

Haiti Work Plan

FY 2022

Program Year 4

October 2021–September 2022



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, 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; Light for the World; Results for Development (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WIHER).

In Haiti, Act | East program activities are implemented by RTI International.

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

The coronavirus disease 2019 (COVID-19) pandemic continues to impact neglected tropical disease (NTD) programs. On April 1, 2020, the World Health Organization (WHO) issued guidance to 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.

On July 27, 2020, WHO issued further guidance on assessing whether NTD activities could restart safely. Act | East, in collaboration with Act | West and the U.S. Agency for International Development (USAID), developed activity restart guidance and resource documents to support each country to adapt activities appropriately.

Decisions on all supported activities continue to be made in close coordination with ministries of health and are context-specific, varying by country, region, and activity type, and are subject to changes in COVID-19 dynamics. Act | East continues to provide regular updates to USAID on the plans for specific activities through the submission of monthly updates.

Unless noted, work plans for fiscal year 2022 assume a full year of activities and are written with the best information available at the time of submission. Nevertheless, the situation may change in some countries and will result in adjustments to work plans. Act | East will continue to communicate with USAID to discuss these changes as the situation evolves.

TABLE OF CONTENTS

ACRONYMS LIST	5
IV. NARRATIVE.....	7
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:	7
2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES: LF	8
Proposed FY22 Activities	8
FY22 Learning Questions	12
Dossier Status for LF Elimination	13
Proposed FY22 Activity:	14
3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING STRATEGY ACTIVITIES	15
Improving Core NTD Program Functions:	15
Proposed FY22 Activities for Drug Management	15
4. ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING	15
5. IR3 PLANNED ACTIVITIES: STH	16
Proposed FY22 Activities	16



FY22 Learning Activities are marked with this icon throughout the narrative.

ACRONYMS LIST

Act East	Act to End NTDs East
AE	Adverse Event
ALB	Albendazole
ASCP	Multi-Skilled Community Health Workers (<i>Agents De Santé Communautaire Polyvalents</i>)
CDC	U.S. Centers for Disease Control And Prevention
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CL	Community Leader
COVID-19	Coronavirus Disease 2019
CP	Community Promoter
DEC	Diethylcarbamazine Citrate
DHIS	District Health Information System 2
DSA	Disease-Specific Assessment
DSF	Directorate of Family Health (<i>Direction de Santé de La Famille</i>)
ESPEN	The Expanded Special Project for the Elimination of NTDs
EU	Evaluation Units
FAA	Fixed-Amount Award
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GPELF	Global Programme to Eliminate Lymphatic Filariasis
HNTDCP	Haiti Neglected Tropical Diseases Control Program
IDA	Ivermectin, Diethylcarbamazine Citrate, and Albendazole (Triple Therapy)
IDB	Inter-American Development Bank
IEC	Information, Education, and Communication
IMA	IMA World Health
IR	Intermediate Result
LF	Lymphatic Filariasis
LOE	Level of Effort
LNSP	National Laboratory of Public Health (<i>Laboratoire National De Santé Publique</i>)
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MMDP	Morbidity Management and Disability Prevention
MSPP	Ministry of Public Health and Population (<i>Ministère de La Santé Publique et de La Population</i>)
NIS	NTD Information System
NTD	Neglected Tropical Disease
ODK	Open Data Kit
OR	Operational Research
PAHO	Pan-American Health Organization
PROMESS	Essential Drug Program (<i>Programme de Médicaments Essentiels</i>)
Q	Quarter
RTI	RTI International
SAC	School-Age Children

SAE	Serious Adverse Event
SCT	Supervisors' Coverage Tool
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TCC	The Carter Center
TFGH	Task Force for Global Health
UND	University of Notre Dame
USAID	U.S. Agency for International Development
WHI-HER	Women Influencing Health, Education, and Rule Of Law
WHO	World Health Organization

IV. NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT:

When Haiti's Ministry of Public Health and Population (*Ministère de la Santé Publique et de la Population* [MSPP]) launched its Neglected Tropical Diseases Control Program (HNTDCP) 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) using diethylcarbamazine citrate (DEC) and albendazole (ALB) for LF, caused by *Wuchereria bancrofti* transmitted by *Culex quinquefasciatus* mosquitoes. 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), and the Pan-American Health Organization (PAHO). 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 first half of fiscal year 2021 (FY21), 122.5 communes have achieved the criteria for stopping MDA, and 7,644,371 Haitians are no longer at risk for LF. Entering FY22, 18 communes remain wholly or partially (Cabaret commune) endemic for LF, with 4,443,967 people living in at-risk areas. Haiti's LF elimination target date has been pushed to 2029.

The HNTDCP works closely with donors and implementing partners to attain its goal of eliminating LF through capacity building, MDA, disease-specific assessments (DSAs), and other operational research (OR) activities (see Table 1 in Appendix 1). A 5-year (2019–2024) LF strategic plan for Haiti focuses on MDA strategies, including triple drug therapy with ivermectin, DEC, and ALB (IDA); vector control; and morbidity management and disability prevention (MMDP). USAID has supported the HNTDCP to implement LF elimination strategies and soil-transmitted helminth (STH) control activities since 2008 through the USAID NTD Control Program, ENVISION project, and now Act to End NTDs | East (Act | East) program. Through FY21, USAID activities were implemented through RTI International by IMA World Health. As of FY22, RTI is implementing Act | East directly in Haiti.

STH is endemic throughout Haiti, as determined by mapping conducted by the MSPP in 2002. The HNTDCP's aim has been to control STH in school-aged 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/the-world-factbook/static/4444208a745a5264666171c451b15050/HA-summary.pdf>

September 2021: Coronavirus Disease 2019 (COVID-19), Security, Earthquake, and Elections

Haiti has experienced political instability for close to three decades, in addition to significant natural disasters: the devastating 2010 earthquake, 2016 hurricane, and the August 2021 earthquake that severely impacted the southern region.

The political instability has considerably weakened the Haitian state, including its systems, institutions, and ability to provide basic services to its citizens. The situation became even more chaotic with the assassination of Haitian President Jovenel Moïse on July 7, 2021. Prior to his assassination, he was one of the few elected officials remaining in the country in addition to ten senators, as terms for the other national parliamentarians and mayors had lapsed. Power struggles over the nation's leadership are ongoing and protests are common.

On August 14, the country experienced a major earthquake in the southern region, which put the country in an even more difficult and precarious situation: specifically, a leadership crisis at the highest level of the state added to a humanitarian crisis that is beyond the country's capacity to respond. As a direct consequence, the international community, particularly the US Government, realizes that it is no longer possible to organize the previously called-for elections this year given the extent of the damage recorded in the southern region.

As of July 2021, COVID-19 continues to be a significant challenge in Haiti, with a health state of emergency in place. The school year ended early, and the population is under a nightly curfew. All cultural, leisure, and artistic events are banned, including concerts, shows, and most types of public social gatherings. Daily case rates have soared in the last few months and testing remains limited. The rapid increase in the number of cases prompted the government to declare a national state of emergency on May 24, which has been extended multiple times.

In addition to the COVID-19 situation, the security situation in Haiti has worsened considerably over the past year. Kidnappings have increased and gang warfare has escalated throughout the Port-au-Prince metropolitan area and surrounding communes, notably Croix-des-Bouquets. As a result of the gang activity, there has been population displacement from several neighborhoods. Some roads out of Port-au-Prince are controlled by various gangs, making it dangerous to travel to some parts of the country, particularly the south. The gangs are now believed to have become affiliated with political parties and politicians.

2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES: LF

Proposed FY22 Activities

- **Hold a National LF Program Pause and reflect meeting:** Act | East will support the national program to conduct a virtual Pause-and-Reflect meeting with the World Health Organization's (WHO's) Global Programme to Eliminate Lymphatic Filariasis (GPELF), PAHO, USAID, CDC, TFGH, and implementing partners to consider progress to date and recent learnings and formulate a way forward for the program. This will build on learnings and recommendations from the recent CDC/TCC IDA meeting in July 2021. This meeting will present the results of the data forward approach, as well as the hypotheses and recommended changes. Other partners, such as Emory, will also be asked to share updated data. Results of this meeting will be used to finalize planned changes to the MDA strategy in FY22, seeking buy-in from key partners and stakeholders.

- **Complete the pre-MDA census in two communes:** In FY21, Act | East completed planned pre-MDA censuses in 7 communes in order to answer the question of whether denominator issues were resulting in lower coverage than reported. Data collected included:
 - Number of households
 - Population by sex
 - Structures of interest (e.g., church, school, hospital, police station, market, etc.)
 - Preferred social mobilization channel

Due to several delays in implementation in FY21 due to insecurity and COVID-19, IMA was unable to complete the pre-MDA census in three communes: Arcahaie, Cabaret, and Croix-des-Bouquets. In FY22, Act | East plans to complete the pre-MDA census in Arcahaie and Cabaret in order to have up-to-date denominator data for MDA.

- **Develop revised social mobilization communications strategy:** Act | East designed the pre-MDA census and GESI assessment to include questions about preferred social mobilization channels. Act | East collected data during the GESI assessment about what social mobilization messages did or did not resonate with respondents. The Milot OR study collected data on barriers to participating in MDA and how they might be overcome. Using the information collected during these components of the data forward approach as well as the synthesis of messages and materials developed by the IDA advocacy and communications small working group, Act | East will provide funding and technical support to the HNTDCP to develop a revised social mobilization communications strategy. This revised strategy will include updated, targeted, and revised messaging—not reinventing messaging that works well, but making targeted changes to ensure messages reach their intended targets effectively. The strategy will also include a review of current and alternate channels for conveying social mobilization messages.

This activity includes a national review and then field-level review of revised materials. The HNTDCP, with Act | East support, will conduct the field-level review for LF in one urban and one rural commune. Once materials have been reviewed, Act | East plans to pilot implementation of the revised BCC approach, which will be carried out along with distribution of the IEC materials. Act | East and the HNTDCP will then conduct interviews with community members and local leaders to assess the impact of these revamped tools.

- **MDA planning meetings in 7 communes:** Act | East will support a one-day meeting in the 7 communes where the program supports MDA (the two communes not doing microplanning will hold these planning meetings for 2 days). Each meeting will include approximately 17 participants and will occur prior to the start of MDA. The meetings will review priorities and strategy and set supervision areas and strategy. Participants include RTI facilitators, MSPP central- and department-level staff, commune-level representatives, and CLs.
- **Microplanning in five communes:** Due to FY21 delays in implementation due to insecurity and COVID-19, IMA was unable to conduct microplanning before the end of September 2021. Microplanning is, however, a key activity to ensuring the appropriate MDA distribution strategy. In FY22, Act | East plans to work with departmental and communal leaders to conduct microplanning sessions in five communes using the pre-MDA census data. The microplanning will take place in Archaie and Cabaret in West Department, as well as Plaine-du-Nord, Quartier-Morin, and Acul du Nord in North Department. It is worth noting that while Act | East conducted microplanning in Acul du Nord in FY19, it will be important to revisit those plans in light of the new pre-MDA census data. Microplanning will not be required in Milot since it was completed in FY21 as part of the OR activities, nor in Port-de-Paix where, in FY19 microplanning significant issues were identified and corrected.

Microplanning in FY22 will take into account the following considerations:

- Use the FY21 pre-MDA census data to plan and calculate coverage (vs. official census calculations)
 - Use FY21 pre-MDA census population location data and identified points of interest to determine where distribution booths should be placed
 - Develop outreach plans that target specific sub-groups
 - Clearly define communal border areas and make plans to catch sub-groups (commuters) that may travel outside the commune during MDA
 - Review the real-time data collection protocol and define the supervisors', CLs', and CPs' roles in responding to information provided on a regular basis.
 - Engage Ministry of Education local representatives alongside local politicians, (conseil d'administration communal [CASEC] and l'assemblée de la section communale [ASEC]) for a grassroots partnership to trigger demand (this was done in Port au Prince in 2018)
- **GESI behavior change activity:** In consultation with the MSPP, Act | East will select Acul-du-Nord and one other commune, to pilot a GESI behavior change activity. Similar to successful GESI behavior change activities in Tanzania and Uganda, this activity is designed to improve MDA coverage among hard-to-reach groups or sub-groups identified during the FY21 GESI assessment. The activity will take place ahead of LF MDA and in alignment with the FY22 MDA strategy. The activity will include the following:
 - A two-day commune-level training for 15 participants facilitated by national MSPP staff, a Women Influencing Health, Education, and Rule of Law (WI-HER) GESI Behavior Change Consultant, and RTI staff. This will cover basic GESI skills and concepts, the specifics of the behavior change activity, and the development of a commune-level GESI action plan to guide the activity. Training participants will act at the supervisory and support level for the activity and will oversee the selection of cohorts and behavior change teams. Costs include RTI, WI-HER, HNTDCP central, department, and commune staff travel, meeting venue and refreshment costs, and consultant time.

- Following the training, Act | East and a select group of “root agents” identified by the commune-level training participants will carry out a series of steps to:
 - Review sub-commune-level MDA coverage data and identify groups or sub-groups who have missed previous MDA
 - Form one to two cohorts among the groups/sub-groups
 - Interview the cohorts using root cause analysis skills
 - Identify reasons for missing or refusing MDA and community influencers
 - Recruit and train community influencers to form behavior change teams.
- Act | East, with support from the root agents and commune-level participants, will train the behavior change teams on the activity and support them to develop action plans to test various solutions to decrease barriers to participating in MDA, change cohorts’ intentions to take upcoming MDA, and ultimately, change behaviors during the next MDA to improve coverage.
- The behavior change teams will be intentional in devising, testing, and leveraging solutions and approaches that align with the FY22 MDA strategy and will further inform the finalization of GESI inputs into the MDA training package and support.
- **MDA in 7 communes:** Evidence shows that multiple years of missed MDA rounds compounds increases in infection rates. To not lose the gains already achieved in Haiti in reducing LF prevalence, Act | East plans to support MSPP to implement MDA in 7 communes in FY22: 4 in North Department (Acul-du-Nord, Milot, Plaine-du-Nord, Quartier-Morin) and 2 in West Department (Arcahaie, 1 EU in Cabaret) and 1 in Northwest Department (Port de Paix). These communes were selected based on their most recent prevalence data, the security situation, and FY21 implementation during the data forward approach. Act | East will update plans for MDA depending on the results of the National LF Program Pause-and-Reflect Meeting.
- **MDA trainings:** Pre-MDA activities include holding refresher trainings for community leaders (CLs), community promoters (CPs), and CDDs. Trainings will incorporate lessons learned from FY21, including:
 - Per the microplans, ensuring CDDs and supervisors understand their specific post and catchment area for drug distribution and appropriate time of distribution (e.g., between 2-6pm)
 - Emphasis on management of AEs and SAEs. In remote areas where there are no dispensaries, SAE communal focal points can train peripheral nurses who would train health agents on AE reporting and management.
 - Training and role-play with the new social mobilization messages so that CLs, CPs, and CDDs are comfortable delivering these to community members.
- **MDA supervision with real-time data collection:** Act | East will provide financial and technical support to all levels of the MSPP (i.e., central, department, and commune) and local authorities to supervise MDA activities in the planned communes. Act | East staff will also carry out supervision of pre-MDA and MDA activities. Electronic data collection will be used for MDA, allowing daily data analysis to focus mop-up in areas which did not achieve effective coverage. Use of real-time data will trigger mop-up more effectively. Act | East has included a budget line for mop-up in all communes implementing MDA.
- **After-action review (integrated into bi-annual partners’ meeting):** Act | East will support the National LF Program to conduct an after-action review with WHO’s GPELF, PAHO, USAID, CDC,

TFGH, and implementing partners to reflect on MDA implementation and supervision. This consortium will assess the strategies that were proposed during the Pause-and-Reflect meeting and discuss how activities (including the GESI behavior change, and micro-planning activities described above) impacted LF MDA coverage. Act | East will support the documentation and dissemination of learnings and follow-up on action items. The after-action review will be integrated into one of the bi-annual partners' meetings.

- **CES:** The HNTDCP, with technical and financial support from Act | East, will conduct CES in two communes. The communes will be confirmed at the Pause-and-Reflect meeting in FY22 Q1, but likely will be those with prior effective reported coverage, such as Port-de-Paix (urban, Northwest Department), Acul-du-Nord (rural, North Department), and Cabaret (peri-urban, West Department). The CES will also integrate questions on GESI to assess the effectiveness of any social mobilization adaptations that will be implemented based on the FY21 GESI assessment. We will also use these CESs to evaluate the accuracy of the pre-MDA census population estimates, which will require support from RTI experts outside of Act | East. CES data will be collected electronically.
- **TAS2 in two EUs:** Act | East is planning to conduct community-based TAS2 in two EUs (L'estere-Verettes-Saint Marc; and Ennery, Marmelade, Saint Michel, Desssalines in Artibonite) in FY22. These EUs are being prioritized given that they last conducted TAS1 in FY16 and had relatively high baseline prevalence. They represent two of four EUs that are eligible for TAS2 in Artibonite, with a population of less than 500,000. Table B outlines the additional EUs that are eligible for TAS2 in FY22, along with their security status. Two will be supported by TCC, and seven that currently have no funding support.
- **TAS3 in four EUs:** Act | East will support community-based TAS3 in four EUs in FY22 (Caracol in Northeast Department; Grande-Riviere du Nord, Bahon, Pignon, Saint Raphael, Ranquette, La Victoire in North Department; Capotille, Vallieres, Carice, Ferrier, Fort Liberte, Les Perches, Monbin Crochu, Mont Organise in Northeast Department; and Anse A Foleur, Baie De Henne, Bassin Bleu, Bombardopolis, Saint Louis Du Nord, Jean Rabel, Mole Saint Nicolas in Northwest Department). These are the high priority EUs that are accessible given the current security situation. The EU population is less than 500,000.

For all LF DSA activities (TAS2 and 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 in-country technical team. Act | East will support refresher training for staff technicians and supervisors prior to TAS (included in the training budget section). The TAS team is composed of three people: an enroller, a phlebotomist, and one local guide.

FY22 Learning Questions



Learning Question #1: To improve MDA coverage, Haiti engaged in a data-forward approach in FY21 to inform MDA activities in FY22. The data forward approach focused on four activities: (1) MDA in Milot, (2) GESI assessment, (3) pre-MDA census, and (4) micro-planning. In FY22, Act | East proposes two learning questions to assess how the data forward approach shaped MDA activities and if there were impacts to coverage. The first question, "Will new social mobilization strategies result in effective MDA coverage," falls under the prioritized Act | East learning agenda question "What are effective strategies for implementing quality MDA, including reaching hard-to-

reach and/or never treated populations?” Act | East will use the outcomes of the GESI assessment, along with data from the activities below, to answer this question.

1. National LF program Pause-and-Reflect meeting—to synthesize data collected during FY21 and determine key populations to target in FY22
2. GESI behavior change activity—to help target key populations
3. Develop revised social mobilization and communication strategy – to develop messaging aimed at key sub-populations
4. MDA electronic data capture—to disaggregate results by geographic area, sex, and age groups
5. CES—to determine if the key populations were reached during MDA
6. After-action review meeting—to assess if strategies were effective

Learnings will be summarized for an after-action review meeting to determine if the proposed strategies were effective and should be carried forward into future MDA.



Learning Question #2: Act | East will investigate a second learning question, “Did the data-forward approach allow for more accurate coverage data? Were districts able to achieve sufficient coverage for LF MDA?”, which aligns with the program priority question, “What are effective strategies for implementing quality MDA, including reaching hard-to-reach and/or never treated populations?” through the activities listed below.

1. Pre-MDA census
2. Micro-planning
3. National LF program Pause-and-Reflect meeting to synthesize and discuss data from the pre-MDA census and micro-planning
4. MDA coverage results to evaluate reported coverage and coverage from the CES
5. After-action review meeting to assess if strategies were effective.

Learnings will be summarized for the after-action review meeting to inform future MDA.



Learning Question #3: Haiti is facing rising numbers of COVID cases and political unrest that often delay or postpone activities. As the program continues to navigate this challenging landscape, one question that Act | East would like to investigate further is “How should we continue to make progress toward LF elimination given the implementation challenges from COVID and the political and security situation within the country?”. Act | East will use the following pieces of evidence to answer this question:

1. Monthly reports to track schedule changes, delays, and cancelations
2. Reports from staff after activities conclude to gather learnings on implementation
3. An after-action review meeting.

Learnings will be synthesized and used to inform future implementation.

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. Due to competing priorities, a draft written dossier and the associated data Excel file have not been started.

Proposed FY22 Activity:

LF pre-dossier development meeting: RTI proposes to provide financial and technical support for the HNTDCP to draft a pre-dossier in FY22. This would provide historical and background data, populate templates, and compile key publications in support of Haiti's LF elimination program. Act | East will convene a combined virtual and in-person pre-dossier meeting in FY22 Q4 to begin compiling data. The meeting will be held for two days for approximately 15 participants.

3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING STRATEGY ACTIVITIES

Improving Core NTD Program Functions:

Proposed FY22 Activities for Data Security and Management

Activity 1. MDA real-time data collection training: Under the FY18 revamped urban MDA strategy, IMA utilized an interactive voice response approach with CDC funding. This was a mobile data collection tool to collect MDA coverage data in real-time during the metropolitan area MDA. 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 activities were cancelled. In FY21, the IMA team used lessons learned from the pilot to implement the real-time data collection method during the Milot MDA using Act | East funding. The activity was key to identifying areas for mop-up and intensified MDA.

In FY22, RTI will expand this real-time electronic data collection during MDA in 7 districts. Data will be collected and entered electronically into field supervisors' smartphones. Act | East will dedicate two days to train field supervisors in each of the departments conducting MDA. The first day will focus on a general MDA overview and on using ODK for data collection. The second day will focus on a practicum, where supervisors will practice using the system on mobile phones. The training for this activity is included in the planned FAAs to the Artibonite, North, Northwest, and West Departments.

Proposed FY22 Activities for Drug Management

Act | East will continue to support routine procurement activities by the HNTDCP. These activities are listed in the budget as drug diagnostic clearance and TAS supply shipping, drug transport clearance to warehouse, drug transport from national warehouse to MDA communes, drug transport from the communes to distribution posts, drug repackaging, reverse supply chain of drugs, and post-MDA/drugs recuperation. One new activity is proposed for FY22.

MDA safety workshop: Following Act | East's MDA safety presentations to the Expanded Special Project for the Elimination of NTDs (ESPEN), PAHO started a series of workshops on a regional basis focusing on the same subject. RTI proposes to coordinate with PAHO and the MSPP to conduct a similar workshop for approximately 40 Haiti participants, providing an opportunity to the MSPP and implementing partners to discuss maximizing MDA safety. Given the security and COVID-19 challenges in Haiti, this workshop will be held in Port-au-Prince for two days and planned as a combination of in-person and virtual participants. Budgeted costs include travel, per diem, and lodging for HNTDCP communal, departmental, and national staff; venue rental; fuel; and stationery.

4. ACHIEVING SUSTAINABILITY: MAINSTREAMING & HEALTH SYSTEMS STRENGTHENING

Haiti is a GESI priority country within Act | East. In FY21, WI-HER conducted a GESI assessment in two communes—Gonaïves and Acul-du-Nord. The assessment sought to understand reasons for low MDA coverage and identify groups or sub-groups that are missing or refusing MDA, including those never treated, to develop an MDA absenteeism profile. Findings and recommendations will inform Act | East

improvements and the FY22 MDA strategy to ensure that no one is excluded from services. In FY22, these results will be shared during the National LF Program Pause-and-Reflect Meeting (see IR1) and through a dissemination meeting and training (see below).

National-level dissemination of GESI assessment findings, sensitization, and training: WI-HER and RTI will support the MSPP to hold a three-day workshop for approximately 30 participants to disseminate findings from the FY21 GESI assessments in Gonaïves and Acul-du-Nord. At this workshop, Act | East will introduce national and subnational stakeholders to the findings and discuss their applicability to the FY22 MDA strategy. The workshop will pursue the following objectives:

- Sensitize stakeholders to GESI barriers and gaps in reaching groups who have missed or refused LF MDA, including those never treated.
- Strengthen stakeholder capacity in GESI skills and concepts as they relate to NTDs more broadly, and LF specifically.
- Train participants in root-cause analysis to identify barriers and gaps and devise solutions.
- Review the national MDA training curriculum, including social mobilization strategies and materials, and develop GESI training materials to be rolled out during pre-MDA training.
- Develop a draft GESI training package, to be tested during FY22 pre-MDA training.
- Following the workshop, WI-HER will provide ongoing support to finalize the GESI training materials and offer ongoing coaching and support to the use and application of the materials. The aim will be to complete this workshop in FY22 Q1 prior to or shortly after the Pause-and-Reflect meeting. Costs include HNTDCP central, department, and commune staff travel, meeting venue and refreshment costs, stationery, and WI-HER consultant time.

GESI MDA materials finalization meeting: Following the development and testing of the draft GESI MDA training package and in coordination with the revised social mobilization strategy, Act | East will support the MSPP to convene a two-day meeting with approximately 20 participants to review feedback and learning on the use of the GESI training materials during pre-MDA training and MDA implementation. The feedback will inform the finalization of the materials, which will then be institutionalized and applied as part of the formal MDA training curriculum and package. The meeting will also review social mobilization strategies used, to update them to reflect GESI barriers and opportunities. Lastly, behavior change strategies devised and tested and materials used during the GESI behavior change activity will inform the final package of GESI training materials. Costs include HNTDCP central, department, and commune staff travel, meeting venue and refreshment costs, stationery, and WI-HER consultant time.

5. IR3 PLANNED ACTIVITIES: STH

Proposed FY22 Activities

Integrated MDA. Act | East will conduct integrated STH-LF MDA activities in 7 communes in FY22, as described under IR1 planned activities.