

Haiti Work Plan

FY 2021

Program Year 3

October 2020–September 2021



This report is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, IMA World Health, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; IMA World Health; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In Haiti, Act | East program activities are implemented by IMA World Health.

COVID-19 PANDEMIC IMPACT ON ACT TO END NTDs | EAST (ACT | EAST) ACTIVITIES AND WORK PLANS

Act | East recognizes the impact that the coronavirus disease 2019 (COVID-19) pandemic has had on all programs. On April 1, 2020, the World Health Organization (WHO) issued interim guidance to neglected tropical disease (NTD) programs recommending that almost all in-person activities be postponed until further notice. With the support of USAID, Act | East stopped all activities that matched the criteria outlined in WHO's interim guidance.

On July 27, 2020, WHO issued further interim guidance on assessing whether NTD activities could restart safely. Alongside this, Act | East, in collaboration with Act | West and USAID, developed activity restart guidance and resource documents to support each country in safely implementing activities while adapting to the COVID-19 challenge and adhering to global guidance.

The timeline to restart activities will be context-specific, varying by country, region, and activity, and is subject to changes in COVID-19 dynamics. For the sake of brevity, all amendments to activity design to account for COVID-19 have not been listed in each country's work plans.

TABLE OF CONTENTS

Acronyms List.....	iv
Narrative	1
1. National NTD Program Overview and Support.....	1
2. IR1 Planned Activities: LF	2
Proposed FY21 Activities.....	2
FY21 Learning Questions.....	6
Dossier Status for LF Elimination	7
3. IR2 Sustainability and Health Systems Strengthening Strategy Activities	8
Improving Core NTD Program Functions	8
Drug Management	8
Achieving Sustainability: Mainstreaming and Health Systems Strengthening	8
4. IR3 Planned Activities: STH	9
Proposed FY21 Activities.....	9
Appendix 10. Maps	11



FY21 Learning Activities are marked with this icon throughout the narrative.

ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
ASCP	Multi-skilled Community Health Worker (<i>Agent de Santé Communautaire Polyvalent</i>)
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CL	Community Leader
COVID-19	Coronavirus Disease 2019
CP	Community Promoter
CY	Calendar Year
DEC	Diethylcarbamazine Citrate
DELR	Directorate of Laboratory and Research Epidemiology (<i>Direction d'Epidemiologie de Laboratoire et de Recherche</i>)
DFID	U.K. Department for International Development
DHIS2	District Health Information System 2
DSA	Disease Specific Assessment
DSF	Directorate of Family Health (<i>Direction de Santé de la Famille</i>)
EU	Evaluation Unit
FAQ	Frequently Asked Questions
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GPS	Global Positioning System
HNTDCP	Haiti Neglected Tropical Diseases Control Program
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole
IDB	Inter-American Development Bank
IEC	Information, Education, and Communication
IR	Intermediate Result
IU	Implementation Unit
LF	Lymphatic Filariasis
LNSP	National Laboratory of Public Health (<i>Laboratoire National de Santé Publique</i>)
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MENFP	Ministry of Education (<i>Ministère de l'Éducation Nationale et de la Formation Professionnelle</i>)
MMDP	Morbidity Management and Disability Prevention
MSPP	Ministry of Public Health and Population
NTD	Neglected Tropical Disease
ODK	Open Data Kit
OR	Operational Research
PAHO	Pan-American Health Organization
PI	Principal Investigator
PROMESS	<i>Programme de Medicaments Essentiels</i> (Essential Drug Program)
Q1, Q2...	Quarter 1, Quarter 2...

SAC	School-Age Children
SAE	Severe Adverse Event
SCT	Supervisor's Coverage Tool
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAS	Transmission Assessment Survey
TCC	The Carter Center
TFGH	Task Force for Global Health
UND	University of Notre Dame
USAID	United States Agency for International Development
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

When the Haiti Neglected Tropical Diseases Control Program (HNTDCP) launched in 2001, data from baseline mapping showed that lymphatic filariasis (LF) was endemic in all 140 communes. Approximately 11 million¹ people in Haiti required mass drug administration (MDA) for LF, caused by *Wuchereria bancrofti* transmitted by mosquitoes (*Culex quinquefasciatus*). In 2001, in line with the global LF elimination goals defined by the World Health Organization (WHO), the HNTDCP set a goal to eliminate LF by 2020 and continue control activities for soil-transmitted helminths (STH) throughout the country. Haiti followed the LF strategy through consecutive annual MDA rounds with diethylcarbamazine citrate (DEC) and albendazole (ALB) for at least five years to eliminate LF as a public health problem. By 2012, the HNTDCP had reached 100% geographic coverage with funding and technical support from its partners, the U.S. Agency for International Development (USAID) through the ENVISION project, University of Notre Dame (UND), The Carter Center (TCC), the U.S. Centers for Disease Control and Prevention (CDC), Task Force for Global Health (TFGH), the Pan-American Health Organization (PAHO), and GlaxoSmithKline. Since then, Haiti has made incredible strides towards its program goals and has seen a significant decline in prevalence, despite continual internal and external challenges. By the end of the third quarter (April–May) of fiscal year 2020 (FY20), 121 communes have achieved the criteria for stopping MDA, and 7,296,556 Haitians are no longer at risk for LF. Entering FY21, 19 communes remain endemic for LF, with 4,437,063 people living in at-risk areas. This means that Haiti will not meet its LF elimination goal by 2020, and given multiple challenges, the LF elimination date will be pushed to 2029.

The HNTDCP works closely with donors USAID, RTI International, CDC, PAHO, and TFGH along with implementing partners IMA World Health and TCC to attain its goal of eliminating LF through capacity building, MDA, disease-specific assessments (DSAs), and other operational research (OR) activities. With generous funding and technical support from USAID through RTI, IMA has supported the HNTDCP to implement LF elimination strategies and STH control activities since 2008 through the USAID NTD Control Program, ENVISION project, and now Act to End NTDs | East (Act | East) program. Previously under ENVISION and currently with support from Act | East, the HNTDCP organizes partner meetings twice per year to review progress, identify challenges and potential solutions, and strategize on upcoming activities. In May 2019, PAHO and its partners convened a 3-day workshop to develop a new 5-year (2019–2024) LF strategic plan for Haiti by focusing on MDA strategies, including triple drug therapy with ivermectin, DEC, and ALB (IDA); vector control; and morbidity management and disability prevention (MMDP). The strategic plan has been approved and adopted by the Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population* [MSPP]).

STH is endemic throughout Haiti, as determined by mapping conducted by MSPP and partners in 2002. The HNTDCP's aim has been to control STH in school-age children (SAC) through annual treatment with ALB to reduce the intensity of infections and protect infected individuals from morbidity. Since the start of the LF program, SAC have received treatment through an integrated approach: MDA with DEC plus ALB, which is conducted in schools by community drug distributors (CDDs). This approach has been strongly supported by partners and donors, and USAID has played a key role through funding STH and LF MDA in large parts of the country since 2008. Integrated treatment continues in the remaining LF-endemic districts; however, because LF MDA has scaled down substantially, the MSPP, HNTDCP, and partners are continuing to discuss the best strategy for future deworming efforts after the interruption of LF transmission.

¹ CIA World Factbook (July 2020 estimate): <https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>

2. IR1 PLANNED ACTIVITIES: LF

Proposed FY21 Activities

In conjunction with the HNTDCP, Act | East plans to shift its strategy away from MDA in FY21. Instead, Act | East in Haiti will focus on data-forward approaches to drive decisions and improved strategy for MDA in FY22. While the program notes that delaying MDA for a year could cause an increase in prevalence,² given concerns with the ability to implement MDA safely while aiming for high coverage in the midst of the COVID-19 pandemic, MSPP and partners agreed to focus on DSA, data collection, and learning activities in FY21. The program aims to address a series of issues faced by the program over the past years of implementation, including the following:

- *Inaccurate population denominators:* These denominators are based on population estimates from the 2003 census, leading to inaccuracies in reported MDA coverage.
- *Discrepancies between reported coverage and SCT information:* In communes with high reported MDA coverage, SCT information has demonstrated low coverage.
- *High reported coverage versus repeated re-pre-TAS failures:* Some communes with high baseline prevalence rates continue to fail pre-TAS despite having high reported coverage and more than eight rounds of MDA.
- *Unreached areas:* Microplanning sessions have discovered that areas in select communes are not being reached with MDA.

To address these issues, it is crucial to revamp a tailored MDA strategy based on data collected and analyzed during FY21 and further develop an effective strategy to sensitize and mobilize the community to participate in MDA. Furthermore, more data is needed to make an informed decision on considering and implementing IDA or DEC+ALB in USAID-supported communes in FY22 to ensure that effective coverage is achieved.

In FY21, the **data-forward approach** will focus primarily on implementing a pre-MDA census, microplanning, a gender equity and social inclusion (GESI) assessment that includes a social mobilization evaluation component, pre-TAS, and TAS. Only one MDA, in Milot, will be implemented in coordination with an OR project, described below, which will help drive decision making toward a revised and tailored strategy for FY22 MDA. All proposed FY21 activities will be properly adapted to the COVID-19 context and follow established standard operating procedures developed with MSPP and Act | East. Details of these adaptations are not included in the work plan narrative but will be discussed with USAID for approval prior to activity implementation.



Activity 1. MDA (Milot commune). As a result of the COVID-19 pandemic, Act | East was unable to complete MDA in Milot and 10 other communes as approved in the FY20 Haiti Work Plan. The program proposes instead to conduct MDA in only the Milot commune in FY21, in coordination with OR funded by TFGH and the U.K. Department for International Development (DFID) until September 2021. The door to door MDA is expected to be completed in ten days and the traditional post-based MDA will be completed within five days. Both will take place during the month of April 2021.

² Won, K. Y., Beau de Rochars, M., Kyelem, D., Streit, T. G., Lammie, P. J. (2009). Assessing the impact of a missed mass drug administration in Haiti. PLOS Neglected Tropical Diseases, 3(8): e443. Published 2009 Aug 25. doi:10.1371/journal.pntd.0000443

MSPP, IMA, RTI, and the CDC will lead the research. The OR will examine the effectiveness of a traditional post-based distribution compared to a door-to-door drug delivery method. Through a cluster-randomized design, the study will aim to answer the following research questions:

- *To what extent does the drug delivery strategy impact MDA coverage among high-risk persons (e.g., adults) who do not currently participate in MDA?*
- *Specifically, does door-to-door delivery of drugs for MDA increase MDA coverage of high-risk persons in Haiti compared with the traditional post-based distribution strategy?*

Act | East will support the traditional post-based MDA portion of the activity: social mobilization, logistics, materials, allowances, and the MDA strategic planning meeting. TFGH will cover costs related to the OR door-to-door delivery (census, trainings, meetings, assessments, supplies, travel, allowances), as well as a coverage survey.

Results from the OR will help inform the MDA strategy for FY22 and will also help inform Act | East's learning questions 1, 2, 3, and 4 (see FY21 Learning Questions section). These results will be disseminated through an official report to all partners, as well as presented at national and regional-level meetings with the MSPP. In addition, the results will be presented at scientific meetings and in peer-reviewed journals. Future decisions may determine how MDA will be approached in FY22: traditional post-based, door-to-door, or a combination/variation of these two strategies.

Activity 2. MDA planning meeting, training and supervision (Milot commune). A one-day meeting will be held in Milot prior to the start of MDA to plan for the upcoming MDA priorities, supervision areas, and strategy. Participants include IMA facilitators, MSPP central and department-level staff, commune-level representatives, and CLs. Act | East will also provide financial and technical support to all levels of MSPP (central, department, and commune) and local authorities in Milot for the post-based MDA. Pre-MDA activities include holding refresher trainings for field supervisors, CLs, CPs, and CDDs.

Activity 3. Pilot new payment system. This activity was in the approved FY20 Haiti Work Plan, but as a result of the COVID-19 pandemic, it was not completed in FY20, and Act | East proposes to conduct it in FY21. Instead of the FY20 proposed Port-de-Paix location, it will be done in Milot. Act | East will pilot a new per diem distribution system for MDA in Milot. Lessons learned under ENVISION, through the Benin country program will be used as guidance for the new per diem payment system.³ Currently, IMA sends staff from Port-au-Prince to each of the communes to pay per diems to all CLs, CPs, CDDs, and multi-skilled community health workers (*agents de santé communautaire polyvalents* (ASCPs), and the staff members travel with large sums of cash. Although this has been done in the past without any issues, the recent civil unrest highlighted the risks associated with this practice. For this reason, Act | East will work with a mobile telecommunications firm and a local bank to distribute allowances through a mobile payment system to CLs, CPs, and CDDs (no ASCPs are involved for the Milot MDA). If the pilot is successful, Act | East will expand the system in FY22 to additional communes.

Activity 4. Pre-TAS. Six months following the MDA in Milot (1 EU), the Act | East team will conduct re-pre-TAS in the last quarter of FY21. In FY20, Act | East segmented re-pre-TAS communes into multiple EUs to identify hotspots. Act | East may explore segmenting Milot into multiple EUs following MDA, based on previous pre-TAS results as well as OR outcomes, but at this time, Act | East has budgeted for one EU.

³ Batcho, W., Dossa, N. I., Assogba, A., Dare, A., Brown, C., and Tougoue, J. J. (2017). *Investigating the satisfaction of Republic of Benin Ministry of Health field-staff paid through the Mobile Money platform*. Presentation at the 2017 American Society of Tropical Medicine and Hygiene in Baltimore, MD.

Activity 5. TAS1 in 1 EU. In FY20, MSPP and the Act | East team agreed to split Cabaret into two EUs for re-pre-TAS due to the differing predicted LF transmission risk within the commune. One EU (urban) failed while the other (rural) passed. The EU that passed will undergo community-based TAS1 in FY21. The TAS team is composed of three people: an enroller, a phlebotomist, and one local guide .

Activity 6. TAS2 in 5 EUs. Five EUs in West Department are eligible for TAS2, four having passed TAS1 in FY17—Grand-Goâve/Petit-Goâve, Cornillion/Thomazeau, Kenscoff, and Ganthier—and one in FY18—Fonds-Verrettes. All EUs have less than 500,000 population. Act | East will conduct community-based TAS2 in the five EUs in the second half of FY21.

Activity 7. TAS3 in 10 EUs. Of the 10 EUs eligible for TAS3, Act | East plans to support eight EUs, but will split two EUs into two additional EUs for a total of 10 EUs implementing community-based TAS3. All EUs have less than 500,000 population. The EUs are as follows:

- 3 EUs in North: (1) Borgne; (2) Port-Margot, Bas-Limbé, Pilate, (3) Plaisance
- 2 EUs in Northwest: (1) Chansolme; (2) Anse-à-Foleur, Baie-de-Henne, Bassin-Bleu, Bombardopolis, Saint-Louis-du-Nord, Jean-Rabel, Môle-Saint-Nicolas
- 3 EUs in Northeast: (1) Capotille, Vallières, Carice, Ferrier, Fort-Liberté, Perches, Mombin-Crochu, Mont-Organisé; (2) Ouanaminthe; (3) Sainte-Suzanne, Terrier-Rouge, Trou-du-Nord
- 2 EUs in Nippes: (1) Miragoâne; (2) Anse-à-Veau, Arnaud, Fonds-des-Nègres, Grand-Boucan, L'Asile, Paillant, Petit-Trou-de-Nippes, Petite-Rivière-de-Nippes, Plaisance-du-Sud

In the 2017 TAS2, Ouanaminthe commune contained three of the four positive children. As a result, Ouanaminthe will split into its own EU in FY21. Act | East also split Miragoâne in Nippes from the other eight IUs in the original Nippes EU based on the results from the TFGH-funded TAS2 follow-up study in Nippes, which found a cluster of positive cases in Miragoâne. The remaining EUs were not split because there was no evidence of heterogenous risk based on low numbers of positive cases in TAS2 and lack of clustering of positives.

Two EUs (Southeast, Northeast/Caracol) which implemented TAS2 in 2017 will have their TAS3 postponed to FY22, not only due to funding constraints, but also because there is a higher probability that these EUs will pass TAS3 given they have had zero or one positive children in previous TASs.

For all LF DSA activities (re-pre-TAS, TAS1, TAS2, TAS3), the data collection method will be electronic data capture. Enumerators will enter the data in a mobile application, Secure Data Kit. The Act | East team will closely follow the process to ensure the quality of collected data through active supervision, including both the first line supervisors and the IMA technical team. Act | East will support refresher training for lab technicians and supervisors prior to TAS.



Activity 8. Microplanning in 8 communes. Having successfully completed microplanning in the five metropolitan area communes in FY18, Act | East had originally planned to scale up microplanning in FY19 in five communes that had failed re-pre-TAS (Port-de-Paix, Acul-du-Nord, Gonaïves, Cabaret, and Arcahaie) to identify gaps in supervision areas, challenges, and opportunities to increase access and quality of upcoming MDAs. However, due to political unrest, Act | East only completed the first three out of five communes. In FY21, in advance of the FY22 MDA, Act | East will scale up the microplanning sessions to eight communes: three communes in West Department (Arcahaie, Croix-des-Bouquets, Cabaret), and five in North Department (Dondon city center, Plaine-du-Nord, Limonade, Cap-Haïtien, Quartier-Morin). Results from the microplanning can help inform Act | East's learning questions #2 and

#3 (see FY21 Learning Questions section) and possibly inform planning to implement IDA in FY22. Microplanning results will also be shared informally with partners during meetings, as well as during the biannual Haiti NTD partners' meeting.



Activity 9. Pre-MDA census in 10 communes. The last national census in Haiti took place in 2003, prior to the 2010 earthquake and other significant population upheavals. The HNTDCP produces routine MDA coverage reports using the 2003 national census data, despite general acknowledgement that population figures based on the census are likely significantly out of date. By conducting a pre-MDA census, the HNTDCP will gain more-accurate population estimates with which to calculate MDA coverage. The pre-census will be completed in five communes in North Department (Acul-du-Nord, Cap-Haïtien, Limonade, Plaine-du-Nord, Quartier-Morin), one commune in Northwest (Port-de-Paix), one commune in Artibonite (Gonaïves), and three communes in West (Arcahaie, Cabaret, Croix-des-Bouquets). This will be a comprehensive enumeration of all households located in the targeted communes. The global positioning system (GPS) location of each household will be registered through electronic data capture. Electronic data capture requires less time, human resources, and materials compared with a paper-based census in Haiti's context (and enables quick data collection and troubleshooting in the context of potential political unrest), and the GPS data will help inform future microplanning, MDA, and community-based TAS. Additional Android smartphones procured for the census will be used for future TASs and real-time data collection during MDA. The data collected during the pre-MDA census will be shared with other community health programs and the USAID Mission.

The pre-MDA census will be completed within three months in Quarter 2 (Q2) of FY21 (January–March 2021). A total of 316 local surveyors paired with CLs acting as local guides and 58 supervisors (estimated one supervisor for every 6 surveyors) will be trained and deployed in the 10 targeted communes. The data collection teams will be deployed in the days following their training. Data collection will be completed for each commune within 34 days, with one day off for every 6 days of work.

1. **North—Acul-du-Nord, Cap-Haïtien, Limonade, Plaine-du-Nord, Quartier-Morin:** 96 surveyors and 19 supervisors will be trained in two parallel 2-day sessions for 8 days by 4 IMA staff (2 per session).
2. **Artibonite—Gonaïves:** 65 surveyors and 11 supervisors will be trained for 4 days.
3. **Northwest—Port-de-Paix:** 50 surveyors and 9 supervisors will be trained for 9 days.
4. **West—Arcahaie, Cabaret:** 44 surveyors and 8 supervisors will be trained for 4 days.
5. **Croix-des-Bouquets:** 61 surveyors and 11 supervisors will be trained for 4 days.

Each commune will have one IMA staff member to provide technical support and assure the coordination of the census. MSPP departmental- and communal-level staff will be involved in supervision and facilitation.

The data collected will include data for indicators on the number of individuals per household, disaggregated by sex and age. At least two questions on **social mobilization** will be included in the pre-MDA census questionnaire to gauge population interest in participating in the MDA campaign. Questions include recent participation in MDA, and if not participating, reasons for not participating. Additional questions will also capture an individual's preference on the most effective communication channel to learn about the MDA campaign. Estimates of the number of hydrocele and lymphedema patients will also be integrated into the pre-MDA census in the 10 communes. Depending on the total number of questions, we may also be able to add a set of questions around acceptability for future IDA

campaigns; however, given the need not to overwhelm participants with a long questionnaire, we will determine that closer to the census. IDA acceptability questions will be included in the focus group discussions described in the learning activities below.

Overall, the pre-MDA census will achieve the following objectives:

- Solve the denominator issue by providing accurate population estimates with which to calculate MDA coverage
- Facilitate data-driven microplanning on the location of health posts, planning for potential future door-to-door MDA (based on the Milot OR), refining CDD ratios and catchment areas, and identifying missing pockets of the population
- Obtain full lymphedema and hydrocele patient estimates for the 10 communes
- Provide valuable data on preferred communication channels by geographic area to refine the FY22 social mobilization strategy.

Activity 10. MDA social mobilization. A majority of information, education, and communication (IEC) materials have been procured in FY20. These include posters, banners, FAQs, flyers and brochures, LF films, and job aids. The IEC materials are currently stored at the IMA warehouse with the intent to use in FY21 for MDA in Milot. Radio/television spots, sound trucks, and town criers, and messaging will be adapted and used in Milot to include messages on COVID-19 and gender/social inclusion based on results from the GESI assessment. Letters are also sent to parents of school children to inform them of the MDA campaign.

FY21 Learning Questions

1. *Is door-to-door drug distribution a more effective strategy to conduct MDA compared with the traditional post-based MDA strategy in Milot? What is the cost-effectiveness of using one versus the other?*

- Addressed by Activity 1 (OR and MDA in Milot)

IMA successfully implemented a malaria door-to-door targeted MDA strategy in selected communes in Grand'Anse Department. Lessons learned documenting the malaria program's success from this strategy, including good coverage, effective directly observed treatment, and active follow-up to track absentee people, were presented at the biannual Haiti NTD partners' meeting in April 2019. While partners that attended the meeting expressed enthusiasm about this strategy, they questioned cost effectiveness of the door-to-door strategy compared with a traditional post-based drug distribution in the LF program. This is the answer that the Milot OR will try to expand upon; the preliminary results are expected to be available by May 2021 and will be shared with partners informally as well as formally during the next biannual Haiti NTD partners' meeting. In addition, the results will help inform the FY22 MDA strategy.

2. *What are the main social and gender-associated barriers of access to drug distribution during the MDA campaign?*

- Addressed by Activities 1 (MDA), 8 (Microplanning), 9 (Pre-MDA Census), GESI assessment

Data from February 2020 re-pre-TAS conducted in four communes (Cap-Haïtien, Dondon, Plaine-du-Nord, and Cabaret) indicated that men are 2.5 times more affected by the disease compared with women. The reasons have not yet been documented, but it could be surmised that men are less compliant about taking the drug or are busy at the time of the distribution. Through the GESI

assessment, understanding the main gender-associated and social barriers to receiving MDA will help the program revise its distribution strategy to target specific groups. As multiple activities associated with this learning activity occur throughout the year, results from the GESI assessment (Q1), Milot MDA (Q2), pre-MDA census (Q2), and preliminary results from microplanning (Q3) will be included in the FY22 work plan, but a full, holistic analysis and FY22 social mobilization strategy may be completed nearer to the end of the fiscal year.

3. *What is the most effective and/or preferred social mobilization channel that reaches the population, based on urban/rural, gender, and social groups?*

- Addressed by Activities 1 (MDA), 8 (Microplanning), 9 (Pre-MDA Census), GESI assessment

The most recent social mobilization survey was conducted in 2017 in Croix-des-Bouquets. The objective was to assess the social mobilization strategy through an integrated survey that included questions on information coverage via various communication channels. Data showed that individuals received MDA information primarily from radio spots or public service announcements (59%), town criers (47%), and television spots (42%). The reality may be different in other settings and among specific population groups. As part of the GESI assessment, Act | East will employ a qualitative approach (e.g., focus group discussions) to deepen its understanding of how information reaches people to determine the most effective or preferred social mobilization channel and will help improve its social mobilization strategy to better target the population. As multiple activities associated with this learning activity occur throughout the year, results from the GESI assessment (Q1), Milot MDA (Q2), pre-MDA census (Q2), and preliminary results from microplanning (Q3) will be included in the FY22 work plan, but full, holistic analysis and FY22 social mobilization strategy may be completed nearer to the end of the fiscal year.

4. *How safe is it to implement MDA in the COVID-19 context? How will COVID-19 affect MDA acceptance?*

- Addressed by Activity 1 (MDA)

Since the pandemic started, health services have been partially or completely disrupted in many countries, Haiti included. Fears, panic, and rumors associated with the pandemic undermine health service delivery, response efforts, and community engagement, leading COVID-19 to spread even more quickly. MDA activities in this context are high-risk activities, including population movement and long lines at MDA posts, which increases the risk of transmission despite the NTD program's implementation of protective measures. How safe is it to implement MDA in the COVID-19 context? IMA, in conjunction with MSPP and the Malaria Zero consortium, will be implementing a targeted malaria MDA in Grand'Anse from September to November 2020, in which lessons learned can be applied to the Milot LF MDA. Taking lessons learned and best practices from both cases, by the end of the Milot MDA, Act | East and MSPP will be able to elucidate both the feasibility of MDA activities and the population's acceptance of them. Preliminary lessons learned will be disseminated during the partners' meeting in April 2021.

Dossier Status for LF Elimination

Haiti is expected to implement its final TAS3 by 2028, with 2029 being the new target date for LF elimination. LF data is stored in the PAHO-created database that sits within PAHO, which currently supports the HNTDCP. This database will eventually be used to prepare the LF elimination dossier. The HNTDCP confirms that PAHO-recruited consultants have entered all data into the database.

Proposed FY21 Activity: None. A previously planned consultant to complement the PAHO-funded work has been postponed to FY22.

3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING STRATEGY ACTIVITIES

Improving Core NTD Program Functions

Data Security and Management:

Proposed FY21 Activities:

Activity 1. MDA real-time data collection training. Under the FY18 revamped urban MDA strategy, IMA utilized an interactive voice response approach, a mobile data collection tool to collect MDA coverage data in real time during the metropolitan area MDA; the CDC financially supported this approach. In FY19, IMA used its own funds to develop a real-time data collection system, hosted on an Open Data Kit (ODK) server, for use during MDA. In addition to regular supervision duties during the MDA, the IMA M&E team trained more than 140 ASCPs, considered as first-level MDA supervisors, on this system. The system was then piloted during the FY19 MDA and helped evaluate the MDA supervision process, which allowed the team to take immediate actions to achieve improved MDA coverage. This was considered a success, and IMA planned to expand the system to all MDA activities in FY20 before they were cancelled.

In FY21, the IMA team will use lessons learned from the pilot to implement the real-time data collection method during the Milot MDA, using Act | East funding. Data will be collected and entered electronically into field supervisors' smartphones. Act | East will dedicate 2 training days to train the four field supervisors. The first day will focus on a general MDA overview and training on using ODK for data collection. The second day will focus on a practicum, where supervisors will practice using the system on mobile phones.

Drug Management

Proposed FY21 Activities:

Act | East has not identified any new procurement or supply chain activities for FY21 that are not already being supported and are listed below as routine procurement activities by the program. These activities are listed in the budget as drug diagnostic clearance and TAS supply shipping, drug storage, drug transport clearance to warehouse, drug transport from national warehouse to Milot commune, drug transport from the commune to distribution posts, drug repackaging, reverse supply chain of drugs, and diagnostic of stocks post-MDA/drugs recuperation.

Achieving Sustainability: Mainstreaming and Health Systems Strengthening

Haiti is a gender priority country within Act | East. This activity will address GESI-related challenges and concerns while applying health systems strengthening principles that will contribute to sustainable practices that continue the work beyond Act | East.



Activity 1. Gender equity and social inclusion (GESI) assessment. After completing a GESI desk review in 2019, WI-HER plans to conduct a GESI assessment in Haiti in FY21 to uncover root causes and driving factors related to gender disparities or social inequities that preclude access to quality preventive and treatment services. Findings and recommendations from this analysis will yield invaluable evidence to inform program improvements to ensure that no one is excluded from services. Previous DSAs have shown higher rates of LF infection among men. The GESI assessment will investigate more deeply into the root causes and identify why this is happening in certain communities and what can be done to address these gaps. Through key informant interviews and focus group discussions with

CDDs, men and women, parents of SAC, and those affected by LF living in Gonaïves and Acul-du-Nord, WI-HER and the Act | East Haiti field team will use the data to develop and refine strategies to reach populations who may have been previously excluded from MDA or may have been non-compliant. The assessment will elucidate reasons for non-compliance to design tailored strategies to convince groups who refuse MDA (i.e., adult men) to participate in the drug distribution. Additionally, through adding a social mobilization component to the assessment, we will better understand how to reach more vulnerable groups identified, including adult men. This will then inform the MDA strategy for FY22.

The Act | East team in Haiti will work with WI-HER to organize and facilitate focus group discussions, key informant interviews, internal review board submissions (RTI and Haiti), and other logistical arrangements for the WI-HER consultants traveling in country.

GESI assessment objectives:

1. Define the role and status of women, men, and persons with disabilities in society and how they affect the objectives of the Act | East program and the HNTDCP.
2. Define how the activities of the NTD program affect men, women, and persons with disabilities differently.
3. Develop potential strategies and approaches to respond to the identified GESI-related constraints and opportunities and promote sustainable NTD program impact.

Results from the focus group sessions and trainings will help inform how MDA is approached in FY22, contributing to a revised MDA strategy as well as a revised social mobilization strategy with tailored messaging related to identified social groups. The results, which relate to learning questions #2 and #3 (see FY21 Learning Questions section), will be shared informally with partners and formally through presentations at the biannual Haiti NTD partners' meeting. Revised strategies will be included in the FY22 work plan.

Activity 2. GESI integration training. WI-HER will lead a training on GESI integration into NTD programming, focusing in Gonaïves and Acul-du-Nord. This 4-day training will be tailored to approximately 30 MSPP and district management staff, CDDs, health providers, and master trainers. It will consist of sensitization to key issues and training in specific knowledge, skills, and behaviors that will strengthen program design around NTDs and will improve service delivery practices and monitoring. The trainings will employ innovative learning approaches to ensure knowledge retention, practical activities to demonstrate the relevance of this information and incorporate learning into practice, and training-of-trainer sessions to facilitate scale and sustainability. WI-HER, through the training, will prepare the master trainers to conduct trainings on their own. WI-HER will provide master trainers with facilitator guides and with continuous supportive coaching as they scale these trainings at the district level. WI-HER will also provide these master trainers with pre- and post-tests to track the success of their trainings. WI-HER will accompany two master trainers on their first training to provide support and guide master trainers. This training will take place following the GESI assessment.

4. IR3 PLANNED ACTIVITIES: STH

Proposed FY21 Activities

Activity 1. Integrated MDA. Act | East will conduct integrated STH-LF MDA activities in Milot in FY21, as stated under IR1 planned activities.

Activity 2. STH National Planning and Review Meeting. As LF MDA scales down, STH prevalence remains high in several departments. IDB funding is also coming to an end, and as a result, the need to

focus and discuss the way forward in controlling STH throughout the country is becoming increasingly important. Act | East plans to support the HNTDCP in organizing a one-day meeting held a day after the January 2021 Haiti NTD partners' meeting. Participants will include the DELR, DSF, and IDB. The HNTDCP will review lessons learned from the recent FY19 mapping with all partners, MDA results, and surveys and will develop improved strategies to reduce STH prevalence. The expected outcomes are identifying different organizations or groups engaging in STH activities in the country, discussing potential funding for STH, and harmonizing their interventions with the STH transition plan.

Activity 3. Haiti NTD Control Program Biannual Partners' Meetings. Act | East will provide funds and assist the HNTDCP in organizing two partners' meetings for local and international stakeholders to ensure strong coordination among the MSPP, the the Ministry of Education (*Ministère de l'Éducation Nationale et de la Formation Professionnelle* [MENFP]) MENFP, and local and international NTD partners (including CDC, TCC, the University of Florida, and others). These meetings will be led by the MSPP and are critical for the HNTDCP to establish how best to implement activities; assess overall progress toward achieving Haiti's NTD elimination and control goals and areas requiring additional focus; and identify programmatic gaps, funding gaps, and priorities.

Activity 4. Coordination meeting with MSPP/HNTDCP. In-country monthly meetings are held at the MSPP/HNTDCP office in Port au Prince, led by Dr. Telfort (LF/ Malaria Coordinator) and Dr. Momprevil (Technical Advisor for LF and Malaria Programs) and includes at least two or three IMA staff and TCC staff to discuss updates, lessons learned, results, plans moving forward, and other issues to advance NTD programming.

APPENDIX 10. MAPS

Figure 1. Disease Endemicity in Haiti

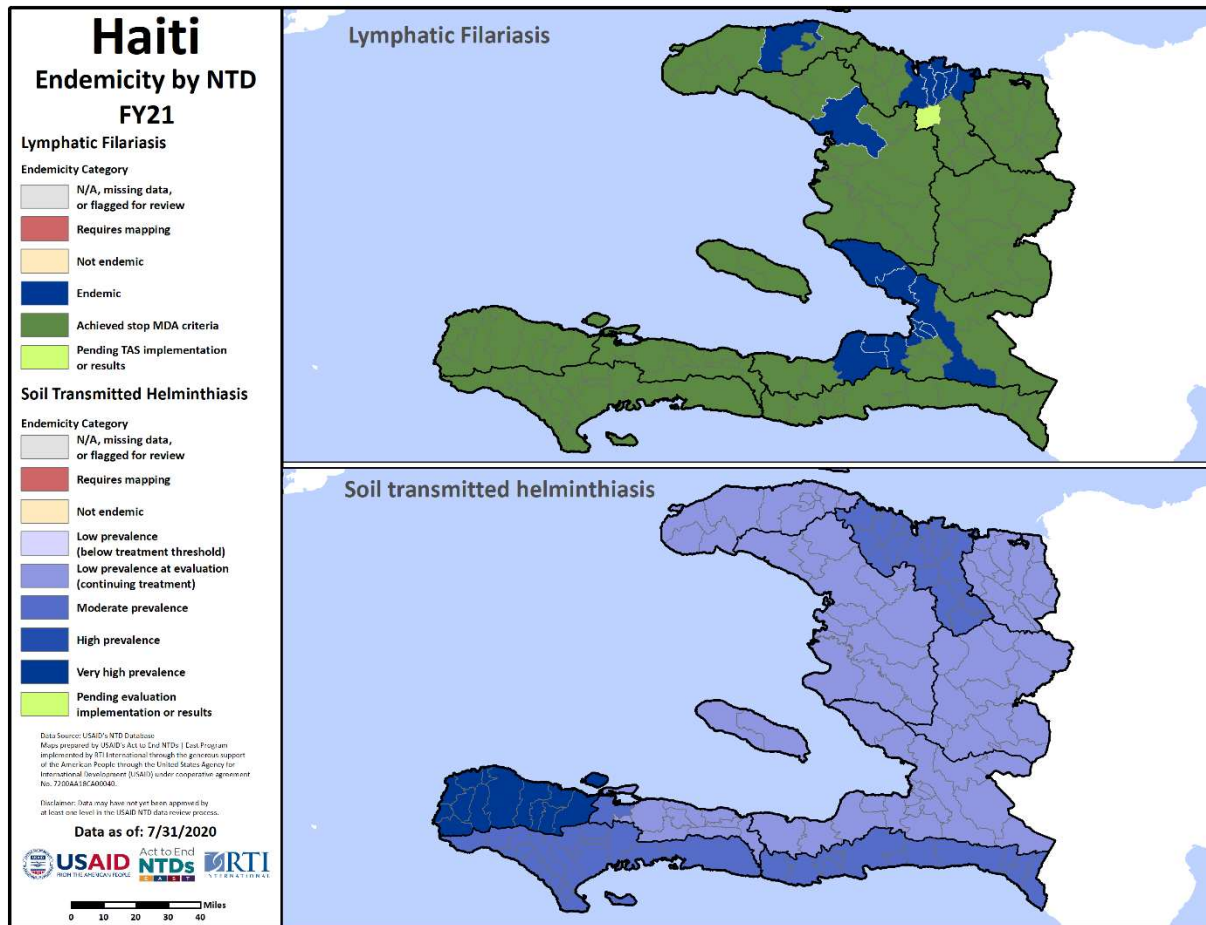


Figure 2. Status of Elimination of LF in Haiti

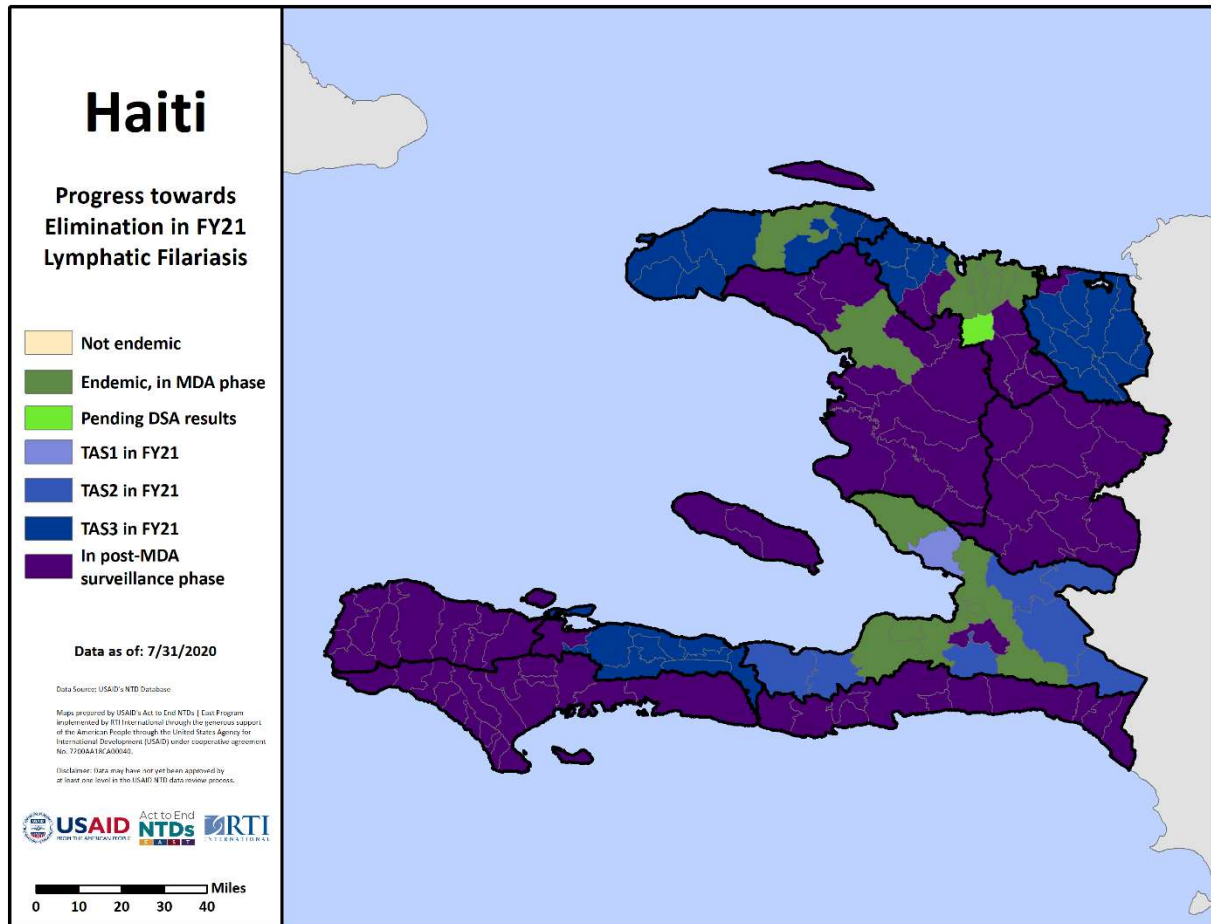


Figure 3. LF and STH MDA Geographic Coverage in Haiti

