



Act to End Neglected Tropical Diseases | West FY 2023 Work Plan – Sierra Leone

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ACRONYM LIST

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

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

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

Structure

The Sierra Leone Ministry of Health and Sanitation (MoHS) is divided into medical and management services. The medical field of service oversees 14 directorates, including the Directorate of Disease Prevention and Control (DPC), which supervises the National Neglected Tropical Disease Program (NNTDP). Established in 2008, the NNTDP integrates the management of several Preventive Chemotherapy (PC) NTDs, including lymphatic filariasis (LF), schistosomiasis (SCH), onchocerciasis (OV) and soil-transmitted helminths (STH), into a single program. The NNTDP oversees the planning, implementation, and monitoring and evaluation (M&E) of NTD activities.

Following the 2015 national census, the country increased its number of districts from 14 to 16. Since 2015, these new districts have been operative political entities and in 2020 acquired a fully functional District Health Management Team (DHMT). Each DHMT is led by a District Medical Officer (DMO) responsible for coordinating and supervising all health activities. Districts are further divided into 1,903 Peripheral Health Units (PHUs) nationwide, whose staff varies by population density and includes different cadres of health workers, among them Community Health Officers (CHOs), Community Health Assistants (CHAs), State Enrolled Community Health Nurses (SECHNs), and Maternal and Child Health Aides (MCHAs). PHU staff supervise the Community Drug Distributors (CDDs) who perform mass drug administration (MDA). Other relevant actors include Focal Persons (FP) for each health program, including NTDs.

Community Health Centers (CHC) have the most staff serving a population over 10,000 within 5 kilometers (km) and have the highest cadres of staff, including midwives and CHOs. The Community Health Posts (CHP) serve 5,000-10,000 people within a 5km radius and may have CHAs and SECHNs and the Maternal Child Health Post (MCHP), which serve a smaller population spread over many more kilometers—and in theory should have at least two MCHAs.

The NNTDP is supported principally by the U.S. Agency for International Development (USAID) via the Act to End Neglected Tropical Diseases | West (Act | West) program. Act | West supports MDA and Disease Specific Assessment (DSAs) for LF, OV, SCH, and STH, and supports the larger program consortium who support sustainability planning for the NNTDP. Sightsavers is another significant contributor to NNTDP activities and provides support for the pre-stop MDA surveys for OV and entirely supports the biannual Onchocerciasis Elimination Committee meetings. Please refer to Table 1 for a full set of details on partners supporting NTD activities in Sierra Leone projected for the next year.

NTD Background:

From 2005–2006, Community-Directed treatment with ivermectin (CDTI) was implemented in 8,451 meso- and hyper-endemic villages through the support of the African Program for Onchocerciasis Control (APOC). The NNTDP began to carry out integrated MDA of ivermectin and albendazole (ALB) to treat LF, OV and STH in 2007 and has since expanded to treat all school-aged children (SAC) and at-risk adults in all endemic districts, per the national plan for morbidity control.

To date, 12 districts have stopped MDA treatment for LF. The NNTDP projects submitting the dossier for validation of elimination of LF in FY 2026. Five districts have already completed TAS3, while three are projected to complete TAS3 in FY 2022, one district in FY 2023, three districts in FY 2025, and the

remaining four districts in FY 2026. Additionally, fourteen rounds of effective MDA for OV have been completed and a 2016 assessment affirmed the national program is on track to control SCH and STH (another assessment is planned to start at the end of FY 2022 and carry over into Q1 of FY 2023).

Trachoma is not considered of public health significance in Sierra Leone. A 2021 Sightsavers report demonstrated that, based on the trachomatous inflammation-follicular (TF) results from recent trachoma remapping, MDA is not warranted and trachomatous trichiasis (TT) prevalence remains low. These results reconfirm the baseline mapping results obtained in 2008, indicating that trachoma is not a public health problem in Sierra Leone.

Activities supported by the host government partners

The Government of Sierra Leone provides support to the NNTDP to combat NTDs by providing staff salaries, infrastructure (office and meeting room facilities), MoH vehicles for NTDs activities, and import exemptions for NTD drugs and other consumables. Overall, the support provided by Act | West is aimed at facilitating implementation of key intervention activities, building capacity, ownership, and leadership within the NNTDP and the MoH to ensure that NTD elimination and control objectives are achieved, and that progress is sustained by Sierra Leone in the long term. This support includes dossier development, MDAs, and DSAs related to LF, OV, SCH, and STH.

IR1 PLANNED ACTIVITIES: LF, TRA, OV:

Lymphatic filariasis

Plan and justification for FY 2023:

MDA

LF MDA is planned for Bombali following the preliminary results from the re-pre-TAS (FTS prevalence > 2.0%) hence the district will require two additional rounds of MDA before the next re-pre-TAS. The MDA will include the enhanced community engagement and QI activities, along with continued work with CDDs on appropriate dosage.

DSA

TAS 2 in three districts (4 EUs)

The EUs are in Kailahun, Kenema and Western Area Rural. Kenema district will be divided into two EUs based on the recommendations from USAID to limit EUs to under 500,000 people because the population in Kenema exceeds 800,000 as shown in the table below. These EUs will be assessed in April/May 2023.

TAS 3 in the Western Area Urban district (2 EUs)

This district will be divided into two EUs based on the recommendations from USAID to limit EUs to under 500,000 people, because the population in WAU exceeds one million. The scheduled date for these assessments is in April/May 2023.

LF DSAs - EU name and population

Region	HDs	EU	Population
East	Kailahun	Kailahun	626,962
East	Kenema	Kenema 1	814,543 ¹
East		Kenema 2	
West	Western Area Rural	Western Area Rural	573,478
West	Western Area Urban	Western Area Urban 1	1,734,014
West		Western Area Urban 2	

Ensuring quality TAS implementation

In FY 2023, the Act | West program team will support protocol development and the quality implementation of LF DSAs through training, monitoring, and field supervision in collaboration with the NTDP. The NTDP, Act | West teams will collaborate to conduct refresher/training of field supervisors and survey teams in accordance with approved survey protocol, sampling methodology and use of the FTS diagnostic test.

The training will include a field practice component and pre- and post-tests. All LF survey protocols will be reviewed and approved by Act | West prior to the training. Act | West technical staff will ensure that LF survey protocols outline quality control measures, including:

- Use of a positive control to test FTS prior to, during, and immediately after field use
- Proper storage of FTS in a cool (2-37°C) and dry setting
- Allow all kit components to equilibrate to ambient temperature (15-37°C) before testing" if the FTS is kept before at less than 15°C range of temperature.
- Use of the WHO LF diagnostic feedback form and its inclusion in the survey report
- Use of the TAS supervisor's checklist
- Treatment of confirmed positive cases and their immediate family.

Act | West will directly observe DSA field work along with NTDP for quality assurance. As a best practice, communities will be sensitized prior to conducting the survey. In addition, Act | West will support the NTDP's use of Electronic Data Capture (EDC) to allow for real-time data validation, built-in questionnaire prompts/reminders of standard protocol steps, and closer monitoring of data quality during the survey to allow for course correction. Survey teams will be trained in EDC using the Ona platform (used for data-hosting) with support from the Act | West Monitoring, Evaluation & Learning (MEL) team as needed.

As outlined in the sustainability plan, the NNTDP will work with DHMTs to include district surveillance officers in the pre-survey sensitization meetings, in the training of survey teams, and in their implementation. This ensures surveillance officers understand the importance of incorporating NTD surveillance into district activities.

Quality Improvement Technical Briefs

In FY 2023, the QI Coaches and team members will be trained on how to develop technical briefs that clearly show the package of change of ideas tested, the outcomes of the examination (monitoring/evaluation) of the change of ideas that may be driven the improvement, and share lessons learned through the QI approaches used in the four LF hotspot districts. The QI teams were comprised of town chiefs, CHW peer supervisors, PHU staff, Imam, Pastors, and Youth Leaders who were vital in

increasing compliance by encouraging community members and their households to participate in drug distribution and hence increased MDA coverage. The packages of change of ideas tested which drove improvement will be used by the NTDP to scale up QI activities in OV hotspot areas in 10 HDs to ensure that the national program is on track for OV elimination by 2030. One example of packages of change is the key findings of the rapid social science assessment (RSSA) developed by the London School of Hygiene and Tropical Medicine were used to develop an "enhanced social mobilization based on the RSSA" including QI teams working together with CDDs/CHWs with each ethnic group identified in the PHU to build confidence and trust into the MDA. That participated into treating and reaching in Woreh and Limba communities for the first time over 30,000 new LF treatments.

Quality Improvement Learning Sessions : In FY 2023 the QI teams will hold two learning sessions to brainstorm, identify challenges, implement, and review changes to improve overall quality of the LF MDA planned in Bombali. The changes will be integrated in the overall activities where feasible or implemented as additional activities in consultation with Act | West. In addition, the coaches will regularly visit the QI teams and facilitate the learning sessions together with the DMO and District Operation Officer on occasion.

Quality Improvement Training (using FHI 360 model) The QI coaches will provide training to the QI teams in Bombali prior to the MDA. There are three sites designated for QI teams in Bombali. The QI teams include 5-10 people (CDD/CHWs, Mamie queen, town chiefs, PHU staff, DHMT staff, imams, headteachers, pastors) in each site.

Morbidity management and disability prevention component:

Management of lymphedema remains under-supported in Sierra Leone. A MMDP Situational Analysis identified gaps in data in local health facilities that offer MMDP services. In the first quarter of FY 2022, through END Fund, Helen Keller-Sierra Leone supported the DHMTs in Bo, Bonthe, Moyamba, Pujehun, Kono, Kailahun, Kenema, Port Loko, Tonkolili and Koinadugu to conduct 1,000 hydrocele surgeries. The cases were first screened at the PHU and confirmed by medical officers at the referral hospitals. The END Fund will be providing similar support to the NTDP in 12 districts before the end of December 2022. This support includes screening of hydrocele patients and surgery only. Note that screening is done at two levels (stage one by PHU staff and stage two by medical officers at the referral hospital).

Health Facility Assessment for MMDP

The WHO Direct Inspection Protocol (DIP) tool recommends that 10% of all health facilities designated to provide MMDP services be assessed on readiness to provide quality lymphedema and hydrocele services. Currently, 16 government-run health facilities in the district headquarter towns have the capacity and equipment to conduct hydrocele surgeries. However, health facilities at sub-district or community level require further evaluation. In the last quarter of FY 2022, the NNTDP will pilot the DIP to assess health facilities as part of the OV-STH MDA supervision planned for September 2022. Prior to the assessment, Act | West will provide remote training to ensure that some sections within the DIP tool will be adapted to develop a checklist that will be used to assess capacity of the health facilities.

In FY 2023, the NNTDP will engage the directors of primary health care and clinical services to map which health facilities will be designated to carry out MMDP services before a wider assessment is conducted to fill more of the data gaps. This assessment will focus on some of the themes such as equipment and amenities, diagnostic capacity, and staff knowledge on hydrocele surgeries. Ten percent of health facilities will be randomly selected from the designated list. Data collection will be both electronic and

paper-based to ensure accuracy, completeness, and quality. The M&E Act | West unit will supervise this activity.

Dossier Status for LF:**Pre validation timeline**

Five districts have completed TAS 3, three districts are projected to complete TAS3 in July 2022, one district in FY 2023, three districts in FY 2025, and the remaining four districts in FY 2026. The NNTDP projects submitting the dossier for validation of elimination in FY 2027.

Status of dossier writing

The MoHS has not yet begun to prepare the narrative portion of the dossier. A dossier development workshop is planned for August 2022, during which the NNTDP will add available survey and MDA data into the dossier template (currently available through the Country-level Integrated NTD Database (CIND)) and begin to draft the narrative portion of the dossier. Additionally, the MoHS plans to update the LF dossier draft with new data as it becomes available. As such, the NNTDP, along with partners and key stakeholders, will host two, two-day meetings at the Bintumani hotel to update the draft zero developed in FY 2022.

Historical data completeness and security

The MoHS and partners have kept copies of all data and information generated by the program since its inception. All baseline data, reports, impact assessments, and pre-TAS and TAS data are available at the national level, as is data related to capacity building, social mobilization, and other M&E activities. Most data required to complete the dossier are stored on computers belonging to NNTDP M&E and Act | West staff, backed up by Act | West 's local server. Publications in peer-reviewed journals also exist online. In February 2022, the Act | West country office supported the NNTDP's effort to input all MDA and DSA data into the CIND. Following completion of FY 2022 data, the Act | West M&E coordinator will work with the NNTDP to routinely assess data quality in the CIND. The NNTDP aims to complete this activity in the second quarter of FY 2023.

With support from Sightsavers in FY 2022, the NNTDP made some progress with integrating NTD indicators into the district health information system (DHIS2). Indicators for the recently completed FY 2021 MDA will be entered into the DHIS2 by the district M&E officers. The NNTDP and Act | West will hold an advocacy meeting with senior officials of the Directorate of Policy, Planning and Implementation (DPPI) on the integration of NTD data into DHIS-2 platform to reflect NTDs data into the national health management and information systems (HMIS) in July 2022. In FY 2023 Act | West will work with the NTDP and Sightsavers to further engage the DPPI to integrate NTD indicators into DHIS2 and the national health management information systems platform.

Trachoma**Plan and justification for FY 2023:**

There are no Act | West supported trachoma MDA or DSA activities planned for FY 2023.

Onchocerciasis**Plan and justification for FY 2023:**

OV-STH MDA in 14 HDs

In FY 2023, Act | West will support a five-day campaign in June 2023 known as “MDA Week” during which it will conduct OV-STH treatment in 14 endemic HDs. The campaign will target 5,701,071 persons aged five years and above for IVM and 1,966,869 school-aged children (SAC) for ALB.

Coverage Evaluation Survey in 2 districts Based on the survey results presented at the most recent TAC meeting in May 2022, the TAC recommends conducting coverage evaluation surveys in districts targeting OV MDA, particularly in the districts that are showing high prevalence ($\geq 25\%$) (from analysis of DBS in 2019). In FY 2023, Act | West will support the NTDP to conduct CES in two districts (Koinadugu and Kenema based on a unanimous decision of the NTD Focal Points), prioritizing districts that show a higher prevalence. Sightsavers is also exploring the possibility of conducting CES in other districts. The CES is planned for January 2023, approximately one month after completion of the FY 2022 carry-over MDA.

OV “Deep Dive” and Program Review As described above, following the review of the 2019 survey data and the TAC recommendations, Act | West will support NTDP to conduct a “deep dive” of OV program to cross reference recent LF and OV survey results. The M&E leads for Act | West and the NTDP will thoroughly investigate community coverage data from the past three years to see whether these communities had effective coverage. In conjunction with the CES described above, a KAP survey will be included to investigate the social science aspects which may have influenced the program quality, building on the previous social science study in limited locations. The national program will hold a data review meeting at Act | West – Sierra Leone’s offices over a two-day period to review these data. Based on the coverage data analysis, a field investigation to selected “hotspot” districts will be conducted by USAID, Act | West, the NNTDP and Sightsavers to seek understanding of the on-the-ground situation and challenges. The field visit will include selecting at least one district per region (four districts in total) to review. Following the field visit, a program review meeting will be held to review all the data and information collected and to propose specific actions. The program review will help inform what program improvements may be needed for OV MDA moving forward, including the potential implementation of the QI model starting from FY 2024 in select districts. The program review meeting will involve the NNTDP, CMO, participants from the wider MoHS, the Department of Environmental Health and Sanitation and other entities for a one-day meeting to strategize based on the results of the deep dive.

Technical Advisory Committee (TAC) meeting

The TAC meets at least twice yearly to advise the NNTDP on activities toward OV elimination. Key participants in TAC meetings include NNTDP, WHO, USAID, Sightsavers, Act | West, and international experts. Sightsavers has committed to supporting these meetings with coordination support from Act | West. The learnings and recommendations from the meetings help inform plans for OV interventions supported by Act | West.

Dossier Status for OV

With ongoing MDA, the MoHS has not yet started developing a dossier.

IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

IMPROVING CORE NTD PROGRAM FUNCTIONS:

DATA SECURITY AND MANAGEMENT

Historical MDA and DSA data entry into the CIND was completed in May 2022. Additionally, the NNTDP has discussed plans to update previous MDA data into the DHIS2 with the Directorate of Policy, Planning and Information of the MoHS. In July 2022, Act | West and partners will support the NNTDP to train all district NTD focal points and M&E Offices to collect and manage NTD-related data and to routinely upload said data to the DHIS2. The NNTDP will invite the program manager of the DPPI to present on the importance of updating the DHIS2 tool and how the M&E Officers can generate infographic dashboards for health bulletins. The following are activities planned for FY 2023 data management and security.

Advocacy meeting on DHIS2 and HMIS integration with DPPI

In FY 2022, with support from Sightsavers the NTDP and the Directorate of Policy Planning and Information (DPPI) integrated key MDA indicators of the four-targeted NTDs into the DHIS2 platform. Following the inclusion of these MDA indicators into the DHIS2 tool, a national training workshop for district M&E Officers was conducted by DPPI on how to input MDA data into the tool. The FY 2020 MDA data was used as a practical exercise for data entry and participants were asked to work with the NTD Focal points to input previous years MDA results into the tool. Sightsavers will conduct another training session for data analysis and the use of DHIS2 dashboards to generate infographics for decision-making by December 2022.

At the Sierra Leone National Health Summit from April 7 – 9, 2022, DPPI shared their intentions to develop a national data management and security policy. The NNTDP and Act | West have started informal discussion with the DPPI on the possibility of adding disease-specific indicators into DHIS2. The DPPI expressed some concerns, including those other diseases like malaria, HIV and TB are diagnosed at health facility level and can be easily reported by health workers, while most health facilities do not have the testing capabilities to diagnose PC NTDs, as these require reagents or materials that are not provided by the MoH. However, DPPI advised that the NNTDP maintain the MDA indicators and populate all historical data into the tool. In FY 2023, Act | West will support the NNTDP to continue to engage the DPPI for the integration of NTD indicators into the DHIS2 and the HMIS. For this purpose, Act | West will support a one-day meeting held at the Act | West – Sierra Leone office in Freetown involving the NNTDP and DPPI to coordinate on these matters. The costs involved will only be transport allowance for the NNTDP and DPPI participants and tea and lunch breaks.

Identify NTD indicators to be captured by the surveillance system at tertiary level

Currently, there is no routine surveillance for PC-NTDs beyond the normal post MDA surveillance surveys. In 2019, Sierra Leone pivoted its national disease surveillance system from a paper-based to web-based electronic system and adapted the WHO third edition of the Integrated Disease Surveillance and Response (IDSR) technical guidelines. The WHO's IDSR priority diseases and conditions includes LF and OV. However, the current IDSR priority diseases and conditions reported in Sierra Leone excludes the two diseases. As the country moves towards the elimination of LF and OV, there is a strong need to include these two diseases in the current IDSR. The importance of this procedure is that it allows the NTDP to receive weekly updates on these diseases (marked for elimination) and can detect new cases and appropriate interventions can be identified in between planned surveys. As part of the NTD sustainability plan priorities in FY 2023, Act | West will work with the NTDP and senior MoHS officials to identify NTD

indicators to be captured by the surveillance officers and reported using the IDSR platform. To support these efforts, Act | West will host a one-day meeting at the Sierra Leone country office (transport allowance for the government partners and tea and lunch breaks will be the only costs).

DRUG MANAGEMENT

Drug quantification and completion of JAP for 2023

The WHO preventive chemotherapy (PC) joint application package (JAP) has been completed and submitted to WHO for FY 2023. The drug quantification is based on the 2020 CDD projections from rural census and UNICEF district projections for urban settings. In FY 2023, Act | West will organize meetings to support the NNTDP to complete and submit the JAP for FY 2024 10-12 months prior to MDA according to the current WHO JAP standard operating procedure.

To address the recurrent stock-out in some PHU with significant population migration, the NNTDP provides a 10% buffer of drugs to districts bordering Guinea and Liberia that experience such high population migrations. During MDA in FY 2023, the CDDs will administer MDA drugs to all eligible people including newcomer community members using the register. If the NNTDP identifies any drug shortages, it instructs district pharmacists to deliver additional supplies as requested by the PHU in-charge. Areas that are not well covered have additional 2-5 days to do mop-up.

Transport and storage

According to the current NNTDP supply chain management, all drugs arriving in-country are cleared from customs by the WHO Country Office and transported to the NNTDP warehouse in Makeni without passing through the MoH Central Medical Stores (CMS) to avoid a storage fee of 3% of the total value. The NNTDP warehouse and the NTD drug inventory are managed by a NNTDP Pharmacist and a Store Manager. Drugs are stored under suitable storage conditions. Per Act | West recommendation, a remote training of the Pharmacist and Store Manager on storage and inventory management was completed in August 2020.

Act | West supply chain management SOPs aligns with the inventory management of the First Expiry-First Out (FEFO) and has been followed to prevent expiration of NTD medicines. Act | West also produces and shares monthly inventory updates of NTD drugs with partners. To that end, ESPEN SOP serves as a basis to strengthen inventory management as needed. Act | West will support the NNTDP to adapt the ESPEN SOPs as needed as best practices in the national SOPs on NTD SCM and conduct quarterly physical inventory checks at district level to ensure adherence to best practices.

In addition to the challenge of insufficient qualified human resources at the Central NTD store where only one pharmacist has been hired a couple of years ago to manage the store, the poor allocation of drugs to PHU that is being addressed with 10% buffer to the PHUs where stock challenges were identified.

MDA Warehouse Facility Assessment

In FY 2019, Act | West conducted a series of assessments to evaluate the minimum standard of health products' warehousing both in the Central NTD Store and in the DMS (Sierra Leone Warehouse Assessment Report (October 2019)). Improvements to the Central NTD Store, where all NTD commodities are stored for some duration, remain a priority. In FY 2022, Act | West worked with NNTDP to procure equipment needed for the Central NTD Store improvement. These include a printer, voltage stabilizers (3,000 Watts), voltage limiters for air conditioners (AVS 13 AMPS), fire extinguishers (9Kgs), surge protector extension, steel ladder.

In April 2022, Act | West and the national NTD program teams participated in a webinar on NTD warehouse facilities and processes assessment tools facilitated by the Act West Supply Chain Specialist. The webinar focused on monitoring, improving storage conditions, and packaging and re-packaging of NTD drugs in the field and when returning them to the regional level, and monitoring expiry dates. In FY 2023, the NTDP will conduct warehouse facility and procedures assessment at the central store in Makeni and three regional district (Kenema, Port Loko and Bombali) medical stores to ensure that NTD drugs are stored and packed according to standard best practices.

Supply Chain Mainstreaming Technical Assistance

In Sierra Leone, there have been great advancements to integrate NTD medicines into the national supply chain. The NNTDP has noted that full integration within the national supply chain is not presently feasible because the Central Medical Stores (CMS) in Freetown is unreliable and the Central NTD Store is not formally recognized as a CMS. The Freetown CMS is overburdened by the existing supply of medicines; has poor storage practices, such as storing expired drugs with current drugs; and has limited oversight and management of NTD drugs, leading to concerns that NTD commodities could be given to other programs that use the same medicines. Additionally, the CMS outsources to other vendors to maintain the large volume of medical supplies and charges a fee equal to 3% of the commodity value to warehouse and distribute program commodities.

Currently, the NNTDP uses the Central NTD Store in Makeni, established by APOC, solely to store NTD drugs. From Makeni, NTD commodities are distributed to districts participating in MDAs. Since the Central NTD Store is not formally recognized as a national CMS, the NTD supply chain is not sufficiently aligned with the MoHS supply chain and gaps exist in supply chain processes. For example, while SOPs outline that NTD commodities should be distributed via the DMS to the PHUs, distribution of NTD commodities varies by district and may flow from the Central NTD Store to the DMS to CDDs, to PHUs to CDDs, or even NTD Focal Points will deliver medicines straight to the CDDs due to slow approval of distribution plans and varying levels of trust. Additionally, NTD medicines are not registered in the normal MoHS inventory reports, even if products pass through the PHU or DMS. These create missed opportunities to refine inventory management, improve management of reverse logistics, and empower DMS staff to manage NTD inventory.

To this end, the NNTDP seeks to have the Makeni warehouse formally recognized as a national CMS. Achieving formal recognition would help reduce programmatic costs, ensure NTD MDA drugs are used and distributed properly, increase alignment with the MoHS supply chain and close gaps at the sub-national level, and create a platform for future mainstreaming efforts.

Deloitte will support the NNTDP in identifying and addressing challenges to obtaining official recognition of the Central NTD Store as a CMS and identifying future activities to streamline the NTD drug storage and distribution process through a four-phased methodology. This methodology will include:

1. Document current state of NTD drug management per NNTDP direction and Makeni warehouse and CMS policies;
2. Mapping and documenting MoHS stakeholders with whom to engage and socialize findings;
3. Identify clear steps for formal recognition and develop recommendations to synchronize the various existing supply chain processes once formal recognition is granted;
4. Supporting the implementation of steps for formal recognition and prioritized recommendations.

Reverse logistics

Post-MDA, leftover drugs are brought to the PHU staff by the CDDs. The PHU staff tabulate and document the remaining stock, which is then returned to the district pharmacist. These are again quantified by the district storekeeper, checked for expiry date, documented, and stored. The remaining stock in each district is considered in subsequent drug requisition and distribution. During the training of supervisors for the FY 2021 OV-STH and LF/OV/STH MDAs, it was strongly recommended that district pharmacists and not PHU staff handle all reverse logistics based on the updated SCM national guidelines. In FY 2023, the NNTDP will need support from Act | West to comply with the national SOPs on reverse logistics.

In 2016, the Management Sciences for Health (MSH) recommended that all empty cups and bottles be destroyed after the MDA. CDDs are now instructed to return empty containers to PHUs. Although Sierra Leone Pharmacy Board (SLPB) has a written SOP for the destruction of open bottles/cups, this has not uniformly been put into practice. Act | West will work with the NNTDP and DHMTs to reinforce this SOP during training and supervision in FY 2023.

Management of serious and adverse events (AEs)

During FY 2021 OV-STH and LF/OV/STH MDA campaigns, all AEs reported were minor and were managed with supportive treatment, as stipulated in the guidelines developed for NTD campaigns. In the case of a serious adverse event (SAE), the DHMTs in charge notify the NNTDP, its partners, and the Sierra Leone Pharmacy Board (SLPB). The SLPB has the personnel and tools to conduct investigations in case of any suspected SAE. The Pharmacovigilance Unit of the SLPB, whose operating costs are supported by the MoH, then determines the cause of the SAE.

In accordance with WHO and Merck KGaA guidelines (January 2021), Act | West will provide additional support to the SLPB in reporting SAEs to the drug manufacturer and WHO in tandem. Act | West will also support the NNTDP in notifying all partners in a timely manner.

ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING

Sierra Leone is in phase 3 of USAID's five-phased sustainability approach awaiting the political validation of the Sustainability Plan in August 2022. During this phase, the NNTDP with support from Act | West are developing communication materials for the validation launch, the budget, and the monitoring, evaluation and learning framework for the NTD sustainability plan.

The Sustainability Plan was a culmination of analyses and assessments led by the NNTDP with support from Act | West. In January 2020, equipped with the findings of Landscape and Barrier Analysis completed in 2019, the NNTDP completed a sustainability self-evaluation to determine current and desired future state, which are the foundation of the Sustainability Plan. These assessments identified opportunities for more sustainable NTD programs through cross-sector engagement, increased domestic resources for NTDs, and integrating NTDs into school health and primary healthcare packages.

The Sustainability Plan workshop was held in May 2021, the MoHS and its stakeholders elaborated the sustainability plan and emphasized the importance of engaging communities in the implementation of the plan. Following the review process, the NNTDP scheduled the plan's political validation launch for March 23-24, 2022, though it was ultimately postponed due to a national Health Summit from April 7-9, 2022, which sought to showcase the progress Sierra Leone has made so far in the sector, acknowledge the support of donors, appreciate the work of partners and mobilize resources. It is in this context that the NNTDP suggested leveraging and integrating the NTD sustainability Plan validation into the Health Summit activities since most of the stakeholders including members of the PNF would be in attendance.

However, after continuous engagement with the organizing committee, the timeslot offered for the sustainability plan political validation was a 20-minute session. The NNTDP and Act | West deemed this timing inadequate and agreed to reschedule the activity to August 2022 after the completion of TAS.

Governance

FY23 Planned Activities:

Participation in the PNF meeting

The partners network forum (PNF) is a multi-sectoral platform that was launched in 2019. The platform will meet annually to coordinate NTD activities across sectors and to determine opportunities to integrate NTDs into national health and other sector policies and strategies, advocate for DRM for NTD sustainability, and provide technical oversight for the integration of NTD activities into existing and relevant government platforms and policies. The PNF, chaired by the Chief Medical Officer, consists of a governing body and two sub-committees (a technical sub-committee and a resource mobilization and advocacy sub-committee) and unites members from the government, private sectors, implementing partners, and UN agencies.

As determined in the NTD sustainability plan, the PNF general body will meet regularly to review its implementation plan, monitor progress on the sustainability plan, and discuss and refine strategies for NTD programming. In FY 2023, Act | West will support the PNF, including via technical assistance, in its first year of operation to host one of these meetings as a way to institutionalize this important cross-sector body. The meeting will foster buy-in and ownership from MoHS leadership as well as provide critic oversight for NTD sustainability priorities. The NNTDP aims to use the meeting in FY23 to facilitate discussions and approaches for the PNF's long-term self-financing strategies beyond donor support. This will include the establishment of a sub-committee that will lead advocacy efforts with the MOH and MOF to mobilize domestic resources for NTDs and support other FY23 advocacy efforts. As the PNF and the NTDPs initiate consultation with the MOH for sustainable financing of the PNF through the MOH budget, the NTDP has requested a light support and transitional support from Act|West for an initial support to the functioning of the PNF. Act | West will support refreshments and transport reimbursement for PNF members.

Sustainability Plan Pre-Validation Meeting and Political Validation

In FY 2022, the NNTDP planned to hold the Sustainability Plan political validation in August 2022, but due to civil unrest, the validation was postponed. Therefore, the NNTDP has decided to reschedule the event in January to coincide with World NTD Day. With support from Act | West, a three-day pre-validation meeting will be held to finalize the sustainability plan, budget, and develop the monitoring and evaluation framework, which will be followed by a half-day signing event which will include high-level government stakeholders, media, and partners to validate and disseminate the plan. This event will mark the start of implementation and serve as a major landmark to increase priority for NTDs within the MoHS and increase country ownership of NTD programs.

Prioritized functions activities:

Develop a Domestic Resource Mobilization Strategy for Sustainability Plan Budget

The FY 2022 political validation of Sierra Leone's NTD Sustainability Plan is an important step in the NNTDP's ability to strategize its domestic resource mobilization efforts. The Political Validation meeting

is planned for January 2023. Accompanying the Sustainability Plan is a budget that corresponds to each activity and includes a breakdown of unit prices, per diem and material quantities, as well as activity timing. Activities span from cross-sector stakeholder meetings, workshops on integrating NTDs into health personnel training curricula, supply chain management, inclusion of NTD indicators in the national health management information system, providing deworming services and hydrocele surgeries, working with community health leaders, surveillance, establishing a financial management system, and TIPAC use. Currently, the total projected budget for these activities is US\$1.527 million over the next four years.

Utilizing financial analysis data and FY 2022 TIPAC outputs, Act | West will support the NNTDP in scoping potential stakeholders to support NTD activities and map out opportunities for integration into national health reforms such as the school health program or the UHC package of services and develop a strategy to address key priorities for the NNTDP in the budget such as integrating SCH/STH into school health and sustainable financing of MMDP services. Act | West will support a 3-day in-person workshop led by the NNTDP to review their advocacy objectives, review budget cycle steps, identify key entry points, commitments, and support the development of engagement plan components such as timelines, budgets, and key stakeholders. The workshop will support the development of specific business cases within the engagement plan that the NNTDP can reference when rallying national stakeholders for funding in support of NTD interventions. The NNTDP would work with the PNF, an integral actor in intra- and intersectoral mobilization in Sierra Leone, to develop the engagement plan to engage public and private sector stakeholders and inform the DRM meeting. Following this workshop, Act | West will assist the NNTDP in following up with identified stakeholders to confirm, document, and track formal resource mobilization commitments and will provide communication support and tracking tools. Successful, NNTDP-led implementation of the advocacy plan should yield formalized commitments of funding or other resources to be allocated for specific Sustainability Plan activities.

Support sustainability bilateral negotiation process in Sierra Leone

In FY 2022, USAID initiated bilateral negotiations with Senegal. The lessons learned from Senegal and the pending bilateral negotiations in Cote d'Ivoire will be used to inform the preparations for the Sierra Leone bilateral negotiation.

The bilateral negotiation process is a key step between Phases 3 and 4 of the sustainability planning process. The main goal is to increase government leadership and investment in national NTD programs, aligning with the principles of the WHO's emphasis on government ownership in the 2030 NTDs Roadmap. Through the process, USAID expects that MOHs will lead activities to achieve sustainability goals, while receiving various forms of technical and financial assistance from Act | West and other partners as needed. In FY 2022, Act | West has supported the NNTDP to finalize the budget and finalize the sustainability plan. The political validation has unfortunately been delayed on two occasions, one was due to the short time slot at the Health Summit in March and the second was due to civil unrest in August. The political validation is now reprogrammed to take place in January FY2023. Led by USAID, the bilateral discussions, will be drawing on the full relationship of the USG in Sierra Leone to engage GOSL stakeholders above the NTD Program Manager (where decisions regarding policy, planning, and resource allocation reside). The process will require dialogue over time to agree upon plans that reflect both USAID and GOSL contributions.

In FY 2023, Act | West will continue to provide support to bilateral negotiations by further helping NTDPs define the top priorities to include in the bilateral negotiation and support pre-consultation between USAID, the country team and briefing with USAID mission based on USAID demand. Under USAID leadership and following the process agreed Act | West will facilitate the planning of the process, further

discuss with USAID sustainability plan priorities to support USAID's and MoHS decision making, sensitize national stakeholders on the process and the expected outcomes and, most importantly, support the follow-up of the implementation of the decisions made during the bilateral negotiation process.

Other activities:

N/A

**IR3 PLANNED ACTIVITIES: SCH, STH
Schistosomiasis****Plan and justification for FY 2023:****SCH MDA in 9 HDs**

In FY 2023, Act | West will support the SCH treatment in nine HDs, with community-based MDA targeting non-enrolled SAC and school-based MDA for enrolled SAC. The NTDP will treat all SAC (1,359,206) in all nine districts; therefore, this will increase the number of supervisors (135) and PHU staff (535) targeted for training and school feeding of 1,359,206 prior to praziquantel distribution. In previous years, training targets and PZQ distribution have only focused on chiefdoms where MDA is planned.

DSA

No DSA is planned for SCH/STH in FY 2023

SCH/STH Strategic Review Meeting

In FY 2023, an SCH/STH strategic data review meeting is proposed by the NTDP with technical support from Act | West to examine the FY 2022 impact assessment data and review current treatment strategies and make informed decisions according to the new WHO recommendations to adjust the treatment strategy.

Soil-transmitted helminths**Plan and justification for FY 2023:**

Refer to OV and SCH sections for integrated STH activities.

Gender Equity and Social Inclusion**Cascade GESI training to supervisors and PHU staff**

Act | West will support the NNTDP to incorporate GESI sessions into the training sessions. The trainings filter down from the national level to the DHMTs, PHUs and finally to CDDs. The modules of the GESI sessions are based on Act | West - developed materials for human resources training and have been adapted for the context of NTD MDA program delivery. In FY 2023, these sessions will be part of the MDA training for SCH in Q2 and OV-STH in Q3.

Revision of MDA Tools

Act | West has been working with the NNTDP to ensure MDA tools adequately capture pertinent demographic data of program participants including sex and age-disaggregated information to inform approaches. In FY 2022 Act | West worked with the NNTDP to gather sex-disaggregated data on CDDs to help inform planning for MDA in 14 HDs, which will continue in FY 2023. Act | West will work with the NNTDP on how to utilize sex-disaggregated data to inform CDD recruitment plans and strategies. In

addition, Act | West will continue work with the NNTDP to review supervision checklists to monitor and evaluate GESI related activities (e.g., how well-balanced demographics of CDDs are and the effects recruiting more women CDDs/more CDDs from hard-to-reach communities, effectiveness of GESI trainings, etc.). Results of these assessments will provide information on implementation strategy and assess program performance.

Enhanced social mobilization and engagement with border villages to address cross border migration/trade

The enhanced social mobilization strategies were informed by the Rapid Social Science Assessment that included findings related to social inclusion of hard-to-reach communities (e.g., Fulani and Limba). These hard-to-reach populations are found in the cross-border areas and are predominantly involved in cross-border trade. Initially, the focus was on ensuring good coverage for LF hot spots, which will continue in Bombali in FY 2023; also, in FY 2023 there will be increased focus on ensuring good coverage for OV. As part of the GESI implementation strategy, the Act | West Sierra Leone will continue these enhance social mobilization strategies in hard-to-reach communities for the OV MDA.