



Act to End Neglected Tropical Diseases | West

FY 2024 Workplan – Benin October 1, 2023–September 30, 2024

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ACRONYM LIST

Accelerate	Accelerate Trachoma Elimination
ABRP	Benin Agency of Pharmaceutical Regulation (Agence Béninoise de Régulation Pharmaceutique)
AE	Adverse Event
AFRO	Regional Office for Africa (World Health Organization)
ALB	Albendazole
ALM	American Leprosy Missions
ANPS	Agence Nationale de Protection Sociale (National Social Protection Agency)
ARCH	Assurance de Renforcement du Capital Humain (Human Capital Strengthening Insurance)
BMGF	Bill & Melinda Gates Foundation
CAME	Centrale d'Achat des Médicaments Essentiels (Center for Procurement of Essential Medicines)
CES	Coverage evaluation survey
CDD	Community Drug Distributor
CDTI	Community-Directed Treatment with Ivermectin
Co-RUP	Co-Responsable d'Unité Pédagogique (Pedagogical Unit Deputy Chief)
COVID-19	Coronavirus disease of 2019
CIND	Country Integrated NTD Database
CNSSP	National Primary Health Council (Conseil National des Soins de Santé Primaires)
CP	Conseiller Pédagogique (Pedagogical Advisor)
C/DESS	Head of Epidemiology and Sanitary Surveillance Division (Chef de la Division Epidémiologie et Surveillance Sanitaire)
CHAI	Clinton Health Access Initiative
C/RAMS	Research and Social Mobilization Support Manager (Chargé de Recherche et d'Appui à la Mobilisation Sociale)
C/SSPR	Head of Public Health Service and response to disease (Chef Service Santé Publique et Riposte)
CREC	Centre de recherche entomologique de Cotonou (Entomological research center of Cotonou)
CRP	Chef de Région Pédagogique (Head of School District)
CRS	Catholic Relief Services
CY	Calendar year
DBS	Dried blood spot
DDEMP	Direction Départementale de l'Enseignement Maternelle et Primaire (Departmental Directorate of Pre-school and Primary Education)
DDS	Directeur Départemental de la Santé (Departmental Health Director)
DHIS2	District Health Information Software 2
DIP	Direct inspection protocol
DNSP	Direction Nationale de la Santé Publique (National Public Health Directorate) (MOH)
DPP	Direction de la Programmation et de la Prospective (Planning and Forecasting Directorate)
DRM	Domestic resources mobilization
DSA	Disease-Specific Assessment

DSI	Information Systems directorate (Direction des Systèmes d'Information)
EDC	Electronic data capture
ESPEN	Expanded Special Project for Elimination of Neglected Tropical Diseases (WHO AFRO)
EU	Evaluation Unit
FTS	Filariasis Test Strip
FY	Fiscal Year
GOB	Government of Benin
GTMP	Global Trachoma Mapping Project
HAT	Human African Trypanosomiasis
HD	Health district
HdZ	Hôpital de Zone (Health Zone Referral Hospital)
ICT	Immuno-chromatographic Test
IEC	Information, Education, and Communication
IR	Intermediate results
IRCB	Institut de Recherche Clinique du Benin
IU	Implementation Unit
IVM	Ivermectin
JAP	Joint Application Package (WHO)
JRSM	Joint Request for Selected PC Medicines (WHO)
KAP	Knowledge, attitudes, and practices
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MCC	District Medical Officers (Médecin Chef de Commune)
MCZS	Médecin Coordonnateur de Zone Sanitaire (Health Zone Head Doctor)
MDA	Mass Drug Administration
MDSC	Multi-Disease Surveillance Center
MEMP	Ministère de l'Enseignement Maternelle et Primaire (Ministry of Pre-school and Primary Education)
MESTFP	Ministry of Secondary and technical education, and professional training (Ministère des enseignements secondaire, technique et de la formation professionnelle)
Mf	Microfilaraemia
MMDP	Morbidity Management and Disability Prevention
MOF	Ministry of Finance
MOH	Ministry of Health
NTD	Neglected Tropical Disease
NTDP	Neglected Tropical Disease Program
OCP	Onchocerciasis Control Program
OEM	OV elimination mapping
OV	Onchocerciasis
PC	Preventive Chemotherapy
PF/DDS	Departmental Health directorate Focal Point (Point Focal DDS)
PIP	Public Investment Program (Programme d'Investissement Publique)

PNULLUB	Programme National de Lutte contre la Lèpre et l'Ulcère de Buruli (National Leprosy and Buruli Ulcer Control Program)
PNLMT	Programme National de Lutte contre les Maladies Transmissibles (National Program for Control of Communicable Diseases)
PVS	Post-validation surveillance
PZQ	Praziquantel
QI	Quality Improvement
RDT	Rapid diagnostic test
RUP	Responsable d'Unité Pédagogique (Pedagogical Unit Chief)
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvement
SCH	Schistosomiasis
SCM	Supply Chain Management
SMM	Sustainability Maturity Model
SOP	Standard Operating Procedures
SOW	Scope of work
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TEMF	Trachoma Elimination Monitoring Form
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation–Follicular
TFGH	Task Force for Global Health
TIPAC	Tool for Integrated Planning and Costing
TIS	Trachoma Impact Survey
TSO	Technicien supérieur en ophtalmologie (Senior Ophthalmological Officer)
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZS	Zone Sanitaire (Health Zone)

NARRATIVE

NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Benin's administrative and financial capital is Cotonou. The country is divided into 12 administrative regions: Alibori, Atacora, Atlantique, Borgou, Collines, Couffo, Donga, Littoral, Mono, Ouémé, Plateau, and Zou. Regions are further subdivided into 77 communes (hereafter referred to as districts), which are composed of 546 arrondissements (hereafter referred to as sub-districts) and 5,295 villages. The population size of a village can vary from 500 to 5,000 people.

The Ministry of Health (MOH) is responsible for coordinating the Government of Benin's health programs. The 2018-2030 National Health Policy lays out the priorities of the various health programs, including implementation strategies and an evaluation framework. Each of the 12 regions is administered by a Departmental Director of Health (Directeur Départemental de la Santé [DDS]). Each DDS leads a team comprised of a Head of Public Health Service and Disease Response (Chef Service Santé Publique et Riposte [C/SSPR]) and a Malaria and Neglected Tropical Disease Focal point (PF/DDS).

On health aspects, each region is subdivided into zones sanitaires (ZS – health zones), with two to four ZS per region, and a total of 34 ZS across Benin. Each ZS is further subdivided into health districts (HDs), the same as the ones described above (communes or districts).

In Benin, the control and elimination of preventive chemotherapy (PC) NTDs are the responsibility of the Programme National de Lutte contre les Maladies Transmissibles (PNLMT) and the National Leprosy and Buruli Ulcer Control Program (Programme National de Lutte contre la Lèpre et l'Ulcère de Buruli [PNLLUB]). The MOH's National Public Health Directorate (Direction Nationale de la Santé Publique [DNSP]) oversees both programs. The PNLMT is responsible for lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminths (STH), and trachoma, as well as HAT (human African trypanosomiasis), Guinea worm disease (dracunculiasis), snake bite/venom-related issues, Noma, rabies, and loiasis. The PNLLUB is responsible for Buruli ulcer, leprosy, and yaws.

The MOH's strategy for NTD control and elimination is laid out in its National Master Plan for NTD Control (2023–2027). The National Primary Health Council (Conseil National des Soins de Santé Primaires/CNSSP) has completed its review of the document; the pre-validation workshop and launch are planned during the final quarter of FY 2023. The 2023–2027 Master Plan outlines a plan to address LF, OV, SCH, STH, Buruli ulcer, leprosy, Noma, and yaws; and maintain certification of Guinea worm eradication (certified since 2010), HAT elimination (since 2021), and trachoma elimination (since 2023).

Baseline mapping is complete for all five PC NTDs at the district level. Following completion of SCH/STH tracker in 2022, and its update with FY 2023 impact survey results', the PNLMT identified 27 sub-districts with no baseline SCH/STH prevalence data.

The PNLMT uses two strategies to reach target populations through mass drug administration (MDA): 1) community-directed treatment by community drug distributors (CDDs), and 2) school-based treatment for school-aged children (SAC) 5–14 years of age by teachers or community drug distributors (CDDs) for children not attending school. Traditionally, the community-based approach has been used for OV, LF, trachoma, and STH (until 2017). The school-based approach is used for SCH and STH. In 2017, the PNLMT piloted a community-based MDA for SCH and/or STH in selected HDs to address recurrent poor coverage. In 2018 and 2019, this approach continued to be implemented in all HDs with recurrent low coverage and/or where lack of collaboration from the teachers and headteachers has been reported. Since FY 2019, the school-based approach has resumed in all HDs for SCH/STH to ensure sustainability of the MDA campaign. In HDs where two or more NTDs are co-endemic, and based on

disease prevalence and the treatment cycle, the PNLMT conducts integrated MDA in the following combinations: OV+STH, and, STH+SCH as LF MDA stopped since the last MDA in 2020. Trachoma MDA was conducted separately until 2018, when all trachoma endemic HDs had reached the criteria to stop MDA.

The Government of Benin (GOB) contributes to PC-NTD activities by providing staff salary, logistics including office space, and drug transportation, as well as meeting space, vehicles, and fuel for supervision in the community during pre-MDA training and MDA implementation. In addition to technical support provided by partners, the PNLMT draws on the expertise of institutions such as the National Institute of Statistics and Demography (Institut National de la Statistique et de la Démographie), the International Institute for Tropical Agriculture, the Benin Clinical Research Institute (Institut de Recherche Clinique du Bénin), the Beninese Society of Parasitology and Mycology (Société Béninoise de Parasitologie et de Mycologie), the entomological research center of Cotonou (CREC), and the University of Abomey-Calavi.

In the context of school-based MDA for PC NTDs, the PNLMT collaborates closely with the Ministry of Pre-school and Primary Education (Ministère de l'Enseignement Maternelle et Primaire [MEMP]) and since 2022, the Ministry of Secondary and Technical Education, and professional training (Ministère des enseignements secondaire, technique et de la formation professionnelle [MESTFP]). The structures of the MEMP and MESTFP are like that of the MOH. The NTD program works with one MEMP technical department (Schooling Promotion Directorate or Direction de Promotion de la Scolarisation) and one MESTFP technical department (General Secondary Education Directorate or Direction de l'Enseignement Secondaire Général).

The MOH has established a National Health Information and Management System (Système National d'Information et de Gestion Sanitaire) that receives data from all public and many private health facilities. Since the fiscal year 2020 (FY 2020), the PNLMT requested financial and technical assistance from Act | West to include NTD indicators in the central health information and management system through the District Health Information Software (DHIS2) platform. The DHIS2 collects information that can be disaggregated to the village level if the PNLMT enters the appropriate level of detail. As of May 30, 2022, a select number of NTD indicators from 2019–2021 are being entered in this system, making it possible to facilitate NTD-related decision-making at a central level. To increase timely access to NTD data on DHIS2 platform, the PNLMT requested assistance to create interoperability between the DHIS2 platform and all the other electronic data collection forms (such as ESPEN Collect, Excel-based forms designed by the PNLMT, TT tracker, and the country integrated NTD database). The status of the implementation of this activity is presented below in the IR2 section.

IR1 PLANNED ACTIVITIES: LF, TRA, OV

Lymphatic Filariasis

Proposed FY 2024 activities

LF MDA and DSA: No LF MDA or DSA are planned in FY 2024.

Assessment of the readiness and quality of services for lymphedema management and hydrocelectomy provided in MMDP-designated facilities: The MMDP Situation Analysis, conducted in FY 2020, revealed that while the PNLMT has designated facilities to provide MMDP services and is organizing LF MMDP activities, challenges related to provision and access to MMDP services for lymphedema and hydrocele patients and staff capacity remain.

In areas where LF is endemic, the goal is to provide 100 percent geographical coverage of the essential package of care in all areas with known patients. Once MMDP services are established, it is necessary to assess the availability and readiness of designated facilities to provide high quality MMDP care to patients and document this as part of elimination requirements.

Benin has designated health facilities in each implementation unit (IU) to provide MMDP services for LF-related morbidity. Two hundred and sixteen (216) facilities have been designated to provide lymphedema management and 11 facilities have been designated to provide hydrocele surgery and management. These health facilities are respectively distributed across 20 HDs within three¹ departments and within 49 HDs across seven² health regions. While partners such as Sightsavers via the ASCEND project and Anesvad have supported activities such as MMDP training in some districts, as well as provision of hydrocele surgery, an assessment of readiness of designated health facilities to provide MMDP services and an assessment of the availability and quality of services that are provided after the training has not been conducted.

Therefore, the PNLMT identified this as a gap and is requesting support from Act | West via ALM to conduct health facility assessments to determine the overall readiness to provide high-quality treatment for lymphoedema and hydrocele and document the current availability of treatment. Results from this assessment will guide the PNLMT to address any service delivery and quality gaps identified to improve MMDP services.

In FY 2024, ALM will support the PNLMT to implement the updated WHO-recommended direct inspection protocol (DIP) in 10 percent of the designated facilities which have already been included in the MMDP care program (either through Anesvad or ASCEND), which would result in approximately 30 facilities being assessed across the country.

Provide technical assistance to the PNLMT to estimate LF morbidity and manage lymphedema identified cases in 9 districts : In FY 2024, Act | West will support the PNLMT in Benin to estimate the burden of lymphatic filariasis morbidity and train community health workers (CHWs) on MMDP in nine HDs in this FY 2024.

The PNLMT has conducted LF case estimation in 49 HDs (39 LF endemic HDs and 10 non-endemic HDs) out of 77 HDs, representing all HDs of the seven departments that implemented MMDP care program through Anesvad and ASCEND funding (Mono, Couffo, Atlantique, Ouémé, Plateau, Zou, and Collines). The PNLMT is also currently providing MMDP services in those districts (hydrocele care in 49 HDs, and lymphoedema care in 20 HDs spread in departments of Mono, Couffo and Atlantique). At this date, there are nine (9) endemic HDs located in three northern departments (Atacora, Alibori, and Borgou) where morbidity burden estimates have not been conducted and that do not receive MMDP care, and where there is evidence of lymphedema and hydrocele cases based on baseline mapping for LF.

To improve access to MMDP services for cases in these HDs, there is a need to document the number of patients with lymphedema or hydrocele and to train health workers on LF case management to facilitate the planning of MMDP service provision as well as to support LF elimination dossier

¹ Health centers that received training on lymphoedema care through the Anesvad program in the departments of Mono, Couffo, and Atlantique.

² Health centers that received training on hydrocele surgery through the Anesvad and ASCEND projects in the departments of Mono, Couffo, Atlantique, Zou, Collines, Ouémé, and Plateau.

preparation. Additionally, Benin's sustainability plan includes a priority to build the capacity of community health personnel for early detection and management of NTD-related complications.

As the country plans to submit its LF elimination dossier in 2026, the PNLMT considers it a priority to conduct these burden assessments in these nine HDs. To geographically cover all the districts where there are LF MMDP cases, as recommended by WHO, ALM will provide technical support to the PNLMT to estimate LF cases in these nine districts in FY 2024. This activity in the nine HDs will help the program collect reliable case estimation data and gain experience in a new and more reliable case estimation method.

PNLMT Technical Meeting to update LF dossier: In FY 2021, the PNLMT completed the first draft of the LF elimination dossier with the financial and technical support from Act | West. This draft includes the narrative section and Excel worksheet with all data available until the end of FY 2021. In August 2023, the PNLMT will hold a workshop to update the dossier's contents with activities completed since FY 2021, including MMDP activity data and FY 2023 TAS results. In FY 2024, a three-day meeting will be held to update dossier with MMDP activities conducted in FY 2023, along with a review of the entire document to harmonize its contents.

Continued technical support to finalize integration of LF MMDP modules into the training curriculum of medical school : In FY 2024, Act | West will support the PNLMT to complete the integration of the LF and trachoma MMDP component process into the medical school curriculum by training the teachers on the LF and trachoma morbidity management techniques recommended by WHO. This will help ensure the upcoming workforce is adequately trained before beginning service at various health facilities.

Proposed sub-activity includes the organization of a meeting to train teachers from the faculties of medicine at the University of Abomey-Calavi and Parakou on LF and trachoma MMDP. This practical training will be more focused on the management of lymphedema, hydrocelectomy and TT eyelid examination. This will include:

- Five-day training on LF and trachoma MMDP. Thirty-four participants will attend this meeting in the region of Zou. Participants will come from the University of Abomey-Calavi (10 teachers), University of Parakou (8 teachers), PNLMT (6 people), regional director of Zou (1 person), partners (1 from FHI 360 Benin, 1 from ALM, and 2 from WHO),
- Five people affected by lymphedema will be invited to allow learners to do the practice, and
- Management of at least two hydrocele cases to train the teachers on the recommended technique of WHO.

Status of LF elimination dossier: The PNLMT expects to submit its LF elimination dossier by 2026. The final TAS3, in four HDs, is planned for 2025. MDA, DSA, and MMDP data are securely archived and backed up in computers and in the Country Integrated NTD Database (CIND) tool. Historical data entry into the CIND is complete. The preliminary draft of the elimination dossier has been validated and is now in possession of the PNLMT. In August 2023, a three-days meeting was conducted to update the content of this dossier. Regarding support for activities required for validation, no gaps have been identified in MDA and impact survey implementation. The most recent MMDP-related care was provided in May 2021 when seven of the 12 regions were included in the MMDP program, and MMDP training, and care has been provided. Anesvad has provided support for MMDP in three regions and ASCEND offered technical and financial support for MMDP case search and hydrocele care in four regions (Ouémé, Plateau, Zou, and Collines). The lymphoedema care support remains to be implemented in the districts of the four departments that received hydrocele care support through

ASCEND support in FY 2021. The five northern departments are also expected to start the MMDP interventions in FY 2024, if funding is identified from other sources for these activities.

Trachoma

WHO validated trachoma as having been eliminated as a public health problem in Benin in April 2023 and this was celebrated on June 13, 2023.

Proposed FY 2024 activities: FY 2024 activities will provide care to incident TT cases. Through this surveillance mechanism, any surgery completed by trained TSO in service at designated health centers will be notified and entered in the DHIS2.

A PVS trachoma elimination plan will be developed with the technical and financial support of partners and will help in ensuring continuity in collecting and entering trachoma data into the DHIS2 platform and sharing it with WHO via the Trachoma Elimination Monitoring Form (TEMF). The plan will include the following activities: 1) organize periodic (twice a year) active searches of incident cases of trachoma; 2) refer TT cases to designated hospitals for care; 3) build NTD health workers' capacity to diagnose and manage trachoma complications; 4) strengthen cross-border collaboration³ and establish quarterly integrated supervision⁴; 5) disseminate trachoma diagnosis and care modules to the nurses and physicians of periphery level health centers (already included in the programs of nursing training schools); and 6) complete trachoma modules inclusion in the medical schools' curricula and collaborate with the Ministry of Energy, Water and Mines for the WASH component.

To increase sustainability of those activities, health actors will benefit from training on passive trachoma surveillance strategy (e.g., routine data collection) and the use of surveillance tools. Since 2021, the PNLMT has developed monitoring tools that will be printed and distributed to all primary and secondary health centers in the country. Quarterly supportive supervision will occur at all levels. Also, each quarter, the health zones' NTD focal points will collect data on cases that underwent surgery in health zones' hospitals and transmit them to the central level of the PNLMT.

The NTD focal points are also working with the PNLMT to ensure all suspected cases of active trachoma and TT identified during cataract surgery campaigns are entered in the national DHIS2 platform and the information shared annually with WHO via the TEMF. During the transition period (post completion of surgery campaigns), HDs have been provided with surgery kits (with support from Sightsavers) and TT surgical services can be provided in all formerly endemic HDs. For non-endemic HDs, health centers are also available and equipped to offer TT and TF care services. As a result, at all levels of the health pyramid, PVS can be implemented as:

- Management of trachoma incident cases will be possible under the new community health policy in Benin which integrates all community relays (screeners) into the health system. These community relays in endemic areas are capable to search for and identify suspected cases of trachoma within their community and refer suspected TT cases to hospitals for surgery.
- Static health posts for routine consultation can be used.
- Patients can be screened for trachoma during cataract surgery campaigns.

³ Benin is already organizing annual cross-border meetings with Togo where the focus is on all NTDs. Meeting opportunities with Niger, Burkina Faso and Nigeria will also be used to focus on cross-border surveillance of communities living around the border with these countries.

⁴ The NTD program is discussing with the Conseil National des Soins de Santé Primaires so that this aspect is included in the health workers' quarterly integrated supervision to improve maternal and infant care, curative care, and family planning. A joint supervision tool is being conceived for this.

- Trachoma modules have been added to the two nursing training schools since September 2022. Those modules will be used to improve nurses' capacities. A plan is also in place to integrate modules into the medical schools' curricula by end of September 2023. To date, the teachers at the nursing schools have been trained and two meetings have been conducted with representatives of the schools. The modules were finalized in early August and will be validated for implementation in the 2023-24 school year. The schools have requested assistance with training materials.

Onchocerciasis

Proposed FY 2024 activities:

FY 2024 MDA (OV and SCH/STH) national microplanning workshop using WHO microplanning guide for PC-NTDs control and elimination coupled with PNLMT central & departmental level staff training.

FY 2024, the PNLMT will organize a five-day training and microplanning workshop in Cotonou. It will bring together 36 participants (11 C/SSPR, two Information System directorate (Direction des Systèmes d'Information - DSI) staff, two DNSP staff, 13 PNLMT staff, four FHI 360 staff, and four CHAI staff). Using the WHO PC-NTDs microplanning guide and SCH/STH and OV MDA training materials, microplanning forms will be updated, and community actors required at each level will be identified, allowing C/SSPR to prepare all logistical needs for successful MDA campaigns.

MDA training of departmental trainers and regional microplanning validation (for all NTDs). Act | West will support a five-day pre-MDA training of all regional, health-zone, and district levels staff (. There will be one training session per region. For two days, participants will be trained on NTDs (disease, symptoms, prevention, treatment, etc.), OV MDA digitalization process and tools, SCH/STH MDA process and tools. The remaining two days will be used for microplanning and MDA implementation timeline validation. A total of 11 DDS, 11 PF/DDS, 29 health zone NTD focal point, 29 MCZS, 51 MCC, 21 C/RAMS, and 39 Physicians head of sub-districts will be trained. The 11 C/SSPR that previously participated to central/departmental training will lead this training.

Supervision of MDA training of departmental trainers and regional microplanning validation. Six teams of two persons each will supervise the departmental training and microplanning validation sessions. Each team will cover two sessions for a total of 11 days.

FY 2024 OV MDA in 51 HDs: This includes eight sub-activities: drug transportation from central to departmental level, training of C/RAMS and nurses, Training of CDDs, supervision of cascade training, OV MDA campaign, social mobilization for MDA, supervision, and reverse logistics.

FY 2024 Quality Improvement (QI) application including learning sessions: As noted, an additional six HDs enrolled in the QI process during FY 2023. In FY 2024, an impact assessment and update session will be conducted in six HDs that were enrolled in the QI improvement process in FY 2023.

QI action plans will be implemented and monitored locally. The QI coaches will also visit local QI teams to provide coaching or NTD advice on the proper implementation of QI action plan and will include performance indicator data collection for M&E. Those visits will be integrated in the other NTD activities-related supervision (MDA training supervision, MDA supervision, etc.) maximizing financial resources utilization.

Validation of successful ideas for change using the QI package from 13 HDs and development of a scale-up strategy to the entire HDs targeted for MDA. The PNLMT will hold a workshop to discuss the successful ideas of change identified in the QI packages of 13 HDs during the impact assessment and update sessions. Those ideas will be put together to form a consolidated QI package. This package will be used for scaling up in all HDs implementing either OV or SCH/STH MDA. The workshop will gather 16

QI coaches four PNLMT staff, and 14 members of two most successful QI teams. This workshop will be in Dassa-Zoumè and will last three days.

OV cross-border meeting with Togo. FY 2024, the PNLMT will continue to collaborate with Togo through a cross-border meeting organized to develop and strengthen common strategies for OV control along their shared border areas (which includes 13 OV-endemic HDs on Benin's side).

IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

System strengthening

Data security and management

Current state of NTD data management. MDA data management follow two different paths corresponding to the different MDA platforms. For the first, community-based MDA data are collected at the village level, aggregated at the sub-district level by nurses, and submitted to district level nurses or MCC. The district level then submits its reports to ZS nurse and MCZS who submit their report to the PF/DDS and C/SPPR at the regional level. The regional level submits complete reports by district to PNLMT central level staff.

For the second, during school-based MDA, data is collected by teachers and CDDs. Compilation is done at the school level and reports are sent to the Head of School District (Chef de Région Pédagogique – CRPs) (for teachers/headteachers) or nurses (for CDDs) who transmit them (after verification and compilation) to the district's nurse. As with community-based MDA, the district level staff verifies and shares the data with the ZS nurse who in turn shares it with the Head of Epidemiology and Sanitary Surveillance Division (Chef de la Division Epidémiologie et Surveillance Sanitaire - C/DESS) & C/SPPR who submits the region's report to the PNLMT central level staff. Since FY 2023, once data compilation is complete, MDA results are transmitted to the CRP and later to the MCC. The MCC proceeds to data validation and then share the final report with the MCZS who sends it to the PF/DDS & C/SPPR for transmission to the central level of the PNLMT.

For both data transmission systems, the verification process includes correction of any discrepancies observed in reports submitted by the lower levels. For the school-based platform, reports from the periphery to the district level, data collection, compilation, and transmission are paper-based. The situation was identical for the community-based platform until 2020 when the OV MDA digitization started (three HDs for FY 2020 MDA, extended to 32 HDs for the FY 2021 MDA, and then the entire 51 HDs for the FY 2022 MDA), and electronic data collection was conducted at the village level. For both platforms, data compilation and transmission from the ZS level to the central level are electronic. However, to ensure access to previous year's information (especially when personnel leave for another duty station), staff have been advised to safeguard a hard copy of any information submitted electronically. This additional step is due to several factors including that electronic data collection is not yet being applied for SCH/STH MDA. In addition, even for OV MDA, which is fully digitalized, some staff are using personal computers and e-mail addresses, so if they were ever to move on to different positions, it becomes an issue for data security and institutional memory.

Before each MDA campaign, personnel in charge of NTD data collection, compilation, and management at central, regional (PF/DDS and C/SPPR), ZS (NTD focal points), district (MCC and nurse), and sub-district (sub-district head nurses) levels receive training or refresher training, including a module on how to complete the specific data collection and summary forms as well as proper data management.

Data security. To strengthen the data security system, the PNLMT has acknowledged the need to establish documented data governance or security processes, including procedures or guidelines to store, access, and secure NTD data and information and to facilitate knowledge transfer. These needs were considered when developing the country's sustainability plan.

The PNLMT currently uses WHO's CIND and DHIS2 for central health data management. CIND is regularly backed up to an external source and stored to an external drive/computer that is not used for new data entry. MDA and survey data from 2004 to 2021 have been manually entered into the CIND and access to this software is restricted to authorized users only. The CIND is updated annually with MDA and DSA data, and the updated Access file is copied to the computers of at least three different PNLMT staff. Since 2016, the PNLMT has set up its CIND containing all historical and current data available at the country level for the five PC-NTDs. NTD indicators are also entered into the DHIS2 platform by the ZS NTD focal point at the end of each MDA or DSA activity, on a yearly basis. Once the interoperability process is completed, only the SCH/STH MDA data will be entered by them, unless this MDA is also digitalized.

The PNLMT undertook several actions in recent years to improve data security. Paper-based data collected or transmitted to the PNLMT are securely archived on its premises. At the sub-district level, MDA registers from 2017 to 2020 are now stored in the nurses' office or another room with limited access. The HD staff and nurses have made efforts to collect the oldest registers and centralize the storage. All NTD-related electronic data forms (MDA for field work) are also archived on password-protected computers, which are backed up to an external hard disk monthly and stored in a different place from the computer. Those computers are protected against viruses but not connected to a secured server or an online data system. In order to ensure the computers are connected to a secure server, the PNLMT will need both the server and then support to set up the connection. The GoB is requesting local storage on the national server; the Act | West team is continuing to monitor any new guidance that comes out from the GoB on this issue.

In FY 2021, Act | West provided technical assistance to the PNLMT to assess its data management system and help identify, where appropriate, the strategies⁵ to enhance the security of current and future data. The data security analysis was initiated by the Deloitte team in collaboration with MOH during the third quarter of FY 2021 and was completed in the fourth quarter. Between March 1–4, 2022, Act | West facilitated a meeting for three PNLMT staff, two resource persons (previous staff with important knowledge related to PNLMT data security), three MOH DSI staff, two Deloitte staff, and one FHI 360 staff. At the end of the workshop, a revised draft of the data security policy current stage report which includes recommendations was available. The groups also developed simple SOPs to address in the short term a few identified gaps. The data security policy document explicitly enumerates and documents roles and responsibilities of staff that oversee data security and suggests actions required for physical security of hard drives and formalization of data access management. The document also includes a process to report disruption if staff believe that data has been compromised; a process to respond to any data spillage, leak, or corruption, and a process to recover any lost device or remotely wipe it to prevent data from being used by an unauthorized person. In FY 2023, the NTD program requested financial assistance from Act | West to print 100 copies of the document to be shared with ZS staff (NTD focal points, MCZS) and DDS. This activity will be completed in September 2023.

Inclusion of NTD data into the DHIS2. In FY 2019, the PNLMT was able to advocate for the inclusion of some NTD indicators into the DHIS2 platform to secure a part of the data in its possession and create

⁵ These strategies will be useful to ensure easy access to data, especially for the verification visits as part of the OV, LF, and trachoma elimination dossier validation.

the possibility of advocating for NTD support at higher GOB levels. With financial and technical support from Act | West, the PNLMT completed the process of integrating FY 2019 and FY 2020 data into the country's DHIS2 which was then managed by the MOH's Planning and Forecasting Department (Direction de la Programmation et de la Prospective – DPP). Since early FY 2022, the DHIS2 platform is managed by the DSI.

Phase 1 of NTD data integration into the DHIS2 platform started in FY 2020 with two workshops. Upon their completion, all the media and software used for NTD data collection were reviewed along with mechanisms of data reporting/quality, different data collection tools and indicators were created, tested, and the platform to allow data entry at the periphery level was set up (22 selected indicators only).

In FY 2021, the NTDP implemented the last two activities of phase 1 of NTD data integration into the DHIS2 platform: 1) training of NTD focal points (ZS nurses capacity strengthening to enter MDA and MMDP data), and 2) data entry supervision (MOH staff, PNLMT, and DPAF staff assisted by FHI 360 staff supervised data entry two months after training, targeting NTD focal points who were experiencing issues in informing database and helping to solve them).

Phase 2 of this activity was completed in November 2021 and consisted of 1) importing available historical NTD data into the DHIS2 platform for OV and SCH/STH MDA in two successive workshops which gathered PNLMT, DSI, and FHI 360 staff; and 2) collecting data. Only 2019 and 2020 data were collected for both diseases.⁶ By the end of the workshop, all 2019 and 2020 data had been incorporated into the DHIS2 platform, with just a few missing data points that will be entered by NTD focal points during the data validation workshop. The FY 2021 SCH/STH 2021 MDA data was available and was already entered by each NTD focal point. Of the 47 variables initially selected, 37 have been finally imported in the DHIS2. Of the 20 indicators selected at the beginning of the integration process, seven are automatically on the dashboard,⁷ and another seven⁸ can be manually generated). The main recommendations of this workshop include 1) insisting that the focal points keep a database with up-to-date disaggregated data (particularly relevant since the elimination goal is within reach), and 2) implementing data quality check for improved MDA data quality. The DSI staff stressed the necessity of an annual data validation workshop.

Phase 3 concerns the harmonization of metadata between the different NTD information systems/applications and setting up interoperability with DHIS2. From April 13 to 15, 2022, the PNLMT, with the technical and financial support of CHAI and Act | West, organized a three-day workshop in Cotonou, during which the specificities and challenges related to each NTD data collection platform/application used in Benin (TT Tracker/CommCare, RedRose, ESPEN Collect, CIND, and various Excel forms designed by the PNLMT itself for MDA and MMDP activities data collection) was reviewed. It was concluded that they are all compatible with DHIS2, but the process that will allow communication (data exchange) between the different applications and DHIS2 includes several steps. At the end of the

⁶ As the NTD program introduced an additional disaggregation level in 2019, previous years MDA data could not be entered into the DHIS2 platform. Contrary to previous years, since FY19, MDA data (census and treatment) is disaggregated by both sex and age. If FY13 to FY18 data was entered there would be several missing values, a situation that is not allowed within the platform.

⁷ Onchocerciasis geographic and therapeutic coverage, Lymphatic filariasis geographic and therapeutic coverage, trachoma geographic and therapeutic coverage, Number of incident cases of Human African Trypanosomiasis.

⁸ Proportion of TT cases that underwent surgery compared to backlog, Proportion of hydrocele cases that underwent surgery, Proportion of lymphoedema cases that received adenolymphangitis care, Schistosomiasis MDA geographic and therapeutic coverage, and Soil-transmitted Helminths MDA geographic and therapeutic coverage.

workshop, a mutually agreed upon operating plan to achieve inter-operability was finalized. This plan required at least five months, and additional financial and human resources.

In FY 2023, CHAI, Sightsavers, and FHI 360 offered their technical and financial assistance to the NTD program to complete the interoperability process. The process includes four steps composed of eight activities (workshops) and a timeline has been proposed to achieve interoperability between all NTD database applications and the DHIS2. CHAI has offered to support the PNLMT for the implementation of Activity 1: Presentation of the concept of data repository to the GOB and partners; Activity 2: Validation workshop of technical documents and specifications, alignment; and Activity 3: Initial development of the NTD data repository and capacity building of the technical working group). During the April 2022 meeting described above, it was agreed that FHI 360 and Sightsavers would also support this effort. Therefore, in FY 2023, Act | West proposed to support the PNLMT in implementing Activity 4: Identification, cleaning, and importation of historical data; Activity 5: User testing and incorporation of feedback; and Activity 6: Preparation for the NTD repository deployment. Update and plan for FY 2024 regarding DHIS2 is presented below in the priority activities section.

Drug Management

Support to supply chain management challenges

Improve NTD drug quantification practices and prevent overordering. With the support of its partners (especially USAID and WHO), Benin has resolved significant supply chain management (SCM) challenges in recent years. Since FY16, NTD drug quantification and drug donation request forms are completed and submitted to WHO by April 15, with a good estimate of country drug needs. However, several updates to the WHO Joint Request for Selected Medicines (JRSM) were not incorporated in the Tool for Integrated Planning and Costing (TIPAC), necessitating updates to the TIPAC. Once drug forms are submitted to WHO, feedback is sent to the PNLMT (if there are any discrepancies or errors found), and updated files are returned to WHO for processing by the Mectizan Donation Program (MDP), Merck, and GlaxoSmithKline (depending on the drug requested). To avoid overordering and wasting drugs, since CY17, the country has been using the CDDs' census population size to estimate country's drug needs. Previously, demographic projections (based on 2013 National Census data) contributed to the loss of thousands of NTD pills that expired in 2017 because the drug estimates for a few HDs were significantly higher than population registered during census. However, after the FY 2022 OV MDA, which was conducted during the first quarter of FY 2023, the NTD program determined in February 2023 the national demographic projections were more reliable than the CDD census. This decision was taken after the FY 2023 JAP submission and validated was completed, so the implications for drug quantification and inventory will be reviewed in FY 2024. At the end of the FY 2023 campaigns, local and temporary shortages were reported, but globally there is only a little stock left. But since FY 2023 drug stock was ordered based on CDDs' census, the same figures will be used for stock dispatching. The demographic projections have been used to order FY 2024 drug stock so it is only then that the program will know if their theory is right or not. Since they were sensitized on the risks of using projections, they are aware that they need to increase follow-up so that leftovers are not wasted.

On-time drug delivery at the country's port of entry has improved within the last two years but remains a challenge. In FY 2019, a two-month delay resulted in postponing both the SCH/STH and OV MDA campaigns. In FY 2020, the COVID-19 pandemic resulted in even longer delays, with stocks of IVM, PZQ, and ALB ordered for FY 2020 MDA received after July 2020. In FY 2021, SCH/STH MDA drugs arrived in early April while the MDA was planned for March, and IVM was delivered in October for the MDA planned for June/July 2021. Drug donation programs request official documents prior to shipping the drugs to the country (i.e., documents attesting that the drugs can enter the country, as well as tax exemption documents for PZQ and proof of payment of Cotonou's city hall taxes for IVM). As per

government policy, these official documents can only be requested upon presentation of complete and final shipment documents, including the airway bill. The airway bill was not provided for this shipment, which resulted in additional delays in reception of drugs between FY 2019 and FY 2021. The situation improved in FY 2022 as the ALB shipment was received end of March 2022 (for a May SCH/STH MDA), the PZQ⁹ arrived in country on May 12, 2022 (still somewhat later than desired), and the IVM notification of arrival was delivered to the PNLMT on May 9, 2022 (for an MDA planned for June/July). The FY 2023 PZQ/ALB stocks were delivered on time for SCH/STH in May 2023. The IVM stock was delivered early July 2023 and customs was cleared within a week, on time for the OV MDA now scheduled for October 2023. As the country intends to go back to treating for OV in April/May latest of each year and treat for SCH/STH in March/April, it is important to assess the situation again in FY 2024.

In 2020, the WHO improved the submission process of all countries' JRSM (ESPEN Portal) and a second system (NTDeliver) intended to improve drug order follow-up and enable FHI 360, and USAID staff track shipments. FHI360 staff follow up with NTD program and discuss with drug donation programs helps to solve any issues that can keep shipments from being approved and subsequently delivered on time. Act | West Benin and HQ staff successfully used this platform in FY 2022 and FY 2023 to alert the NTD program on PZQ, ALB, and IVM order status, shipment date, projected delivery date, helping them prepare to receive drug and clear customs on time.

Prevent the expiration of donated NTD drugs and diagnostics. The PNLMT's MDA Officer and the PNLMT's staff who oversee DSA activities check the expiration dates for drugs and diagnostics before they are shipped from the central level; MOH personnel (ZS, district, and sub-district levels) and lab technicians (involved in DSA) do the same. MOH staff are trained on "first expiry, first out" (FEFO) procedures. The same is done with filariasis test strip (FTS) kits for DSAs. For MDAs, reverse logistics are essential to confirm the remaining number of NTD drugs post-campaign and their date of expiration. This continuous verification procedure helps to monitor HDs with drugs nearing date of expiration and provides a reminder to apply procedures discussed during pre-MDA training.

In FY 2020 and FY 2022 with FHI 360's assistance, Benin was able to make essential decisions to avoid the loss of 127,577 PZQ¹⁰ (expiration date: September 2020), 21,076 ALB (expiration date: May 2022), and 2,442,058 PZQ (expiration date: September and October 2022). In FY 2020, there was a pause in NTD field activities due to the COVID-19 pandemic; therefore, the MOH took the initiative to move those drugs from all HDs to one district (Ouèssè) whose needs could be covered by the number of available drugs. The MOH requested the use of community funding to share those drugs using the community-based platform, since the GoB indicated that school would resume in October 2020 and the SCH/STH MDA could not take place before then. In FY 2022, great efforts were made to complete the SCH/STH MDA in May, including staggering the timing of supervisors' training and MDA implementation in ten HDs that were targeted for an SCH/STH impact surveys in the same month. Because of this adherence to the planned dates, the PNLMT ensured that the PZQ that were set to expire between September and October 2022 were all used, avoiding a major drug expiration.

For diagnostics, the situation is different, as all remaining FTS kits and supplies are returned to the central level of the PNLMT at the end of each LF survey. In FY 2021 however, 2,712 kits expired for various reasons. The stock initially ordered for FY 2020 TAS2 and Pre-re-TAS surveys arrived six months later than expected; however, the authorization to re-start field activities was not received until

⁹ Remaining stock of PZQ post FY21 MDA was used. As 10 districts were reported because of the SCH/STH impact survey, and the SCH MDA was focal this year (by sub-district), the stock was sufficient to proceed.

¹⁰ MDA initially planned in April 2020 was cancelled due to the COVID-19 pandemic.

September. The two surveys were completed by mid-October, too late to ship the remaining kits to another country that could use them before the expiration date (December 2021). The loss of these FTS kits caused the FHI 360 team, in collaboration with the PNLMT, to develop a tracker to facilitate monitoring of all diagnostics and drugs in the country. The tracker is updated after each DSA study and after reverse logistics following each MDA campaign.

Submission of complete drug donation applications, specifically:

Prepare and submit JAP. As with previous years, Act | West project staff works with the PNLMT to ensure that NTD activity data are collected in a timely fashion, stored in a secure place, and a copy of each activity report is sent to project staff. Each year, with the assistance of project staff, PNLMT staff completes and submits the MOH's JRSM form to WHO as part of the MDA drug request (IVM, PZQ, and ALB) process. Besides the JRSM, the Epidemiological Reporting Form (a report on all DSAs conducted in the year preceding the request) and Joint Reporting form (a report on the preceding year's MDA data) are also completed and submitted to WHO AFRO. To ensure timely reception of drug orders, WHO advised that the Joint Application Package (JAP) forms should be completed and submitted a minimum of 10–12 months from when the drugs are needed. Despite the reminder, the NTD program completed the JAP forms at the end of March 2023 and submitted the forms to WHO early April 2023. In FY 2024, the Act | West team will again assist the PNLMT for completion of JAP forms during a one-day work session. The PNLMT will submit the forms to WHO once this session is completed.

the delay in the removal of ivermectin known a resolution in 2023. Following exchanges between MDP, the WHO office in Cotonou and MOH, ivermectin was delivered on the airport tarmac. The MOH freight forwarder took care of the drug collection and also paid the "Taxe de voirie" on behalf of the Ministry of Health. The ivermectine was cleared in 72 hours. We hope this will be the case in the coming years

Support the NTDP to respond to WHO's request for additional JAP related information. FHI 360 staff are available to assist with any required revisions once the country receives feedback on JAP elements. Periodically, Act | West staff follow up with the PNLMT about the status of the submitted JAP to obtain confirmation that the package has been accepted and under review accordingly.

Availability or reliability of storage or transport. The PNLMT also found ways to ensure proper drug storage and transportation. Drugs and diagnostics are delivered to WHO Benin, which obtains customs clearance on behalf of the PNLMT. From the port of entry, the shipments are delivered to the central medical store, the Société Béninoise Pour l'Approvisionnement en Produits De Santé (SoBAPS, ex Centrale d'Achat des Médicaments Essentiels [CAME]). NTD drugs are stored in one of the SoBAPS' facilities located in Cotonou at no cost to the program until they are dispatched to regions. Because the drugs are donated, sent, and/or received through WHO, they do not require further testing.

Before an MDA, a PNLMT team manages the distribution of NTD drugs (ALB and PZQ for SCH/STH MDA, IVM for OV MDA) along with the registers or tablets that will be used for MDA data collection. Drugs are then transported from the SoBAPS' central warehouse to the targeted departments. Within each department, drugs and materials are delivered to the Department Public Health Service. After verification, the PF/DDS, and their supervisor (the C/SSPR) dispatches the drugs to each ZS according to the pre-determined distribution amount (prepared by PNLMT MDA officer); the drugs are then delivered from the ZS warehouses to the HDs. In FY 2024, Act | West will support the SCH/STH and OV MDA drug and materials transportation costs from the central to the departmental level (including truck rental costs and PNLMT staff per diem for six days).

Support the NTDP to adopt and implement the WHO SCM SOPs. With the technical and financial support of Act | West, the PNLMT conducted a three-day workshop on NTD drug SCM from March 15–17, 2022. The workshop gathered stakeholders involved in SCM including three PNLMT staff, three

health zone NTD Focal Points, three C/DESS, two managers of regional health zone warehouses, one SoBAPS' staff (the central warehouse), two Benin Agency of Pharmaceutical Regulation staff (Agence Béninoise de Régulation Pharmaceutique [ABRP], ex-Direction de la Pharmacie, du Médicament et des Explorations Diagnostiques [DPMED]), and two FHI 360 staff. At the end of the workshop, eleven ESPEN SOPs for NTD drug SCM had been adapted to the national context and the roles and responsibilities of each of the stakeholders involved in the NTD drug SCM were defined. The draft document was reviewed by a reduced committee composed of PNLMT and FHI 360 staff. The finalized and approved NTD drug SCM SOPs has been shared with all stakeholders in August 2022, and again during the FY 2023 regional MDA training sessions. The PNLMT planned to share this document with stakeholders from different health pyramid levels and requested support for this in FY 2023. Act | West planned to support the PNLMT in printing copies of the documents to be shared with designated staff (number will vary by type of personnel) and is waiting for the PNLMT's approval to proceed with printing. In April 2023, the PNLMT indicated that the document must go through a second review before printing as the country has published new SCM guidelines to be implemented at all the health pyramid levels. As there was no additional budget for a workshop to complete this review, a request was prepared to seek HQ's approval. This request has not been finally submitted as there was no longer time to complete this review before the end of FY 2023.

Planned FY 2024 activities

Review of the adapted WHO SCM SOPs: As indicated above, Act | West will financially and technically support the NTD program for a two-days' workshop in Cotonou. This meeting will gather 15 participants: one departmental team of three persons (1 C/SPPR, 1 NTD focal point, 1 logistician), one health zone team of four persons (1 MCZS, 1 NTD focal point, 1 logistician, and 1 head of ZS warehouse), four PNLMT staff, two resources person (1 DNSP staff, and 1 SoBAPS staff), and two FHI360 staff.

Dissemination of the adapted WHO Supply Chain SOPs: Eleven WHO SOPs have been adapted to the country's context. They will be shared with stakeholders from different health pyramid levels (central PNLMT, SoBAPS, DDS, ZS, and health center). Act | West will support the PNLMT in printing copies of the documents to be shared with designated staff (number will vary by type of personnel).

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

Ensure SAE appropriate management procedures. Since FY17, the PNLMT has worked with targeted district health centers to monitor and treat all MDA-related AEs and SAEs using appropriate procedures according to the agreement between the PNLMT and various health centers, HDs, and sub-district health centers to care for all cases of AEs and SAEs, free of charge to the patient. SAEs are referred to the HdZ. Documentation of AEs and SAEs cases are compiled from health centers by the DNSP and sent to the appropriate health authority, the ABRP, in charge of centralizing information available on MDA-related AEs and SAEs. Act | West ensures that appropriate procedures are followed by actors involved in the MDA campaigns concerning AEs and SAEs reporting and care providing. The DNSP communicates all PC-NTD-related AEs and SAEs to the PNLMT. SAE reports are sent to pharmaceutical companies, drug donation programs, WHO, and FHI 360 by the PNLMT. In FY 2021, a meeting organized at the national level confirmed that the PNLMT is following the country's procedures in relation to AEs and SAEs reporting. The PNLMT is working to improve timely reporting of those events, as currently complete MDA results are not available until two months post-MDA. The PNLMT has considered some actions in the sustainability plan to improve this aspect (e.g.: increase quality of MDA data, including AE and SAE data collection and reporting; use DHIS2 platform to centralize, report and monitor MDA related AE and SAE in real time; finalize a M&E plan for all NTD related activities, strengthen the AE and SAE

management system at the periphery level); it is hoped that the digitization process will also help with timely reporting.

Sustainability: Mainstreaming & health systems strengthening

Summary of Work to Date

Benin is at Phase 3 of the five-phased sustainability planning process. The PNLMT awaits the CNSSP's second round of comments on the Sustainability Plan to meet national guidelines for official government documents.

Proposed FY 2024 activities:

Governance

Refinement and technical endorsement of the sustainability plan by the CNSSP. To finalize the sustainability plan which will be endorsed by the Minister of Health, the PNLMT will convene three meetings in Cotonou. Each of the meetings will be hosted at the CNSSP office and will convene CNSSP, PNLMT (only central level), and partners representatives. The objective of the first two two-day meetings will be to update dates, budgets associated with its implementation, and activities in the document to better align with priorities in the time leading up to the political validation. The third, one-day pre-validation meeting will convene a larger group of 20 participants, including CNSSP, PNLMT (central and periphery level), and partners representatives, to finalize the document.

Political validation of the sustainability plan (technical support from Deloitte & FHI 360). After the pre-validation session, the PNLMT will share the Sustainability Plan with the government authorities and partners during a one-day event. This event will foster a broader endorsement of the Sustainability Plan and allow national stakeholders to understand how the MOH aims to maintain achievements in the fight against NTDs. This event will also give the PNLMT an opportunity to get additional engagement from other government agencies and partners for a successful implementation of the Sustainability Plan. The process of sustainability plan promotion will include the presentation of the sustainability plan to specific stakeholder groups (such as the MOH, MOE, and other Ministries, local authorities, and regional health departments).

TIPAC Data Entry and Analysis Technical Assistance:

In FY 2024, through the organization of two workshops, Act | West will provide technical assistance for 1) FY 2024 TIPAC data entry, and 2) review of the TIPAC data analysis materials. During the data analysis Act | West will be available on site (FHI 360 Benin) and remotely (FHI 360 regional office and Deloitte) to answer any questions on TIPAC reporting functions and analysis during the workshop. This is the first year that the PNLMT leads the TIPAC data analysis workshop marking a step towards sustaining the leading practices of reviewing NTD-related financial data and completing pluriannual projections. Funding gap analysis from TIPAC will also provide the PNLMT with the specific activities and sub-activities that need additional funding. This analysis will directly contribute to future Domestic Resource Mobilization activities in Benin and meeting(s) with the Public Program Investment structure (Programme d'Investissement Publique¹¹ - PIP) within the MOH. Finally, the TIPAC data analysis workshop will also be a time for the PNLMT to revisit the MOH's budget timeline and align FY 2024 activities accordingly. This activity is budgeted under the FHI 360 program budget.

¹¹ The PIP is the primary funding mechanism for GoB resources.

Provide technical assistance to the PNLMT to assess the process to integrate LF and trachoma MMDP into the basic care package of the Human Capital Strengthening Insurance (ARCH) program. Results from the Benin MMDP Situation Analysis, conducted in 2020 indicates that the Agence Nationale de Protection Sociale/National Social Protection Agency (ANPS) is in charge of implementing ARCH (Assurance de Renforcement du Capital Humain/ Human Capital Strengthening Insurance) funded by the government of Benin. The policy of ANPS is to provide health coverage to all segments of the population, especially the most vulnerable. The situation analysis also confirmed that complications related to trachoma and LF are not currently covered by ARCH. In FY 2024 workplan, the PNLMT aims to understand the process for possible inclusion of LF and trachoma MMDP services into the ARCH basic care package.

In FY 2024, Act | West will provide technical assistance to the PNLMT to document the process for the possible integration of LF and trachoma MMDP services into the basic care package of the ARCH project. The PNLMT will develop an advocacy plan to support inclusion and improved access to available care. This will help support the LF and trachoma elimination dossier objectives of ensuring access to MMDP services post-elimination.

PNLMT meetings to prepare domestic resource mobilization (DRM) roundtable three one-day preparatory meetings. A committee of 15 people (including PNLMT, DNSP, FHI 360 and other ministry departments' staff) will attend the meeting. During those meetings, the NTD program advocacy plan and arguments will be finalized, and strategies to ensure all stakeholders' participation in the meeting will be discussed.

Domestic Resource Mobilization (DRM) Roundtable : the PNLMT finalize the mapping out of the in-country funding opportunities, refine the objectives of the DRM and develop the needed materials for budget advocacy with MOH and other key national stakeholders including both, Benin's private local sector, and other ministries and government agencies.

Prioritized activities

Support the DHIS2 interoperability process with standalone NTDs databases in collaboration with other NTD program partners. In FY 2024, the PNLMT will implement 1) Identification, cleaning, and importation of historical data; 2) User testing and incorporation of feedback; and 3) Preparation for the NTD repository deployment..

Other activities

HMIS Integration Documentation. In 2020 and 2021, the PNLMT began integrating data that included NTD indicators into the DHIS2 and trained staff on the system updates. The PNLMT also started digitizing its MDA data and is engaged in a process to ensure interoperability between all NTD databases in use and the DHIS2. Some challenges with this process include availability of NTD focal points to enter NTD data within the platform at the end of each campaign and creating synergies between DHIS2 actors and the PNLMT team. By capturing lessons learned and the PNLMT's perspective in using DHIS2, CIND, or other programmatic databases/platforms, Act | West will have a full and complete picture of the DHIS2 integration process (including interoperability process and challenges). The potential benefits of documenting the HMIS integration process are wide-reaching across the PNLMT as well as other consortium countries, as other countries that will be attempting a similar system migration.

In FY 2023, Act | West will initiate the current state of the HMIS Integration Documentation (phase 1), which includes drafting an outline of the HMIS integration report based on the PNLMT's responses to questions pertaining to the uses, opportunities, and challenges of integrating NTD data with the DHIS2 in Benin. Act | West will work with the PNLMT to interview stakeholders who could provide detailed information on the current state of DHIS2 integration and expound on the challenges mentioned above.

In FY 2024, Phase 1 will be completed via the synthesis of information from interviews into an HMIS integration country report.

IR3 PLANNED ACTIVITIES: SCH, STH

Schistosomiasis

Proposed FY 2024 activities

SCH/STH MDA: in FY 2024, Act | West will support school-based SCH/STH MDA in a total of 67 HDs (298 sub-districts, out of the 546 that compose the 67 HDs) including:

- SCH-only MDA in 35 HDs
- SCH/STH MDA in 28 HDs
- STH-only MDA in 4 HDs

Please note these numbers are subject to change once the FY 2023 SCH/STH impact assessment's results are available.

DSA

FY 2024 SCH/STH survey protocol validation meeting. During five days, ten participants (seven PNLMT and three FHI 360 staff) will gather to review and validate the SCH/STH protocols proposed for the four surveys listed below. The FHI 360 Benin office conference room will be used for this meeting.

SCH mapping in 27 sub-districts with no baseline mapping information. Once the SCH/STH tracker was filled in at the sub-district level, it appeared that 76 sub-districts (in 39 HDs) had no baseline SCH prevalence information. During the FY 2022 and FY 2023 SCH/STH impact assessment, 26 (in nine HDs) and six (in four HDs) respectively of those 76 sub-districts were surveyed. An additional 17 sub-districts (in eight HDs) are targeted through the FY 2024 SCH/STH impact assessment. **This leaves a total of 27 sub-districts (in 18 HDs) that have no baseline SCH information.** With Act | West technical and financial support, the PNLMT will conduct a rapid SCH survey using urine dipsticks and urine filtration of positive results. The protocol will use a sample size calculation to estimate prevalence at the sub-district level (as was done during the FY 2022 and FY 2023 SCH/STH impact assessment). Data will be collected using ESPEN Collect, with database development, training on electronic data capture (EDC) data entry, and phones previously purchased for the NTD program through the ENVISION project. Act | West will support the country with equipment and materials costs, diagnostic training, data collection, and supervision.

CES and KAP survey in 15 sub-districts with persistent high SCH prevalence (hotspots, based on FY 2022 impact survey results). CES will be implemented in 15 sub-districts Ahome Lokpo, Houedo-Aguekon, So-Ava, Bouanri, Dunkassa, Peonga, Bori, Goro, Sanson, Avagbodji, Houedome, Zoungame, Dekin, Houedomey, Kessounou. Information will be collected from randomly selected household

members of each sub-district on SCH disease knowledge, community attitudes, practices, and level of adherence to MDA (and barriers if they exist) with haemastix results. These findings will help the PNLMT adapt their strategy in persistent SCH sub-districts.

SCH/STH impact assessment in 18 HDs that have completed more than five rounds of MDA, with effective (>75 percent) coverage.

In FY 2024, a SCH/STH impact assessment survey is proposed in 18 HDs that have conducted at least five effective rounds of SCH and/or STH MDA by the end of FY 2023. The results will provide information on the impact of several rounds of MDA and inform any decision for reducing or maintaining MDA frequency.

Supervision

Supervision of cascade training for the SCH/STH MDA implementation in 67 HDs. PNLMT staff, assisted by FHI 360 staff, supervise the training at the district level (training of school-based MDA supervisors). The MCC and the NTD focal points will supervise the nurses' training of CDDs. Supervisory visits to trainings at all levels will include assessment of trainers' and trainees' knowledge of WHO guidelines, use of IEC materials, treatment strategies, management of AEs/SAEs, management of drugs, and data collection and reporting, followed by corrections as needed.

Supervision of SCH/STH MDA in 67 HDs. MOE staff (including CRPs, CPs, RUPs, Co-RUPs, DDEMP focal points), and MOH staff (NTD focal point, MCC, DDS, etc.) from each district will supervise the MDA over 3–5 days. Three central level three-person teams composed of both PNLMT and FHI 360 staff will assist in this supervision for five days.

Supervision of SCH mapping in 27 sub-districts with no baseline mapping information. Four supervisors will assist the four survey teams over the entire period of data collection (10 days). Additional central supervision will be provided during the first five days of the activity with two researchers from the University of Abomey-Calavi and two teams of PNLMT & FHI 360 staff.

Supervision of coverage evaluation survey (CES) and knowledge, attitudes, and practices survey (KAP) in 15 sub-districts with persistent high SCH prevalence. Three supervisors will assist the five survey teams over the entire period of data collection (10 days). In addition, three central level three-person teams composed of both PNLMT and FHI 360 staff will assist in this supervision for five days. The sub-districts were selected following impact survey in 2022, which indicated that prevalence was still high even after five rounds of treatment.

Supervision of SCH/STH impact assessment in 18 HDs. Nine supervisors will assist the survey teams over the entire period of data collection (10 days). In addition, central level supervision will be provided during the first five days of the survey with two researchers from the University of Abomey-Calavi and three teams of three supervisors each (two PNLMT and one FHI 360 staff).

SCH/STH Data Review Meeting. FY 2024 data review meeting to following the FY 2024 SCH/STH impact assessment surveys, mapping sub-districts with no baseline information, and CES/KAP survey results will be conducted. An estimated fifteen people will take part in the meeting in Cotonou. The data review meeting will contribute to programmatic decision making.