD Master Plans since 2006. In FY 2022, the National NTD Control Program (PNLMTN) developed its 2022-2025 NTD Master Plan.

Since 2012, with the support of partners and donors, especially USAID through ENVISION (2012-2018), Act | West (from 2018-present), and the political will of Senegalese authorities, demonstrated through the strategic documents produced by the Ministry of Health and Social Action (MSAS), significant progress has been made. The PNLMTN has understood the importance of sustainability and multi- sectoral approach for NTDs and has developed a sustainability plan which is part of the 2022-2025 Master Plan. The country has set up a national multisectoral committee against NTDs (CNLMTN) for better ownership by other sectors involved in combating NTDs. This progress makes it possible that Senegal will be able to eliminate trachoma, lymphatic filariasis, and onchocerciasis as a public health problem by 2030.

At the institutional level, the PNLMTN is part of the Disease Control Directorate (DLM) which is an entity of the General Directorate of Public Health (DGSP). The PNLMTN is composed of five programs: the National Leprosy Elimination Program (PNEL), the National Eye Health Promotion Program (PNPSO) (including trachoma), the National Bilharziasis and Soil Transmitted Helminthiasis Control Program (PNLBG), the National Lymphatic Filariasis and Onchocerciasis Elimination Program (PNEFO), and the National Guinea Worm Eradication Program (PNEVG). Each program is headed by a coordinator. The management of other NTDs is attached directly to certain programs or services: leishmaniasis to the PNEL, rabies to the PNEVG and dengue by the Parasite Control Section (SLAP).

While several programs exist, the fight against NTDs is coordinated by the PNLMTN coordinator, and activities are implemented in an integrated manner wherever possible in accordance with WHO recommendations. The PNLMTN staff consists of a PNLMTN coordinator, a drug supply manager, a data manager, a communication officer, a financial officer, secretaries, and drivers. The program relies on DLM staff to support financial management, data management, communication, and monitoring and evaluation (M&E). A human resources deficit within the PNLMTN may constitute a major difficulty in the implementation of activities in the field. There is close collaboration with technical and financial partners who support the PNLMTN in planning, implementation, coordination, M&E, and the development of tools.

Each medical region (RM) and health district (HD) has an NTD focal point. These focal points are responsible for ensuring the implementation and monitoring of NTD activities at the operational level. They report directly to the heads of the RM or HD.

The PNLMTN's annual work plans are developed with the participation of partners and evaluated each year. The work plan includes activities for each specific NTDs program, such as trainings, mass drug administration (MDA) campaigns, surgical camps (trachoma), social mobilization, data review, and validation meetings.

Despite the efforts of the Government and its partners during the 2021 World NTD Day celebration to mobilize private sector resources for the fight against NTDs, funding for program activities is still insufficient. For example, funding for LF case management is not available. For several years, the SCH only or SCH + STH MDA were not carried out due to lack of funding. The program endeavors to mobilize resources through domestic financing for certain essential activities. In FY 2023, the program plans to strengthen its capacity to mobilize resources from public and local governments.

In the context of sustainability, efforts have been made to integrate NTD data into the health information management system of the MSAS. The challenge is ensuring data quality – the PNLMTN wants to improve the quality of the data reported by the operational levels.

The PNLMTN is supported by the National Hygiene Service, the Directorate of Mother and Child Health, which ensures deworming for pre-school children during yearly vitamin A supplementation days; the Ministry of Education (MEN), which participates in the preparation and implementation of MDA campaigns, LF disease specific assessments (DSA), and SCH impact evaluation surveys; and the Cheikh Anta Diop University of Dakar , which supports the development and implementation of survey and research protocols.

IR1 PLANNED ACTIVITIES: LF, TRA, OV

Lymphatic Filariasis (LF)

Planned activities for FY 2023

LF+SCH MDA in three HDs

In FY 2023, out of the 51 endemic HDs, only three HDs will organize LF MDA. These HDs are in the Saint Louis RM (Pété HD) and in the Louga RM (Coki and Louga HDs) and are financially supported by The END Fund for the operational costs of the MDA. No financial support is requested from USAID for this activity.

pre-TAS in two HDs

Pre-TAS will be organized in two HDs (Coki and Louga) in FY 2023. The two HDs have undergone four effective treatment rounds. Once these two HDs will conduct their fifth round MDA in FY 2023 and achieve an epidemiological coverage rate greater than 65%, they will be eligible for pre-TAS. The pre- TAS will be conducted with the financial and technical support of Act | West in FY 2023.

TAS1 in seven HDs (six EUs)

The PNEFO proposes to conduct TAS1 in seven HDs (six EUs) in FY 2023. These are the seven HDs where pre-TAS is planned in June–July 2022 including Kedougou and Salemata (in the RM of Kedougou), Linguere and Keur Momar Sarr (in the RM of Louga), Kaolack (in the RM of Kaolack), Khombole (in the RM of Thies) and Diouloulou (in the RM of Ziguinchor). The district of Kedougou and Salemata will be combined to form a single EU, as they have a common border, similar prevalence, and a combined total population of 135,448 inhabitants.

TAS2 in 14 HDs (13 EUs)

TAS2 will be conducted in 14 HDs (13 EUs) in FY 2023. These 14 HDs, Bambey and Mbacke in the Diourbel RM; Kolda and Velingara in the Kolda RM; Bakel, Kidira, Dianke Makha, Tambacounda and Koumpentoum in the Tambacounda RM; Joal Fadiout, Thies, Mbour, Thiadiaye and Tivaone in the Thies RM, passed TAS1 in FY 2021 with was conducted with technical and financial support from Act | West. Kolda and Velingara HDs will be combined to form an EU, as they share a common border, similar prevalence, and a combined total population of 693,535 inhabitants.

TAS3 in three HDs (one EU)

TAS3 will be conducted in three HDs (one EU) in FY 2023. The three HDs in the RM of Sedhiou (i.e., Sedhiou, Goudomp and Boukiling) successfully conducted TAS2 in FY 2021 with funding and technical support from Act | West.

LF morbidity patient estimation in eight HDs

Findings from the Senegal MMDP Situation Analysis completed in FY 2020 revealed that CDD-reported morbidity data for lymphatic filariasis (hydrocele and lymphoedema) has been collected during MDA since 2018. However, the PNEFO (National LF and OV Elimination Program) has expressed concerns regarding the quality of the MMDP data collected during MDAs. Although the CDDs go door-to-door within their catchment areas to distribute drugs and have images depicting lymphedema and hydrocele that they can show to community members when asking if there are known cases of these conditions in the household or community, the MMDP situation analysis showed that CDDs are still not providing comprehensive MMDP data. Instead, the CDDs are more focused on drug administration and management of the MDA than in collecting morbidity information. Because of this the PNEFO believes that cases are underestimated and is concerned about the quality of data on LF complications.

Senegal has made significant progress towards elimination of LF as a public health problem. As of May 2022, 41 out of the 51 LF-endemic districts have passed TAS1 and stopped MDA. Eight districts are due to conduct TAS1 in June 2022 and another seven districts will conduct pre-TAS in FY 2022. Despite these achievements in reduction of LF prevalence, morbidity management has been hampered by poor quality LF morbidity data in many districts, as described above. To improve access to MMDP services, there is need to document the number of patients with lymphoedema or hydrocele to facilitate the planning of MMDP service provision as well as to support LF elimination dossier preparation. As such, the PNEFO requests the support of Act | West, with technical support from ALM, to better estimate the number of patients with lymphoedema and hydrocele in 8 HDs.

To inform LF case management, the PNEFO is proposing a case search activity in HDs within the region of Thiès to understand the LF burden in the selected HDs. Three HDs will conduct TAS1 (Pout, Popenguine, and Khombole), and five HDs will conduct TAS3 (Joal-Fadhiouth, Mbour, Thiadiaye, Thiès, and Tivaouane). The PNEFO selected the districts of Thies because PNEFO has not been able to provide hydrocele surgery opportunities in this region, and having recent, robust data will help in attracting funding from local or international partners. A two-stage approach will be used to identify lymphedema and hydrocele cases. First, Community Health Volunteers (CHV) will be trained to identify suspected cases of lymphedema and hydrocele with the aid of case photos and simple signs and symptoms. In the second stage, trained nurses in health posts will examine and confirm suspected cases identified by CHV. The CHV will visit all houses in their assigned catchment area. Households listed in MDA community registers will be used as guide while ensuring that households not listed in the registers are also visited. The CHV will register suspected cases with a form which will be submitted to the health post nurses to trace the patients for case confirmation. The CHV will also issue a card to suspected patients which the patient can use to visit the nearest health post for examination and

confirmation. Nurses will follow up suspected cases listed on the forms who do not voluntarily visit the health post for examination and case confirmation. Act | West will provide technical assistance to the PNEFO to train nurses and CHVs and to adapt tools developed from case finding activities in Côte d'Ivoire. Given that no further MDA is anticipated in these eight HDs, this case search approach will be community-based.

Support lymphedema management training at the community level in eight HDs (ALM)

The case identification completed as part of the LF morbidity case finding activity will provide valuable data regarding the MMDP needs and burden within HDs as post-MDA surveillance continues. The PNEFO of Senegal has been making progress towards the LF elimination targets, including the designation of facilities to provide MMDP services based on the WHO essential package of care and ensuring availability of services for all persons with LF-related complications (lymphoedema and hydrocele). However, for services to be adequately delivered, there is a need to improve capacity at the HP level.

Within the MMDP strategic plan, Objective 3 is “to increase the quantity and quality of human resources for the management of the target diseases by 2025 (LF and Trachoma).” The management of lymphedema requires specific consumables, medications, procedures, and skills that need to be provided at various health facility levels. The PNEFO has previously organized a training of master trainers for HP facility managers and HD officers (Equipe Cadre de district, ECD) in four of the 51 endemic districts. The training took place within the Diourbel region. This leaves a gap of 47 LF endemic districts that require capacity building in LF MMDP services where there are known cases.

In FY 2023, the PNEFO of Senegal will train health workers at the community level on lymphedema management to support service availability and improve access to the essential package of care for all persons with lymphedema in the selected eight HDs where LF cases will be identified.

Given the number of LF-endemic HDs in Senegal, ALM will also plan to work with the PNEFO to identify ways to use this activity as a possible advocacy tool within the MOH to ensure a more sustainable approach to capacity-building (and knowledge transfer) can be implemented, rather than continuing to rely on partner support to ensure health workers can manage lymphedema. The lymphedema management training, as planned, will be led by the PNEFO's central-level team, along with the regional and district-level PNEFO focal points from the Thies region and will target the health center-level nurses throughout the Thies region. However, there are still many districts where nurses have not received this training. As part of this training activity in Thies region, Act | West will include discussions with the PNEFO on possible ways to integrate training for other HDs into other activities, or other sustainable strategies for scaling up lymphedema management training, rather than holding stand-alone trainings.

The PNEFO requests the support of Act | West to implement this training in the eight HDs of Thies region following a case search. The program will train the district and regional management teams on lymphedema management using the WHO recommended essential package of care, so they are prepared to cascade the training to the lower level.

LF dossier development workshops

In FY 2023, the NTDP will organize two workshops to facilitate development of the first draft of the LF elimination dossier narrative and update the dossier data template with all MDA, DSA, morbidity and other M&E survey data collected to date. During the orientation workshop, the NTDP with the support of partners will review dossier requirements, templates, and all collated LF program data in readiness for the development of a first draft of the LF dossier narrative. During this workshop, the dossier data template will be updated with all program data to date and a scope of work created for a consultant to develop a first draft of the dossier

narrative, which will facilitate hiring of the consultant soon after the first workshop. The orientation workshop will be facilitated by the Act | West LF focal point in the first quarter of FY 2023 and attended by the NTDP technical and M&E teams, as well as other NTDP partners including The End Fund. The second workshop will be held after the consultant has completed the first draft dossier narrative and will be used to review the narrative and make recommendations for finalizing the first draft. The NTDP will subsequently update both the draft dossier narrative and data template with additional information on an annual basis.

Trachoma

Planned activities for FY 2023

Trachoma Desk Review

The trachoma elimination dossier requires a comprehensive view of trachoma endemicity in all districts of the country. However, since 2000, the HDs of the Dakar region have not been reassessed. The context of the RM of Dakar has evolved since 2000, and in the neighborhoods of the suburbs, overcrowding, lack of hygiene, and lack of clean drinking water have been noted. The populations in these neighborhoods often include migrants who are from formerly endemic places in Senegal and currently endemic places outside of Senegal. The PNPSO, whose objective is to submit the dossier for the elimination of trachoma as a public health problem by 2025, intends to carry out a desk review in FY 2023 in four HDs in Dakar Banlieue (Guédiawaye, Rufisque, Keur Massar and Yeumbeul). Using the protocol developed during the 2020 “Workshop to develop a protocol for trachoma confirmatory mapping desk review,” the PNPSO will review available data (at central level and additionally from health facilities within the HDs if needed) to ensure comprehensive data availability for the dossier.

Trachoma elimination dossier development meetings

In view of the achievements of the PNPSO toward trachoma elimination, in FY 2023, Act | West will support the PNPSO to organize meetings to develop the elimination dossier. National experts, former coordinators, the PNPSO team, and partners will meet twice. Act | West will support all costs for these meetings because Sightsavers will continue to provide support for the management of TT cases. In April 2021, the PNPSO in collaboration with Act | West organized a meeting of trachoma experts who had recommended starting the development of the trachoma dossier. However, there has been a delay in the start of this activity due to COVID-19. In 2022, it is planned to organize the meeting of experts and relaunch the development of the dossier. Sightsavers will recruit a consultant to support the development of the trachoma dossier.

Onchocerciasis (OV)

Planned activities for FY 2023

MDA for OV in one HD

Velingara HD in Kolda RM will conduct MDA for OV. Velingara HD is endemic for LF and SCH, but in FY 2023 it will conduct an OV-only MDA, because the HD passed TAS1 in FY 2021 and has low endemicity for SCH and therefore conducts SCH MDA once every two years (and was treated in FY 2022). In FY 2023, the OV-only MDA is planned in the four endemic Health Posts (HPs).

MDA for OV + SCH in seven HDs

The seven districts in the RMs of Tambacounda (Tambacounda, Goudiry, Dianké Makha, Kidira) and Kedougou (Kédougou, Salémata, Saraya) will conduct OV/SCH MDA. Since 2018, The END Fund has funded MDA in these regions, which will again be the case in FY 2023, and therefore, no financial support is requested from USAID for this activity.

Annual meeting of the OV expert committee

In FY 2023, to support efforts towards the elimination of OV, Act | West will, in collaboration with PNEFO, hold a three-day meeting of the OV expert committee. This meeting will be an opportunity to follow up on the OV elimination plan whose elaboration will start in FY 2023.

OV elimination plan development consultant

In view of Senegal's progress, and assuming the analysis of the samples collected in 2019 by ELISA OV-16 take place before the end of FY 2022, FHI 360 will recruit a consultant to start developing the OV elimination plan. The consultant will meet twice (LOE only) with the PNLMTN and Act | West to discuss plan development.

Workshop to review Senegal OV Elimination Plan

Senegal has been organizing mass treatment against OV for more than 30 years. The entomological surveys of 2019 showed encouraging results that were presented to the experts at the 2021 meeting. Experts meeting in Dakar in 2021 recommended that the samples taken in 2019 for OV 16 analyses be made to inform the OV roadmap in Senegal. With the support of The END Fund, OV 16 analyses are underway, and the results will be available before the end of FY 2022. In FY 2023, in collaboration with the PNLMTN, Act | West will host a workshop to review an OV elimination plan (following two other LOE-based meetings with the consultant to help develop the plan). This workshop will be held in Dakar with OV expert participation.

IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**Systems Strengthening****Data Security and Management**

Since 2020, the PNLMTN has made it a priority to integrate NTD indicators into the DHIS2, including NTD data entry into the DHIS2 platform, which commenced in 2021. Thus, for better security and increased ownership of NTD data at the national and district levels, this data is now stored in the DHIS2 platform. To date, all data related to the 32 selected indicators for the various NTDs supported in Senegal has been integrated into the DHIS2, and data entry is mainly done through the DHIS2. In addition, the authorities are committed to supporting the program to improve the management of NTD data, as evidenced by the ministerial note of February 2021 inviting the RMs and HDs to start data entry. The use of DHIS2 will improve the system of collection, storage, analysis of NTD data as well as the security and integrity of these data.

NTD data review workshop in DHIS2

In FY 2022, Act | West initiated support to the program to hold workshops to review the NTD data already integrated into the DHIS2 platform by the HDs and RMs. The aim is to ensure data completeness and quality in DHIS2. The review presents opportunities for experience sharing, peer correction, and appropriation of program data by HDs and RMs. NTD data is presented following a template designed and used by all the RMs collected by geographical zone. These reviews last three days and involve the NTD focal points, DHIS2 data managers, and district and regional management teams.

In FY 2023, Act | West will again support the NTPD in organizing four concurrent data review workshops that will bring together neighboring regions in four different locations. This will allow the PNLMTN to continue its effort to integrate NTD data into DHIS2 to ensure more secure storage of NTD data and data driven decision making and course-correction in the implementation of interventions, as needed.

This approach will also allow for greater ownership of NTDP data by district and regional management teams in

that each team will present data from their area, identify challenges, and discuss with other districts and regions what improvements are needed.

These reviews will be used as an opportunity to assess the completeness of the data, analyze the consistency, and proceed with validation.

Integrated supervision in three RMs to improve quality of NTD data in DHIS2 and effectiveness of MDA processes

With Act | West support, the PNLMTN has developed and validated a sustainability plan to sustain accomplishments and strengthen the management of NTDs at the operational level to achieve the objectives of elimination and control. To monitor integration of NTD activities into regular operations, the PNLMTN will collaborate with its partners to organize an integrated supervision of NTDs in the RMs.

In 2021, the WHO funded integrated supervision in the Kedougou and Tambacounda regions, and the Organization for the Development of the Senegal River Basin (OMVS) funded supervision in the Matam region. These integrated supervisions covered different aspects including assessing the integration of NTD control into routine activities at the operational level; appreciating the integration of NTDs into the community-level activity package; assessing the reporting of data in the DHIS2 platform; verifying the archiving of MDA campaign management tools; specifying the level of knowledge of the actors on NTDs; checking the availability and use of NTD communication media at the services delivery points; assessing the quality of NTD care; assessing the availability and use of management materials (notification form, case definitions, etc.); assessing compliance with NTD monitoring procedures; assessing the level of implementation of community-based monitoring of NTDs; checking the availability of drugs and medical products for routine treatment of PC-NTDs and for case management; and identifying challenges and propose plans for resolving challenges. This supervision carried out in 2021 identified the following difficulties: lack of staff training (providers and community actors) on NTDs, low level of reporting of NTD data in the DHIS2 platform, lack of communication activities on NTDs, and unavailability of certain NTDs drugs for routine providers. Building on the 2021 exercises, the NTDP will reorganize the integrated supervision to focus on more pressing challenges and developing more actionable plans.

In FY 2022, Act | West will support integrated supervision in three RMs. This activity is planned for the first quarter of FY 2023 as a rollover activity. The integrated supervision is a field monitoring of several activities with an evaluation of scoring (by activity or indicator. It includes 7 elements: i) NTD knowledge (by health workers ii) case management iii) drug availability, iv) communication about NTDs, v) Reporting of NTD data/indicators integrated in the DHIS2, vi) archiving of MDA management tools and vii) WASH activities. In June 2022, during the political validation of the 2022-2025 Master Plan, the MSAS's Chief of Staff recommended that RMs and HDs include an update on NTDs in their coordination meetings. Joint supervision will make it possible to verify the effectiveness of this request from the Ministry.

For FY 2023, Act | West will support integrated supervision in Thies, Louga, and Saint Louis regions, which have not yet benefited from integrated supervision. The purpose of FY 2023 supervision in these three regions is twofold: improve quality of NTD data in DHIS2 and supervise processes for effective implementation and monitoring of MDA. More specifically, the integrated supervision will assess the level of data reporting in the DHIS2 platform, availability and use of reporting forms (notification form, case definitions, etc.), and compliance with NTD community-based monitoring procedures. Following each integrated supervision, the team will identify challenges and propose plans for resolving them. The district management team and the regional management team will be responsible for following the implementation of the actions identified in the plans, fostering ownership of routine NTD activities.

Technical assistance to strengthen NTDP data security policies, procedures, and protocols in alignment with MSAS guidance and based on data security best practices

In FY 2023, Act | West will support the NTDP to finalize the data security policy review to further strengthen and sustain NTD data security and identify opportunities and gaps related to policies, written protocols, and procedures. The technical assistance will help document current data security processes and procedures and will include a three-day workshop with the NTDP and other MSAS staff to discuss and prioritize recommendations. This activity was approved in the FY 2021 work plan, rolled over to FY 2022, and reprogrammed to FY 2023.

In FY 2022, Act | West worked with the NTDP to draft the current state assessment, leveraging questionnaire responses from the NTDP and a series of remote consultations with MSAS stakeholders. In FY 2023, Act | West will continue these efforts during a workshop to discuss and validate findings and recommend improvements to current MSAS policies and best practices to secure the collection, transfer, and storage of data. The recommendations will be limited to policies and procedures, building upon MSAS guidance, and will not include the purchase of additional software or hardware. These recommendations will result in either their adoption and implementation by the NTDP, or if needed, the creation of a simplified NTD data security policy SOP that can document and institutionalize data security practices and be distributed amongst NTDP staff. Once the NTDP has prioritized the most critical recommendations and identified needed support from Act | West, Act | West will support the rollout and implementation of this SOP, which could include an orientation session and the creation of data security job aids.

Drug Management

The national public supply system, called the National Supply Pharmacy (PNA), along with its regional affiliates, Regional Supply Pharmacies (PRAs) that ensure drugs distribution to the operational level, is responsible for distribution from the central level to the service delivery points. The PNLMTN, in collaboration with Act | West, quantifies the need for drugs and other NTD products. Procurement includes completing and submitting the Joint Application Package (JAP) to WHO. Since 2021, the PNLMTN has a drug management manual for NTDs based on the SOPs developed by the WHO, which have been revised and adapted according to the country's current standards.

Quantification of MDA drugs, tally sheet, and communication support

The quantification of drugs will be based on the recommendations from the WHO Roadmap by disease (LF, OV, SCH, and STH) and the MDA target population for each district. Thus, for optimal drug management, the quantity of drugs remaining at the level of the PRA/RMs from prior MDAs (computed through inventories) is considered in the quantification of the needs. The Act | West team supports the PNLMTN in updating the drug quantification file.

The estimation of data management tools and communication tools for each RM are made on the basis of need and availability at RM level. Working sessions are held by the PNLMTN with this purpose in mind prior to the MDA. For FY 2023, Act | West will work in collaboration with the PNLMTN on the following activities:

- **Support the submission of complete donated drug applications**

Act | West will assist the PNLMTN in filing the JAP for submission to WHO with sufficient time prior to the MDA, to ensure that the overall JAP is of high quality and facilitate any necessary follow-up with WHO headquarters. It will also ensure timely approval and shipment of the requested drugs. FHI 360 receives a copy of the requests submitted to WHO from the DLM.

Act | West will support the PLMTN in updating the data on disease endemicity and population by district for the purposes of the drug application form, as well as the survey data in the Epidemiological Data Reporting

Form. This technical support will occur during the working sessions organized by the program; follow-up meetings are held during the monthly program coordination meetings.

- **Evaluation of NTD Warehouse Facilities and Processes in Five RMs**

During FY 2022, an evaluation of the NTD warehouse facilities and processes was implemented in five PRAs, based on a need identified by the PNLMTN for this critical activity. FHI 360 developed the tools used during this evaluation. Difficulties related to the management of NTD drugs were identified, including the lack of regular inventory by the PRA managers (through a monthly follow-up as with the drugs for other programs) and storage facilities not meeting the standards (absence of thermohydrrometer, fans or air conditioners, proper aeration). Recommendations were made to the regions to improve the management of NTD drugs in PRAs. To follow up on recommendations and to assess the storage conditions in the other PRAs, the PNLMTN is keen to implement this activity in five other regions (PRAs) in FY 2023. Act | West will collaborate with the PNLMTN to evaluate NTD warehouse facilities and processes in these five other RM.

- **Support for PRAs' post-MDA monitoring of MDA drugs in 12 RMs**

After MDA, challenges often arise in returning medicines from the HD level to the PRA/RM level. The leftover drugs returned by the HDs are stored at the level of the PRAs (10) and the RMs (2) that do not have a PRA. The difference between the stock sheet and the physical stock is significant, often without much explanation.

In FY 2023, Act | West will support reverse logistics in Senegal to address these challenges, including financial support to the PRA/RM to return and secure the remaining drugs following MDA. After the MDA, PRA managers will compare the expected quantity of drugs remaining to the actual quantities deposited by the HDs. The various reports from the RM will be sent to the PNLMTN and will provide a clear picture of the quantity of drugs remaining in the country after the MDA. After analysis, the responsible PRA will share verified information on where the gaps are greatest with district-level officials and offer formative supervision on stock management. They will also report the remaining medicines to the HP level.

- **Preventing the expiration of donated NTD drugs and diagnostics**

To prevent the expiration of drugs and diagnostics, drug management will be based on the “first expired, first out” principle, which minimizes the risk of loss due to expiration by ensuring that stocks with the closest expiration dates are used first. Proper drug management also helps to keep storage areas tidy and more spacious. Act | West will ensure that stock management sheets for each drug (IVM, PZQ, ALB) are up to date in all storage locations for NTD drugs, in collaboration with the PNLMTN and PRAs.

Act | West supports this process in several ways. In the FAA deliverables, pre- and post-MDA inventory are required. Act | West assists in the development of the stock management sheets used by the PRAs and analyzes the information provided with the program monitors. Following the analysis, Act | West supports the program to develop recommendations for each region and supports the follow-up of these recommendations during joint supervision or when participating in coordination meetings. The SOP on FEFO will also be employed.

- **Drug inventory before and after MDA**

For better management of NTD drugs, the PNLMTN makes an annual inventory of drug stock at the PNA level before and after MDA. This same exercise is implemented at the PRAs, and inventory reports are

shared with Act | West. In FY 2023, Act | West will continue supporting the PNLMTN to implement the inventory and develop the synthesis of inventory reports of pre- and post-MDA drugs.

Technical assistance to strengthen prevention, monitoring, and management of adverse events (AEs) and serious adverse events (SAEs)

Act | West will encourage the DLM and the Regional Executive Teams (ECRs) and District Executive Teams (ECDs) of the RMs supported by Act | West to actively refer to the “Managing Adverse Events following Mass Drug Administration and Serious Adverse Events” handbook during MDA events. Also, they will encourage those ECRs and ECDs to react expeditiously to AEs, informing the Poison Control Center (the technical arm of the MSAS for the management of AEs) quickly and providing a copy of the report to the DLM. Act | West will also work with the PNLMTN to ensure greater focus on the AE/SAE component in the cascade training for ECRs, ECDs, ICPs, and drug distributors before MDA. In the event of any SAEs in HDs supported by Act | West, Act | West Senegal will inform its home office within 24 hours and will encourage the DLM to inform the MSAS’s Poison Control Center, drug donation programs, and WHO within the same period. Regional focal points (Act | West program assistants at the regional level) will ensure that any AEs are reported during MDA supervision. Act | West will support the NTDP to fill out the WHO SAE form if any occur during MDA, and the NTDP will provide the information to Act | West headquarters to transmit the information to USAID. The Poison Control Center will be invited to be part of the MDA supervision teams, to strengthen surveillance and remind MDA teams of the AE reporting process.

Sustainability

Summary of Work to Date

Senegal is in Phase 4 of the sustainability approach as defined in the USAID sustainability framework and has completed the political validation of the Sustainability Plan. During Phases 1-3, the NTDP held a sensitization meeting to secure buy-in from key stakeholders and conducted a baseline analysis of the NTD environment, leading to stakeholders’ identification and barriers and opportunities analysis for cross sector collaboration.

Additionally, the NTDP completed the guided self-assessment using the Sustainable Maturity Model (SMM) with support from Deloitte, FHI 360, and World Vision. The SMM contributed to the development of the Sustainability Plan, which was later endorsed during the political validation workshop. Throughout the sustainability approach, the NTDP conducted multiple TIPAC (Tool for Integrated Planning and Costing) data entry and analyses activities which helped the program to effectively identify the program’s funding needs, as well as strengthen its financial management capacity. Since the political validation, during Phase 4, the NTDP has been actively working on implementing the sustainability plan activities, despite COVID-19 related challenges. In FY 2021, the NTDP established and launched the national committee for the fight against NTDs, developed action plans for the multisectoral commissions, held a major advocacy meeting with local authorities for a greater and more sustained commitment to the fight against NTDs at the operational level, and developed a pilot project for the integration of NTD priorities at the level of two HDs (Kedougou and Kounghoul), for which the matrix for operationalizing this integration has been developed and finalized.

In FY 2022, Act | West supported the NTDP to build on existing efforts by 1) conducting TIPAC data entry and analysis to identify funding gaps to inform future advocacy related activities, 2) facilitating a three-day workshop to validate findings from a current state assessment of the NTDP’s data security policies

and provide recommendations as needed to strengthen and standardize policies, and 3) preparing a roundtable for the mobilization of domestic resources in the fight against NTDs.

Governance

USAID has prioritized governance as foundational to ensuring progress towards sustainability. The functions which fall under governance are policy, financing, and coordination (i.e., cross sector collaboration). In this section, the activities prioritized within these functions are described, with emphasis on the opportunity, challenges, and desired outcome.

Provide technical support for quarterly meetings of the multisectoral coordination committee and its commissions

Since 2021, Senegal has had a multisectoral coordination platform for NTDs officially launched by the MSAS. In FY 2022, Act | West provided technical assistance to the DLM/PNLMTN for the development of terms of reference for its six commissions: 1) a scientific commission for operational research, parasitic and entomological aspects, and vector control; 2) a commission for advocacy and resource mobilization; 3) a training commission for clinical and therapeutic aspects; 4) a commission for community-based interventions, prevention, and information, education, and communication (IEC); 5) a commission for coordination, monitoring, and evaluation; and 6) a commission for WASH-NTD synergies and interventions. This involved an overall review of the various implementation plans of all cross-sectoral stakeholders, as well as identification of priorities extracted from the sustainability plan, to develop a responsive monitoring plan for the sustainability plan activities.

To maintain the momentum of the participation of other sectors in the fight against NTDs and motivate their membership in the Committee after the launch in 2021, in FY 2023, Act | West will provide technical support to the CNLMTN quarterly meetings for its six commissions, with financial support for two of the four meetings. The other two meetings will be co-financed by other NTD partners with in-kind contributions from the MSAS. The support requested for these initial meetings is to assist with operationalization of the platform since its official launch, develop a budget required for continued rotational meetings, and advocate for increased MSAS commitment and ownership of its functionality. These meetings will facilitate the implementation of the commissions' mandate as well as provide an accountability structure for the implementation of the NTD sustainability plan interventions. In addition, Act | West's technical approach includes consolidation of progress towards effective joint planning and implementation across sectors and program, as well as developing innovative financing alternatives to sustain ongoing coordination meetings for the six CNLMTN commissions.

Support the PNLMTN to validate an approach for the integration of NTD services and morbidities into the national health insurance package of benefits

The integration and coverage of NTDs services within the existing universal health care package of benefits is a key intervention for sustainable NTD programming in Senegal. UHC is also a priority platform to leverage for the integration and financing of NTD services as mentioned in the NTD sustainability plan. The National Agency for Universal Health Coverage (ANACMU), housed within the Ministry of Community Development and Social and Territorial Equity (MDCEST), is responsible for implementing the national UHC development strategy. Since FY 2021, through a phased approach, Act | West has supported the MSAS/PNLMTN to engage the ANACMU to examine the feasibility for the inclusion of NTD-related morbidities into the existing community health insurance package of covered benefits. To achieve this, Act | West is providing technical assistance to the DLM/PNLMTN to hold a series of technical consultations with the ANACMU and other relevant stakeholders to conduct a needs assessment of the

current benefits package, identify gaps in coverage for NTD services and morbidities, review the eligibility criteria for subsidized enrollment for those affected by NTDs, and propose an approach to revise the current package to include NTD services and morbidities into the existing package of benefits.

Building on these findings, in FY 2023, Act | West will support the DLM/PNLMTN to design a technical approach to integrate NTD services within the package of care benefits and present it to decision-making stakeholders for validation and adoption. Initially proposed in FY 2022, this step will be rescheduled for FY 2023 to allow the DLM/PNLMTN and relevant partners time to finalize the feasibility and scoping assessment for this approach based on the contextual socio-economic needs of the targeted NTD-endemic communities. This will involve a three-day meeting to present a proposed roadmap for integration and technical considerations required to revise the current package of benefits. A decision-making matrix will be developed to ensure appropriate engagement of relevant stakeholders at various stages of the design, review, and validation of the revised and updated package of benefits.

Once the approach is presented to the stakeholders and feedback is obtained for its refinement, the integration process will require a strategic validation by the leadership of the MSAS and MDCEST directorates for a cross-ministerial policy integration. The MSAS and MDCEST leadership, CNLMTN, and other decision-making stakeholders will be engaged for advocacy of this integration approach with continuous engagements of the ANACMU and high-level cross sector stakeholders as relevant. WV will support DLM/PNLMTN to prepare for a one-day high-level engagement meeting for this strategic validation of the proposed technical approach of NTD services integration within the UHC. By the end of FY 2023, DLM/PNLMTN aims to have a sustainable and validated operational process for the long-term management of NTD morbidity and services through the ANACMU.

Strengthen PNLMTN coordination with public and local government through continued high-level engagement with UAEL to increase prioritization of resources

Engagement with the local government is a key strategic priority in the Senegal sustainability plan to advocate for domestic resource mobilization as well as decentralized NTD service delivery and policy integration. In addition, the decentralized health system in Senegal as well as the decentralized law of the governance structure provide unique opportunities to increase visibility and prioritization of the NTD sustainability long-term strategy at all levels of governance.

Since FY 2021, Act | West has supported the DLM/PNLMTN to engage local governance authorities to increase NTD resource mobilization and advocate for inclusion of NTD-related priorities and services in their annual planning and strategies to advance sustainability and integration at the national and sub-national level. In FY 2021, this was done through a one-day high-level engagement meeting with local collectivities, which resulted in a signed engagement chart by the authorities on their various sets of NTD prioritization objectives. Throughout the remainder of FY 2022, Act | West plans to support the DLM/PNLMTN to primarily engage the Union of Local Elected Associations, the Association of Regional Presidents, the Association of Mayors of Senegal, and the National Association of Rural Councils to strengthen the mobilization and prioritization of NTD resources in the country. The objective of this meeting with support from the CNLMTN/Advocacy Commission, will be to solicit support, raise visibility, and increase buy-in from high-level stakeholders to endorse and commit support towards the implementation of the NTD sustainability plan at the decentralized level.

Building on this, in FY 2023, Act | West will support the DLM/PNLMTN to hold a one-day review meeting to follow up on the recommendations and commitments of the high-level engagements. Support from CNLMTN executive committee and the multisectoral commission in charge of advocacy and resource

mobilization will facilitate a systematic follow-up of recommended priorities with specific decision makers and relevant stakeholders.

Country-led TIPAC data entry

This activity was approved in FY 2022 and scheduled to take place the last quarter of the fiscal year; however, due to late implementation planning and to ensure all necessary data will be available for FY 2023 cost projections and budget planning, the NTDP has decided to reprogram it to Q1 of FY 2023.

Additionally, as the NTDP plans to submit a budget request to the MSAS, the NTDP will leverage FY 2023 data to build compelling arguments to advocate for increased government funding. Since conducting budget mapping activities, the NTDP better understands the national budget cycle and plans to submit its budget request by March 2023, per the budget timeline. Therefore, leveraging the most recent data will be instrumental to inform decisions and help make the case for more funding. As such, in FY 2023, the NTDP will conduct a five-day TIPAC data entry workshop to update programmatic and financial information and begin analyzing financial gaps. The TIPAC data entry workshop is intended to help the NTDP capture FY 2023 costs and funding gaps to provide a comprehensive picture of NTDP finances before engaging stakeholders in the implementation of sustainability plan interventions and domestic resource mobilization and advocacy activities. The Act | West team will work closely with the NTDP during the preparation phase, and Act | West will provide remote support during the workshop based on NTDP needs.

Support to TIPAC data analysis workshop

In FY 2023, the NTDP plans to complete TIPAC data analysis as a reprogrammed activity from FY 2022. As a result of the FY 2021 TIPAC data analysis workshop in Senegal, the PNLMTN's coordinator recognizes the value of TIPAC for informed decision-making and program planning. Despite TIPAC's limitations, including the slowness of the tool and lack of needed updates, the program recognizes TIPAC's utility to provide them with increased visibility of the program's funding gaps, its potential to inform decision making, and its potential to help engage targeted stakeholders. In Q1 of FY 2023, Act | West will provide technical support to the NTDP to conduct a three-day TIPAC data analysis workshop for FY 2023 data; the workshop will culminate in the development of a funding gaps dossier and rationale to be used by the NTDP to develop a budget request for submission to the MSAS.

Following preliminary engagement with the DAGE (Direction de administration General et de equipment – Administration and Finance directorate at MSAS) and the DPRS (Direction de la Planification, de la recherche et des statistiques – Planning Directorate at MSAS), the DAGE suggested that the NTDP prepare and submit a budget request to be discussed during the MSAS budget allocation process. During this activity, the NTDP will leverage existing program financial data to create targeted asks and messages to engage relevant stakeholders within the MSAS in budget advocacy activities and domestic resources for NTDs. In FY 2023, the NTDP will take more ownership over the TIPAC data analysis process, with Deloitte team members present during the workshop to provide on-demand technical assistance rather than leading discussions. The NTDP will use the outputs of the financial gaps analysis to (i) continue to advocate within the MSAS for resources in the MSAS budget and (ii) develop the domestic resource mobilization approach to engage national stakeholders at the central level as well as at decentralized levels in supporting NTDs, in line with the sustainability plan. Continued Act | West support in FY 2023 will strengthen the NTDP's capacity to produce the TIPAC data analysis on their own and facilitate a handoff of the analysis process to the NTDP.

Prioritized Activities

Support the PNLMTN in monitoring the implementation and documentation of the integrated health service delivery pilot in the primary health care of two HDs

In FY 2022, Act | West is providing technical assistance to the PNLMTN to finalize and validate the integrated health service delivery pilot for routine NTD interventions at the operational level in Kedougou and Kounghoul pilot districts. This is a cross-sectoral approach developed in collaboration with the following health programs and sectors: National Malaria Control Program, National Tuberculosis Control Program, the Maternal and Child Health Directorate, the National Service for Education, Information, and Health Promotion (SNEIPS), the Community Health Unit, the National Hygiene Service, the RMs and HDs, the School Health Division, the National Council for Nutrition Development, the Association of Community Actors, the National Youth Association, and other implementing partners. Through this pilot approach, the MSAS aims integrate NTD services within the primary health care systems at the health facility level.

In FY 2023, Act | West will continue to provide technical assistance to the PNLMTN to support the implementation of this approach in the two districts and assess progress and areas of improvement to achieve the service integration objectives outlined in the validated tool. This will be done through two biannual five-day technical reviews and supervision of the pilot implementation in collaboration with the cross-sector partners and the RM directorates in the two HDs (a total of two scheduled supervisions per district). A matrix of monitoring indicators and targets will be developed for the PNLMTN to track progress made towards service integration metrics at the health facilities. Act | West will also support the PNLMTN to document this process in collaboration with SNEIPS and the RMs through information collection, documentation, and an iterative process review of the technical model. The results of these findings will be shared in a three-day dissemination and validation workshop aimed at reviewing the pilot data from the two districts, presenting the successes and best practices to the NTD service integration at the primary health care and obtaining recommendations and feedback for a scale-up at the national level. The overall aim of this pilot intervention will be to develop a refined evidence-based approach to integration of NTD services within the existing primary health care platforms that the PNLMTN can leverage and advocate for scale-up at the national level for an effective mainstreaming of NTDs within service delivery channels of the health system in Senegal.

Support the PNLMTN to document best practices and recommendations for the operationalization of a multisectoral coordination committee

For the last three years of program implementation, Act | West has supported the DLM/PNLMTN in establishing the CNLMTN as the multisector coordination platform for NTDs in Senegal, which was officially launched by the MSAS in 2021. The operationalization of this coordination mechanism is an innovative approach identified by the DLM/PNLMTN as a major priority to advance the sustainable interventions of NTD programming. However, with competing resources and priorities among all sectors and programs involved for the effective functioning of this platform, the DLM/PNLMTN is identifying creative strategies to galvanize internal resource mobilization to strengthen a multisectoral, cross-collaborative approach to support the operationalization of this mechanism. In FY 2023, Act | West will provide technical assistance to the PNLMTN to facilitate co-financing solutions and strategies between the MSAS/DLM and the other implementing partners to ensure a continuous stream of financial support for the multisector coordination mechanism. This will involve documenting this approach and lessons learned from alternative domestic funding mechanisms for a self-sustaining multisector coordination platform. In partnership with SNEIPS, Act | West will support the PNLMTN to document this process in two steps: 1) a two-day planning meeting to elaborate the methodology and terms of reference of a documentation approach; and 2) a three-day documentation workshop to record the achievements, challenges, and lessons learned from the operationalization of the identified models of funding (ideally,

this second step will be scheduled in FY 2023 Q3/4). The expected result will be the development of how-to-multimedia guide in the operationalization of a multisector coordination mechanism. This guide will be shared with high-level authorities across the MSAS and other cross-sector ministries and programs to support increased domestic investments and resources to support the functionality of the multisector platform in Senegal.

Other Activities

HMIS Documentation

This activity was approved in FY 2022. Due to late planning and competing priorities, the NTDP was not able to conduct this activity and has reprogrammed it to FY 2023 to allow full execution. In FY 2022, Act | West initiated consultation with the NTDP to help the NTDP document the process of integrating NTD into the national HMIS. In FY 2023, Act | West will continue collaborating with in-country implementing partners and the NTDP to conduct interviews with key stakeholders in the HMIS integration process, to provide a holistic understanding. In Phase 1, Act | West will produce a report that will document the integration of NTD indicators into the DHIS2 in Senegal, gaps, and next steps for increased country ownership on data for the central and decentralized levels. This report will include a summary of the process, overview of the stakeholders involved, specific steps taken toward the selection and integration of NTD indicators, trainings conducted, lessons learned, and other success factors that can be shared with the program. In Phase 2, Act | West will facilitate a virtual workshop of approximately two to three hours with the NTDP and other stakeholders to review and discuss the information in the HMIS integration country assessment and collect recommendations from participants. In Phase 3, Act | West will compile and integrate all feedback gathered from the virtual dissemination workshop to finalize the HMIS country report. After consolidating and incorporating the country feedback, the Act | West team in Senegal and the NTDP will share the report with different stakeholders involved in the HMIS integration process and organize working sessions for technical review and validation of the documentation report. As the documentation report could be used to assess progress the country has made implementing the sustainability plan (sustainability domain related to “information system”) it is important for stakeholders involved in the HMIS integration process (NTDP, DHIS2 team at MSAS, information officers at district level) to discuss findings and validate the report. Following the completion of the documentation process in Senegal, Act | West will compile information gathered from all countries conducting this activity into a deck and share it with all NTDPs via a webinar to present these findings and allow countries to promote experience sharing and discuss the lessons learned. This documentation will position the NTDP, Act | West, and USAID to have a clear, common understanding of the process, stakeholders, and rationale internally within the NTDP and externally with partners and MSAS decision-makers around NTD indicator integration into the national HMIS.

IR3 ACTIVITIES SCH, STH, SURVEILLANCE

FY 2023 planned activities

SCH MDA in 34 HDs

In FY 2023, Act | West will support the country for the treatment of 34 SCH-endemic districts using a community-based MDA platform to target non-attending school children and high-risk adults and a school-based MDA platform for treating school-attending SAC. Senegal organizes annual integrated MDAs. Of the 34 HDs being treated for SCH, 25 were treated for LF and have stopped LF treatment after successfully completing TAS. All 34 HDs will receive PZQ targeting SCH, however, the number of HDs planned for SCH/STH MDA will be adjusted according to the results of the SCH/STH impact survey conducted in June 2022.

SCH/STH MDA in two HDs

In FY 2023, Act | West will support the country for the treatment of two SCH/STH endemic districts for community-based SCH/STH MDA for adults and children, and school-based SCH/STH MDA for SAC.

SCH/STH impact survey in four HDs

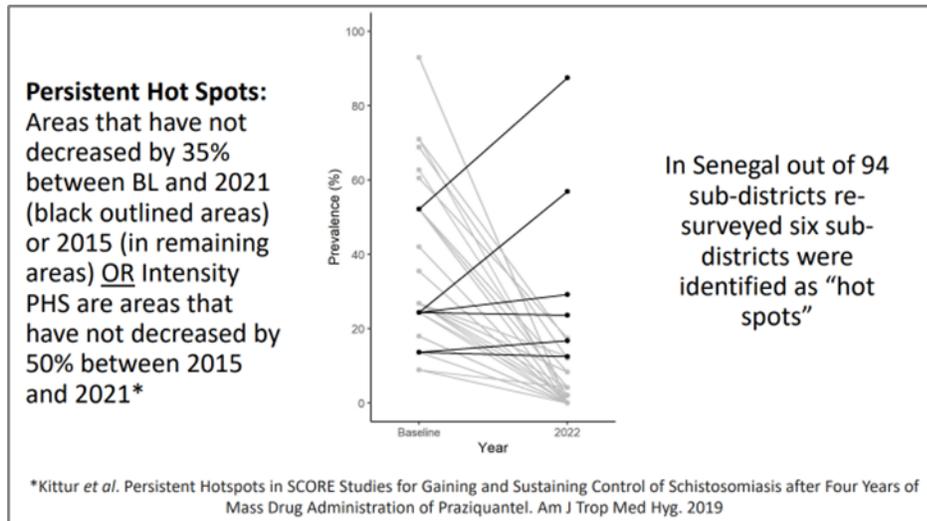
In FY 2023, a SCH impact assessment survey is proposed in four districts in two regions (see table 2 below) that have conducted at least five effective rounds of MDA by the end of FY 2022. The results will provide information on the impact of the series of MDAs in the districts and inform decisions for scaling down to sub-district/community MDA treatment.

SCH/STH impact survey

Region	District	SCH impact prevalence	STH baseline prevalence	Year MDA started	# MDA rounds to date	Treatment Coverage				
						FY 2021	FY20	FY19	FY18	FY17
Kédougou	Saraya	75%	0%	2016	10	118.7%	105.6%	115.6%	105%	89.7%
Louga	Koki	64%	4%	2016	10	109.4%	102.4%	106.9%	127.1%	76.8%
Louga	Keur Moma r Sarr	64%	4%	2016	10	97.3%	93.5%	78.4%	113.4%	78.1%
Louga	Sakal	64%	4%	2016	10	102.9%	119.9%	121.4%	118.9%	78.2%

SCH hotspot investigation in three HDs

National baseline mapping for SCH/STH was conducted from 1996 to 2013 in Senegal. Overall, 62 districts were found to be endemic for SCH classified as 14 HDs at low-risk (≥ 1 and $< 10\%$), 30 HDs at moderate-risk (≥ 10 and $< 50\%$), and 18 HDs at high-risk ($\geq 50\%$). Integrated SCH/STH MDA started in 2010 targeting all school-age children (SAC) once a year in 24 HDs of the Senegal River valley. In June 2022, Senegal completed the first SCH impact assessment in eight HDs that had not been surveyed since 2012. The results of the survey were extremely promising as SCH prevalence and intensity had decreased significantly in all districts. Further analysis at the sub-district level, however, identified that six out of 94 sub-districts that were re-surveyed were identified as persistent hotspots (PHS). These are areas where the prevalence and/or intensity of SCH increases or does not change meaningfully after preventive chemotherapy.

Figure 1: Persistent hot spots

There are different definitions of PHS. The approach adopted in this analysis was as per Kittur et al (also the reference for the new WHO SCH recommendations). In brief, a village that failed to reduce prevalence by at least 35% and/or failed to reduce the intensity of infection by at least 50% between baseline and 2022. In FY 2023, Senegal will conduct a coverage evaluation survey (CES) integrated with a Knowledge Attitude and Practices (KAP) assessment in 11 villages in three HDs to try to understand some of the factors, such as poor treatment coverage at the sub-district level; human behavior, particularly in terms of water, sanitation, and hygiene (WASH) parameters; and proximity of human habitation to open surface water bodies where intermediate host snails proliferate may have contributed to the development of a PHS.

Creation of SCH/STH Expert Committee and Expert Committee Meetings

In 2021, Act | West organized a three-day technical meeting with the country's SCH experts in collaboration with the PNLBG. This meeting provided an opportunity to review the status of the fight against SCH in Senegal and develop a new SCH roadmap.

It should be noted that the national committee of SCH experts has not yet been formalized. In FY 2023, Act | West will follow up with the PNLBG to support establishing the SCH National Experts Committee by ministerial memorandum and extending invitations to potential members. This will facilitate acceptance of the conclusions that will result from the experts' meetings.

In FY 2023, the SCH Expert Committee will meet to share the different activities carried out by the partners and the program, assess the results of the SCH/STH impact surveys, and adapt Senegal's SCH Roadmap considering the new WHO Roadmap.

SCH/STH Data Review Meeting between NTDP and Act | West Technical Team

Following the 2021 SCH data review, the PNLBG developed a roadmap according to the New WHO guidelines to fine tune the mapping. Thus, in FY 2023, it is necessary to hold a SCH/STH data review to evaluate the data collected and the activities implemented by the research institutes.