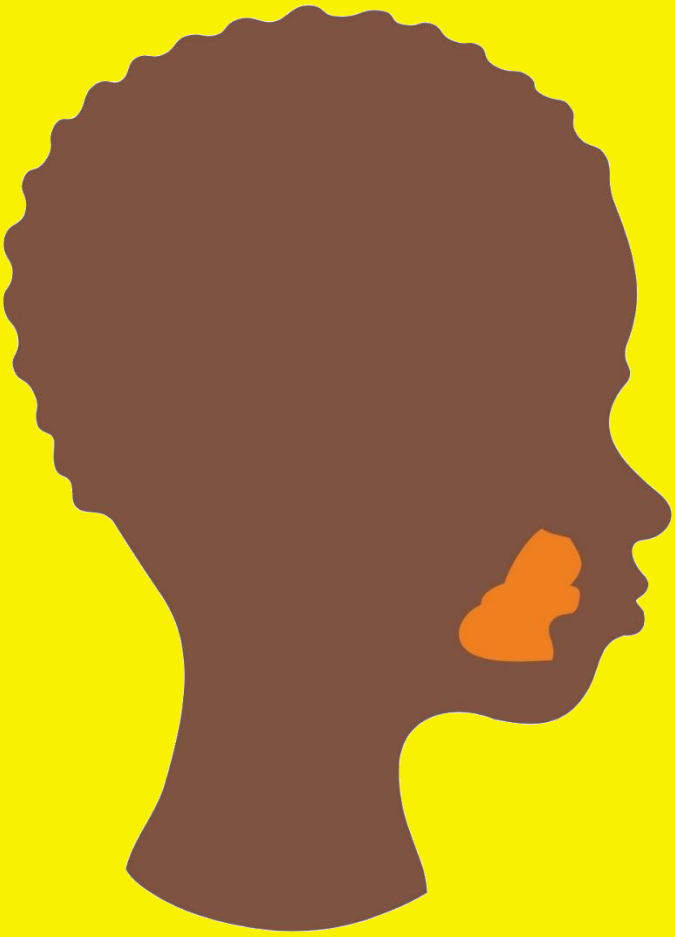
A STEP-BY-STEP GUIDE TO DEVELOP NATIONAL ACTION PLANS FOR NOMA PREVENTION AND CONTROL IN PRIORITY COUNTRIES



World Health Organization
REGIONAL OFFICE FOR Africa

A STEP-BY-STEP GUIDE TO DEVELOP NATIONAL ACTION PLANS FOR NOMA PREVENTION AND CONTROL IN PRIORITY COUNTRIES

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CONTENTS

ABBREVIATIONS AND ACRONYMS v

ACKNOWLEDGEMENTS vi

1. INTRODUCTION 1
   1.1 WHO AFRICAN REGIONAL NOMA CONTROL PROGRAMME AND NATIONAL NOMA CONTROL PROGRAMMES 2
      1.1.1 Evaluation of the RNCP and NNCPs 3
   1.2 PURPOSE OF THIS STEP-BY-STEP GUIDE 3
2. NNCP ACTION PLAN 6
   2.1 INTRODUCTION OF THE NNCP ACTION PLAN 6
   2.2 SITUATION ANALYSIS 7
      2.2.1 Country profile 8
   2.3 GOAL AND SPECIFIC OBJECTIVES OF THE NNCP 15
      2.3.1 Specific objectives, results, indicators and key activities 15
      2.3.2 Process for prioritizing policy options and activities 16
   2.4 ROLES AND RESPONSIBILITIES 21
   2.5 BUDGET 21
      2.5.1 Budget breakdown by activity 22
      2.5.2 Biannual budget summary 23
      2.5.3 Budget summary by year 23
      2.5.4 Budget summary by funding source 24
   2.6 MONITORING, EVALUATION AND LEARNING 25
      2.6.1 Indicators 25
      2.6.2 Monitoring 26
      2.6.3 Evaluation 27
      2.6.4 Learning 27
      2.6.5 Performance management framework 28
   2.7 PROGRAMME REPORTS 31
      2.7.1 Activity reports 32
      2.7.2 Biannual and project reports 32
      2.7.3 Biannual report package 32

ANNEXES 33

LIST OF FIGURES

Fig. 1: Description of the SWOT table components....13
Fig. 2: Budget breakdown by activity....23
Fig. 3: Biannual budget summary....23
Fig. 4: Budget summary by year....24
Fig. 5: Budget summary by funding source....24
Fig. 6: Logframe....28
Fig. 7: NNCP M&E plan....29
Fig. 8: NNCP activity workplan....30
Fig. 9: Indicator tracking table....31

LIST OF TABLES

Table 1: Social and health profile of those at risk of noma.... 8
Table 2: General characteristics of the at-risk population (children 2 to 6 years of age)....11
Table 3: NNCP results (2010–2020)....12
Table 4: Skills available versus skills needed....12
Table 5: SWOT analysis for the NNCP....13
Table 6: Specific objectives and key activities....17
Table 7: Specific objectives, key results and indicators....19
Table 8: NNCP budget summary....22
Table 9: Regional and global indicators....25
Table 10: Types of NNCP reports....31

ABBREVIATIONS AND ACRONYMS

AFRO	WHO Regional Office for Africa
AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
CHW	community health worker
CSO	civil society organization
DALY	disability-adjusted life year
DHIS	district health information system
EPI	Expanded Programme on Immunization
GDP	gross domestic product
GNP	gross national product
GIS	Geographical Information Systems
GPW 13	WHO Thirteenth General Programme of Work, 2019–2023
HAT	human African trypanosomiasis
HDI	human development index
HIV	human immunodeficiency virus
IDSR	integrated disease surveillance and response
IEC	information, education and communication
ITT	indicator tracking table
KAP	knowledge, attitudes and practices
KPI	key performance indicator
M&E	monitoring and evaluation
MoH	ministry of health
NCDs	noncommunicable diseases
NGO	nongovernmental organization
NNCP	National Noma Control Programme
NTDs	neglected tropical diseases
PHC	primary health care
PMF	programme management framework
RNCP	Regional Noma Control Programme
SDGs	Sustainable Development Goals
SWOT	strengths, weaknesses, opportunities and threats
UHC	universal health coverage
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WHO	World Health Organization

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1. INTRODUCTION

Noma (cancrum oris) is a severe gangrenous disease of the mouth and face. It is a rapidly progressive and often gangrenous infection.[1] The initial gum lesion develops into an acute necrotizing gingivitis that progresses rapidly, destroying the soft tissues and then the hard tissues and the skin of the face. It mostly affects children between the ages of 2 and 6 years living in extreme poverty.[2] Noma is the result of complex interactions in immuno-compromised children with measles, malaria or human immunodeficiency virus (HIV). In addition to the known factors such as malnutrition, lack of vaccination in children and poor oral hygiene, several social and environmental factors such as maternal malnutrition and close spacing of pregnancies that result in offspring with increasingly weakened immune systems are potentially related to the onset of the disease.[3]

The latest available data from the World Health Organization (WHO), albeit dated, estimated the global incidence of noma to be over 140 000 cases per year in 1998.[4,5] Noma is mostly found in sub-Saharan Africa, although cases have also been reported in Latin America and Asia. Cases remain undetected owing to 1) the rapid progression of the disease and the high mortality rate associated with its acute phase, 2) the inability of both the general population and health workers to recognize noma, 3) the lack of routine surveillance systems that include noma, and 4) the hiding of affected children by their families owing to the social stigma associated with the disease.[6]

In 2012, the United Nations Human Rights Council Advisory Committee cited children affected by noma as an example of the effects of severe malnutrition and childhood diseases as follows: "Noma, the face of poverty, represents the worst violations of the rights of the child."

The United Nations Human Rights Council Advisory Committee's study on "Severe malnutrition and childhood diseases with children affected by noma as an example" (2012, UN Doc. A/HRC/AC/8/7) [7] emphasized that early detection of noma can facilitate rapid halting of the disease progression with simple interventions including basic

1 Enwonwu CO, Falkler Jr WA, Phillips RS. Noma (cancrum oris). Lancet. 2006;368(9530):147–56. doi:10.1016/S0140-6736(06)69004-1. PMID 16829299.

2 Enwonwu CO, Falkler Jr WA, Phillips RS. Noma (cancrum oris). Lancet. 2006;368(9530):147–56. doi:10.1016/S0140-6736(06)69004-1. PMID 16829299.

3 Baratti-Mayer D, Gayet-Ageron A, Hugonnet S, François P, Pittet-Cuénod B, Huyghe A, Bornand J-E, Gervaix A, Montandon D, Schrenzel J, Mombelli A, Pittet D. Risk factors for noma disease: a 6-year, prospective, matched case-control study in Niger. Lancet Global Health. 2013;1: e87-96.

4 World Health Report, 1998. Geneva: World Health Organization; 1998 (https://www.who.int/whr/1998/en).

5 Information brochure for early detection and management of noma. Brazzaville: WHO Regional Office for Africa; 2017 (https://www.afro.who.int/publications/information-brochure-early-detection-and-management-noma).

6 Srour ML, Marck KW, Baratti-Mayer D. Noma: neglected, forgotten and a human rights issue. Int Health. 2015;7(3): 149–50. doi:10.1093/inthealth/ihv001.

7 Study on Severe Malnutrition and Childhood Diseases with Children Affected by Noma as an Example (A/HRC/AC/8/7) United Nations Human Rights Council Advisory Committee Eighth session 20–24 February 2012 (https://www.ohchr.org/EN/HRBodies/HRC/AdvisoryCommittee/Session8/Pages/Index.aspx)

hygiene and nutrition improvements and cost-effective antibiotics. However, the vast majority of the affected communities are situated in peri-urban and rural areas, where traditional beliefs and stigma are prevalent and where early detection and diagnosis of the disease and access to care are difficult.[8]

The mortality rate for untreated noma is estimated to be 85%, but with treatment it decreases to 15–20%. Additionally, survivors of the acute phase often suffer from severe facial disfigurement, have difficulty eating or speaking, and face social stigma and isolation. The global burden of the disease is estimated to be between 1 million and 10 million disability-adjusted life years (DALYs), mostly due to premature mortality and disability among noma survivors.[9]

1.1 WHO AFRICAN REGIONAL NOMA CONTROL PROGRAMME AND NATIONAL NOMA CONTROL PROGRAMMES

In 1994, WHO declared noma a public health problem. In 1998,[10] noma was identified as one of the priorities of the Regional Strategy for Oral Health in the WHO African Region 1999–2008. To help bridge the knowledge gap on noma and improve the early detection, diagnosis and management of cases at the primary care level, the WHO Regional Office for Africa's (AFRO) Oral Health Programme formally established the Regional Noma Control Programme (RNCP) in 2001. The overall goal of the RNCP is the "sustainable elimination of noma as a public health problem in the African Region". The key objectives of the RNCP include,[11]

Ten noma priority countries[12] have received technical support from the Regional Oral Health Programme and the noncommunicable diseases (NCDs) management team since 2013, with funding from Hilfsaktion Noma e.V, a German nongovernmental organization (NGO). Each

8 Srour ML, Marck KW, Baratti-Mayer D. Noma: overview of a neglected disease and human rights violation. Am J Trop Med Hyg. 2017;97(2):268–274. doi:10.4269/ajtmh.16-0718.

9 Haesen S, Furst T, Utzinger J. 2013. Noma: epidemiology and global burden of a neglected disease. Joint conference of the International Society for Environmental Epidemiology (ISEE), the International Society of Exposure Science (ISES) and the International Society of Indoor Air Quality and Climate (ISIAQ). Basel, Switzerland. Abstract: 4226, ID: P-1-14-13 as cited in Srour ML, Marck KW, Baratti-Mayer D. Noma: overview of a neglected disease and human rights violation. Am J Trop Med Hyg. 2017; 97(2):268–274. doi:10.4269/ajtmh.16-0718.

10 Oral health in the African Region: a regional strategy. Report to the Regional Director. Brazzaville: WHO Regional Office for Africa, 1998 (https://apps.who.int/iris/bitstream/handle/10665/1748/AFR-RC48-9.pdf?sequence=1&isAllowed=y)

11 Evaluation of the WHO African Regional Programme on Noma Control (2013–2017). Brazzaville: WHO Regional Office for Africa, 2019 (https://www.afro.who.int/publications/evaluation-who-africa-regional-programme-noma-control-2013-2017).

12 Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of the Congo, Guinea-Bissau, Mali, Niger, Nigeria, Senegal and Togo

priority country implemented its national noma control programme (NNCP) based on three-year national action plans that were developed using the "Step-by-step guide to preparing a three-year national plan of action for the prevention and control of noma" (AFRO, 2013). That guide focused on how to develop national noma plans based on specific objectives, including strengthening and developing the capacities of social and health workers and community stakeholders; undertaking awareness-raising and social mobilization campaigns; developing training, education and awareness materials; undertaking monitoring and evaluation (M&E); and developing coordination and leadership mechanisms within the programme. The guide also provided a performance framework along with key performance indicators (KPIs).

1.1.1 Evaluation of the RNCP and NNCPs[13]

In 2018, an external evaluation was conducted to review the implementation of the RNCP and NNCPs from 2013 to 2017 using a mixed-methods approach. The evaluation answered the following questions:

- How has the noma programme performed against its programme indicators?
- Which high impact/best practices has the programme advanced?
- How is AFRO coordinating the development, implementation and M&E of national action plans in the 10 priority countries?

The criteria used for RNCP and NNCP evaluation in 2018 were relevance, effectiveness, efficiency, interim outcomes and equity.

The evaluation found that some progress had been made, such as the development of action plans and the implementation of various disease prevention interventions. However, it concluded that the RNCP should encourage stakeholders to rebuild or develop the impact framework of the RNCP with its high level goals, strategic objectives and indicators; strengthen the reporting and M&E systems; and enhance intersectoral and multisectoral collaboration at all WHO levels and each country level.

The complete evaluation report can be found at https://www.afro.who.int/publications/evaluation-who-africa-regional-programme-noma-control-2013-2017.

1.2 PURPOSE OF THIS STEP-BY-STEP GUIDE

To respond to the results of the 2018 external evaluation, AFRO decided to update the 2013 step-by-step guide to assist the priority countries in developing new five-year noma action plans to ensure more focused action and visibility in both the intervention strategies and the programme results.

The current global context defined by the United Nations 2030 Agenda for Sustainable Development provides a unique opportunity to shift from vertical programming characterized by isolated disease approaches to multisectoral and intersectoral engagement, holistic

[13] Evaluation of the WHO African Regional Programme on Noma Control (2013–2017). Brazzaville: WHO Regional Office for Africa, 2019 (https://www.afro.who.int/publications/evaluation-who-africa-regional-programme-noma-control-2013-2017).

thinking and approaches that are evidence based, inclusive and sustainable. To contribute to these goals, WHO has defined in the WHO Thirteenth General Programme of Work (GPW13)[14] the triple billion targets for expanding universal health coverage (UHC), protecting people from emergencies and promoting health and well-being for people across the world. These targets and the health-related Sustainable Development Goals (SDGs) will be achieved only with a major effort towards UHC, meaning that all individuals and communities receive the health services they need without suffering financial hardship. UHC targets have, therefore, been integrated into the national health strategies of most Member States of the WHO African Region. The momentum towards UHC is accelerating in the African Region.

The aim of this guide is to assist the ministries of health (MoHs) to identify a general goal to be attained by the end of five years, with a view to sustainably reducing the incidence of noma as a public health problem through programmes that are fully integrated with national health planning, strengthening of primary health care (PHC) and attainment of UHC.

The guide was updated based on the results of the 2018 external evaluation, including the lessons learned, literature review and key informant interviews with NNCP key stakeholders such as the WHO focal points for child health, gender, equity and human rights, health promotion, health system strengthening, health workforce, NCDs, neglected tropical diseases (NTDs), nutrition, polio, programme budget management, and oral health, as well as external experts.

Whilst this guide is intended for the designated national coordinators of NNCPs, namely the chief dental officers in the health ministries who usually initiate the development of NNCPs, the process itself should be undertaken collaboratively with a broad group of sector representatives and stakeholders to ensure its alignment and integration with other health programmes.

Guidance is provided on the following aspects:

- how to conduct an analysis of the country situation based on a set of indicators – this will help identify the national priorities and the needs of the target groups of the programme;
- how to fight against noma – the goal is to work towards a more integrated approach aimed at strengthening PHC and national health systems and reaching UHC;
- how to determine the key strategic results of noma prevention and control efforts through better definition of practical, achievable objectives based on lessons learned and best practices emerging from the results of the external evaluation of the RNCP and from key informant interviews with stakeholders;
- how to develop a logframe, an activity workplan, an M&E plan and an indicator tracking table (ITT) for the NNCP; and
- how to define the financial cost of the programme and how to present NNCP reports to WHO.

[14] WHO Thirteenth General Programme of Work 2019–2023. Geneva: World Health Organization, 2020. (https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023)

This guide will serve as a standard tool to support the noma priority countries to plan and implement their NNCPs, including the M&E activities. It will harmonize follow-up activities in the African Region and serve as an advocacy tool for mobilization of funds. The budgeting section of the guide will assist the countries in identifying funding gaps in their NNCPs and enable the programmes to seek the means to close them. The programme components will be elaborated in the five-year NNCP action plans, which will be prepared following a programme cycle management approach. The programmes will be designed taking into account the need for their integration with other programmes to encourage joint implementation of activities with common and existing health systems and platforms.

This guide will support the work of noma priority countries to accelerate their prevention and control efforts for the disease and the reduction of childhood mortality by strengthening their health systems that deliver noma prevention and control interventions as part of UHC. This means that it holistically addresses the risk factors and social determinants influencing child health outcomes, thereby contributing to the reduction of poverty and malnutrition and improvement in gender equality, education, and water, sanitation and hygiene (WASH). The RNCP and NNCPs are important in achieving GPW13, SDGs and the full realization of human rights, including the rights to food, water and sanitation, education, non-discrimination and gender equality.

2. NNCP ACTION PLAN

Before starting to develop the NNCP action plan, it is particularly necessary to put in place a multisectoral or intersectoral technical working group. The importance of the collaborative nature of this working group cannot be overemphasized. This is because noma prevalence is related to not only health but also the environment, poverty and human rights. Therefore, intersectoral and multisectoral collaboration with partners beyond the health sector is key to its prevention and control. The members of the working group could include the designated coordinator of the NNCP in the MoH, with the role of establishing and leading the working group, and representation from the health system, immunization, nutrition, disease control, child health, gender, equity and human rights, OneHealth, health information systems at the MoH level, education, environment, poverty reduction and WASH. WHO, the United Nations Children's Fund (UNICEF), national and international NGOs, civil society organizations (CSOs) and field workers also should form a part of the working group or be consulted.

As far as possible, survivors of noma and their families should be involved in drafting NNCP action plans. Such an approach would ensure the participation of those most affected by the disease and be informed directly by their experiences.

The following sections describe with examples the process and the main contents of the NNCP action plan following a template outline structure. The completed and approved action plan should have the following components:

- **Introduction**
- **Summary of the situation analysis**
- **Goal and specific objectives of the NNCP**
- **Roles and responsibilities**
- **Budget**
- **Monitoring, evaluation, research and learning**
- **Programme reports**
- **Annexes**

2.1 INTRODUCTION OF THE NNCP ACTION PLAN

The introduction of the NNCP action plan should describe the process followed in developing the plan and should include the following information:

- Who developed the NNCP action plan, i.e. who were the members of the multisectoral or intersectoral technical working group?
- Who was consulted in addition to the members of the working group?
- What was the timeline, i.e. when was the action plan developed? How many meetings were involved etc.?
- What methodology was used, i.e. what data did the drafters rely upon, such as statistics, studies or data from interviews with noma survivors, health care workers, etc.?

2.2 SITUATION ANALYSIS

A situation analysis is a critical component in the development of the action plan for noma prevention and control.

A situation analysis guides the identification of the priorities for a noma intervention and informs all the following steps in the planning process. It establishes a clear, detailed and realistic picture of the opportunities, resources, challenges and barriers regarding noma and their determinants. In addition, the results of such an analysis provide the essential baseline data necessary for planning, monitoring and evaluation of any intervention or activity. The quality of the situation analysis will affect the success of the entire national effort for noma prevention and control.

It is important to synthesize the results of the situation analysis and to include a summary in the NNCP action plan covering:

- **Summary of the country profile:**
  - population data and key health indicators, including disease surveillance systems;
  - various social and health indicators for those at risk of noma;
  - economic and health expenditure information; and
  - core health, development and SDG-related national policies and strategic frameworks that have a relationship with the future NNCP in the broadest sense.

- **Main findings**
  - issues relating to noma and its risk factors;
  - responses to noma and its risk factors such as laws, regulations, policies, strategies, plans, programmes, technical guidelines, etc.;
  - the country's capacity in terms of its structures for noma, human and financial resources, surveillance system, policy implementation status, SDG and UHC progress reports etc.; and
  - key stakeholders and sectors involved in noma activities and their respective agendas, including the possible entry points for collaboration and integration.

- **Areas for discussion**
  - trends in noma conditions and risk factors;
  - identification of gaps and challenges, as well as strengths and achievements, in the health system in noma prevention and control;
  - stakeholder analysis and political agenda mapping to prioritize partnerships, interventions and policy integration for greater potential of sustainable implementation, financing and evaluation of interventions; and
  - how to fight against noma through a more integrated approach aimed at strengthening the national health system to reach UHC.

2.2.1 Country profile

Socioeconomic and health characteristics

The epidemic of noma is being driven by important population-related factors, including poor nutritional status, poverty, prevalence of HIV infection, high incidence of malaria, low immunization coverage, and poor water supply and sanitation. Noma and its risk factors are unevenly distributed within populations, and these inequalities need to be taken into account when selecting priority areas for attention and to ensure an effective mix of solutions.

- Based on recent data and maps, describe the profile of the country in terms of its geographical location in its subregion, showing the neighbouring countries, as well as its general epidemiological profile. If the area breakdown is not available, present the national or regional situation. The use of maps is strongly recommended. They are indispensable in illustrating the status of the indicators. Please include a clear legend. Contact the cartographic and statistical services of your country for a recent map.
- Highlight the main sources of national income and their share of the gross national product (GNP) and the gross domestic product (GDP) per annum. Indicate the fraction of the state budget earmarked for the health sector and specify the average health expenditure per capita and the main income-generating activities of the people.
- Include the various social and health indicators for those at risk of noma, i.e. the birth rate, child mortality, maternal mortality for pregnant women and mothers, life expectancy, percentage of the population living below the poverty line, immunization coverage, incidence of malaria, prevalence of HIV infection, antiretroviral therapy (ART) coverage of HIV-positive children under five years of age, and malnutrition in the country, if possible by health region as shown in Table 1.
- Map out the pockets of poverty and disaggregate the data by age and sex. It is key to note that in order to address noma, there has to be a high degree of collaboration and a focus on the social and environmental determinants.

Table 1: Social and health profile of those at risk of noma

Region or province	HDI indicator	Fertility rate	Rate of chronic malnutrition*	Postnatal mortality quotient (1–11 months)	Maternal mortality rate	Child mortality rate (<5 years)	Prevalence of anaemia (<5 years)	Incidence of malaria (<5 years)	Incidence of HIV (<5 years)	ART coverage (<5 years)	Rate of immunization coverage for measles

Notes:

*Use the weight-for-height emaciation index or the height-for-age index for stunting.

- This table could cover a full page. It may be best to complete it in the landscape orientation.
- The indicators could be adapted to the reference in use in the country.

Existing strategies, policies, plans and programmes

It is critical to review existing policies and action plans that could be linked to the NNCP. These could include:

- legislation, regulations and ministerial decrees;
- overarching national health and development strategies such as the national health sector strategic plan and the UHC and PHC strategies;
- policies, strategies, plans, programmes and guidelines formulated and implemented by the MoH in response to noma, oral health and NCDs, including those related to nutrition, maternal and child health, school health and NTDs,[15]
- policies, strategies, plans and programmes originating in other government ministries such as those involved in WASH, poverty reduction, education and human rights and that have significant negative or positive impact on population health and noma; and
- technical guidelines.

The review will provide the opportunities to discuss how noma prevention and control can be embedded within PHC and UHC. The focus should also be placed on the sustainability of the proposed interventions and how noma can be integrated into the broader public health system.

Health sector capacity

An assessment of the health sector capacity is key in determining a country's ability for noma prevention and control. The health service, health information system, financial resources and community capacity all require assessment.

- **Health service**
  - Describe how the health care system in the country is organized and how health care is delivered. Provide information on coverage in health facilities, indicating areas with insufficient coverage, which in the long run could become priority areas for noma prevention and control activities.
  - Discuss the availability of health personnel for the population served, based on a comparison of the country's national package of essential services and the staffing requirements of the programme, highlighting areas of critical shortage.
  - Indicate whether an essential oral health service that includes noma has been defined and integrated into the national essential health service package.
  - Map and assess the capacity of both public and private primary care centres and hospitals that can provide treatment or first aid for noma patients and their locations.

- **Health information system**
  - The situation analysis needs to assess the extent to which a health information system can deliver quality data applicable to the jurisdiction involved.

[15] Noma has similar characteristics with NTDs: 1. disproportionately affects populations living in poverty; 2. primarily affects populations living in tropical and sub-tropical areas; 3. immediately amenable to broad control, elimination or eradication by preventive chemotherapy, safe water, sanitation and hygiene; and 4. relatively neglected by research, programme coverage and related funding.

- Indicate if the existing surveillance systems such as the integrated disease surveillance and response (IDSR) system and the district health information systems (DHIS), as well as the active research, data supplied by NGOs, etc. have integrated noma or can embed it in future.

- **Financial resources**
  - Indicate the share of the national budget that is allocated to the health sector, including the portion going to oral health promotion, prevention and control of oral diseases and NTDs. What percentage of the oral health and/or NTD budget was spent on noma the previous year?
  - A situation analysis should also consider the potential sources of financial resources to support the NNCP and the potential for drawing financial and in-kind support from other sectors and stakeholders that have an interest in health, such as government departments and agencies, international and national NGOs, national and international philanthropic organizations, research funding agencies, health charities and private sector players such as insurance companies.

- **Community capacity – The assessment of the community's capacity should cover the following areas:**
  - public awareness and health literacy with regard to noma prevention and control
  - existence of supportive local environments, for example school programmes and municipal or local initiatives and facilities, including recreational facilities;
  - supply of supportive services including for water and its quality, sanitation and hygiene;
  - commitment of community leaders and champions to promote behavioural change towards oral health and prevention and early detection of noma; and
  - state, national and international organizations in the country responding to noma not only in terms of its prevention and control but also in supporting reintegration of noma survivors into the society, including organizations that tackle discrimination in access to education and work. Describe what they are doing and where.

Situation analysis on noma

Describe the noma situation in the country. Include for the current decade 1) the number of detected, confirmed and managed early-stage cases, i.e. for acute necrotizing gingivitis and oedema stages. Where possible provide data on the location of the cases for each stage; 2) the number of detected, confirmed and managed noma cases for the gangrenous, scarring and sequelae stages, as well as the confirmed deaths from noma or related diseases such as sepsis. To the greatest extent possible, provide data on the location of the cases for each stage.[16] This analysis is useful since it improves case surveillance and contributes to monitoring.

[16] Information brochure for early detection and management of noma. Brazzaville: WHO Regional Office for Africa, 2016 (https://www.afro.who.int/publications/information-brochure-early-detection-and-management-noma).

- **Epidemiological profile of noma**
  - The most important aspect of the epidemiological profile of noma is to identify the at-risk geographical areas. This will help to determine priority regions to be covered by NNCP activities, as well as the types and numbers of people exposed.
  - Discuss the prevalence and endemicity of noma in each area according to health districts or administrative divisions. Indicate the main sources of information used to determine the noma prevalence, e.g. if it was existing surveillance systems such as IDSR, DHIS, active research, data supplied by NGOs, etc. that were used. Use Table 2 as the model to complete the information for this section.

Table 2: General characteristics of the at-risk population (children 2 to 6 years of age)

Region or province	Noma cases (2010–2020)				Total population	At-risk population (children 2–6 years)
	Early-stage noma cases (acute necrotizing gingivitis stage, oedema stage) (2010–2020) -a	Noma cases for gangrenous, scarring and sequelae stages) (2010–2020) - b	Noma-related deaths (2010–2020) - c	Total cases (a+b+c)		
A.						
B.						
C.						
D.						
E.						
F.						

National noma control programme activities

This section should be devoted to:

- describing the current structure of the NNCP within the MoH. Share the results of NNCP activities implemented in the country over the past years;
- describing the national structure of the oral health programme and existing professional structures, including NGOs that offer oral health programmes of significance;
- describing how the NNCP has collaborated with NTDs and NCDs, as well as other sectors such as nutrition, immunization and child and human rights, to conduct past activities; and
- discussing the key challenges that were encountered during the implementation of previous programmes. Were the objectives met? Were the activities completed? How would you use these challenges to set priorities for the new programme period? What other programmes did you work with and which partners did you involve in the programme's work?

Please use Table 3 as the model to capture the achievements from previous years.

Table 3: NNCP results (2010–2020)[17]

Component or activity	No. of target districts	Coverage rate in target districts	Strategy used	Result	Key partner(s)
1. Capacity development for social and health workers	10	50%	Cascade training: 250 workers trained in detection & early management of noma cases	250 workers trained (100 males, 150 females)	WHO MoH
2.					
3.					
4.					
5.					

Note:
- Have the table in the landscape format when completing it in your action plan.

Capacity needs of the NNCP

This section is intended to highlight the skills available and the skills needed by the NNCP team to manage the programme. Please use Table 4 as a template to highlight the skill gaps in the NNCP.

Table 4: Skills available versus skills needed

Skills available	Skills needed
• List the programme management skills that the NNCP POSSESSES to manage the programme at the country level, including for M&E, results-based management and financial management.	• List the programme management skills that the NNCP NEEDS to manage the programme at the country level, including for M&E, results-based management and financial management.

SWOT analysis

This section should be an analysis of the strengths, weaknesses, opportunities and threats associated with the NNCP. Please respond to the questions posed in Table 5 to capture the NNCP SWOT elements, working with the multisectoral or intersectoral technical working group (see section 2).

The SWOT framework allows for a critical analysis of the strengths within the NNCP that actors and sector players can leverage and focus on to consolidate the gains, the weaknesses that will have to be addressed, and the potential opportunities and threats within the operating environment.

It may be especially helpful to consider within the multisectoral or intersectoral technical working group:

- how noma prevention and control can be embedded within PHC and UHC. Focus should also be placed on the sustainability of the proposed interventions and how noma can be integrated into the broader public health system; and
- what the drivers and motivations for collaboration with other sectors are, e.g. if they relate to poverty reduction or promotion of nutrition, WASH, gender equality, human rights or education.

[17] Use one table for each year and include it as an annex in your action plan.

Table 5: SWOT analysis for the NNCP

	Strengths	Weaknesses
Internal environment	• What does the NNCP do well? • What resources can the NNCP draw on? • What do others consider to be the strengths of the NNCP?	• What should the NNCP improve? • How can the NNCP increase financial resources? • What are others likely to see as weaknesses?
External environment	**Opportunities**	**Threats**
	• What opportunities are open to the NNCP? • What trends can the NNCP take advantage of? • How can NNCP'S strengths be turned into opportunities?	• What threats could harm the NNCP? • Is there a funding challenge?

Note: To understand where to record an idea, it may be useful to think of strengths and weaknesses as internal factors related to NNCP assets, processes and people. Think of opportunities and threats as external factors associated with your beneficiaries, your competition and the wider health sector. Fig. 1 describes each area in detail, including what questions you could ask as part of your analysis.

Fig. 1: Description of the SWOT table components

Additional aspects that may be considered by the working group:

- Integration of noma prevention and control activities into NTD programmes, mainly with intensified disease management for NTDs, as is the case with leprosy, cutaneous leishmaniasis, dracunculiasis (guinea-worm disease), Buruli ulcer, human African trypanosomiasis (HAT), etc.;
- Integration of noma screening and education during immunization campaigns and nutrition and maternal and child health outreach programmes;
- How noma programmes can be integrated with initiatives to tackle NCDs to deliver shared programming;
- How to leverage innovative approaches, e.g. how to integrate noma components into the mOral Health initiative (mOralHealth Literacy, mOralHealth Training, mOralHealth Early detection, mOralHealth Surveillance) or noma surveillance into Polio GIS;
- How to influence other sectors and actors to collaborate in WASH interventions;
- How to use noma as an indicator of inequality and poverty;
- Increasing advocacy activities and finding out whether there are partners involved in noma prevention and control efforts.

WHO provides several resources that can be helpful in discussions about integration and mainstreaming. These include:

- Framework for health systems development towards universal health coverage in the context of the Sustainable Development Goals in the African Region (https://apps.who.int/iris/handle/10665/260237).
- Leave no one behind: strengthening health systems for UHC and the SDGs in Africa (https://www.afro.who.int/sites/default/files/2017-12/UHC%20framework_eng_2017-11-27_small.pdf).
- Promoting oral health in Africa: prevention and control of oral diseases and noma as part of essential noncommunicable disease interventions (https://apps.who.int/iris/handle/10665/205886).
- Regional oral health strategy 2016–2025: addressing oral diseases as part of noncommunicable diseases: report of the Secretariat (https://apps.who.int/iris/handle/10665/250994).
- ESPEN Advocacy Guide: Campaigning for an Africa free of NTDs. (https://www.speakupafrica.org/wp-content/uploads/2019/08/NTD-Advocacy-Guide-1.pdf).
- Integrating neglected tropical diseases in global health and development. Fourth WHO report on neglected tropical diseases (https://apps.who.int/iris/handle/10665/255011).

2.3 GOAL AND SPECIFIC OBJECTIVES OF THE NNCP

The goal of the NNCP, which is drawn from that of the RNCP, is to sustainably eliminate noma as a public health problem in the African Region. This goal highlights the importance of the action plan for the people, given the long-term benefits it will bring to the beneficiaries and the population at large. The overall goal will not be attained by the NNCP alone; NNCP will make an important contribution, but it still will require the contribution of other programmes and projects.

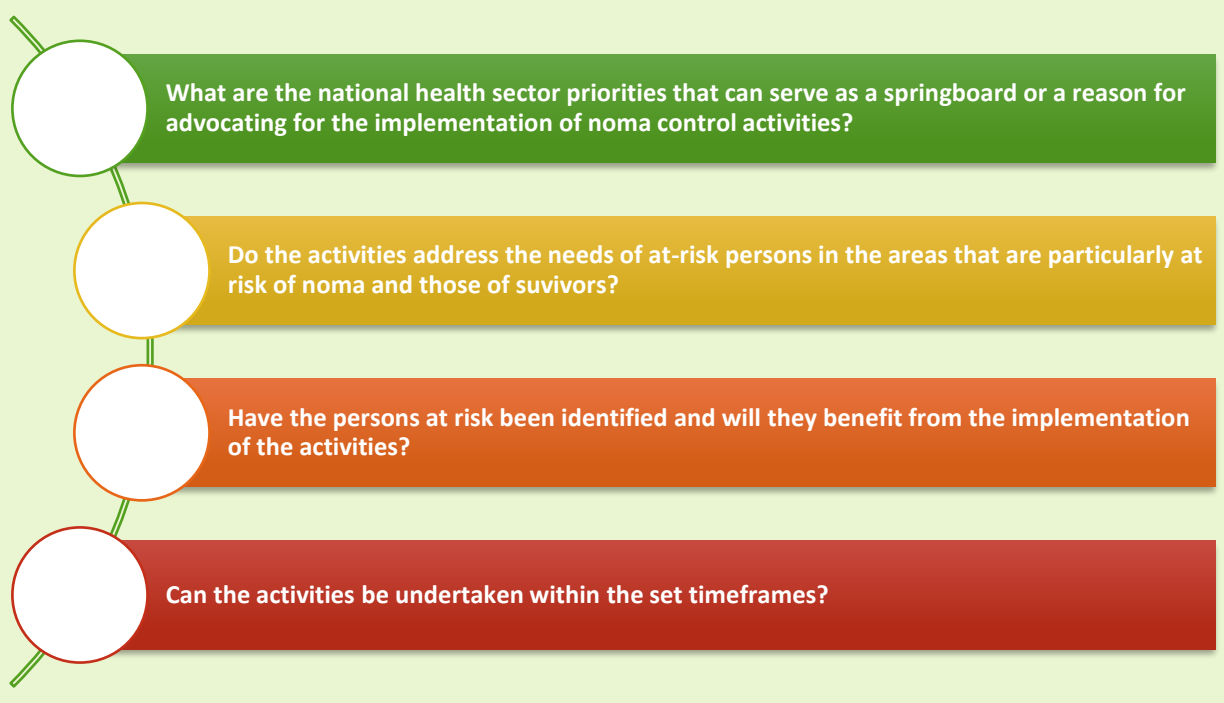
2.3.1 Specific objectives, results, indicators and key activities

Based on reviews and best practices of the priority countries, seven key specific objectives have been predefined, along with some of their key activities, as shown in Table 6. Depending on your country context and priorities, you can select from these or modify them.

The specific objectives of the NNCP are:

- Specific objective 1: To strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma
- Specific objective 2: To strengthen and develop capacities at the community level in oral health promotion and noma prevention
- Specific objective 3: To undertake awareness-raising and social mobilization campaigns to improve public knowledge about noma
- Specific objective 4: To contribute to the strengthening of health systems, including through decentralization, referral systems and the integration of noma into existing surveillance systems
- Specific objective 5: To contribute to the reintegration of noma survivors and their families into society
- Specific objective 6: To enhance integration, coordination and leadership of NNCP
- Specific objective 7: To improve learning through M&E and research

The specific objectives defined in the five-year action plan must be stated and presented in such a way that the outcomes can be recorded at the end of the five-year implementation period. This means that they should be formulated so as to meet the real needs of the country and, first and foremost, the needs of those at risk, including noma survivors and their families, by focusing on the appropriate targets. Additionally, they should be achievable within the timeframe specified in the document, which means that the activities to be undertaken must contribute to the achievement of the objectives outlined in the action plan. With that in mind, the multisectoral or intersectoral technical working group preparing the action plan should ask the following questions:



The answers to these questions, the predefined specific objectives and the components of the NNCP action plans should help determine the various activities to be undertaken. Please note that the specific objectives, including the above predefined objectives, are designed to make the programme more operational, more relevant, more precise and more targeted to the specific groups. Together, they contribute towards achieving the goal of the NNCP.

The RNCP has defined seven specific objectives for a five-year action plan. You can add specific objectives that are particularly relevant to your country if they are not captured in the objectives listed above or in Table 6. Table 6 also contains best practices from noma priority countries that have been developed into activities for each of the predefined specific objectives. Even where the objectives are well organized, some activities can still be combined during implementation to facilitate their operational integration. Activities related to capacity strengthening and supervision are a case in point, as are coordination and monitoring activities. Table 7 shows the specific objectives, key results and indicators of the programme.

2.3.2 Process for prioritizing policy options and activities

The prioritization process starts with an overview of the findings of the situation analysis pertinent to the objective and the proposed activities to inform stakeholders. All stakeholders should agree on the approaches, methods and basic criteria for determining the priorities or focus areas for action. Multi-voting and scoring methods should then be used to narrow down and rank the activities. The outcome of the prioritization process is a ranked list of activities that stakeholders agree are the most relevant to achieve the respective objective.

Table 6: Specific objectives and key activities

Specific objective 1: Strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma
Example key activities
• Develop or promote education and training materials on noma prevention, detection and management • Conduct refresher/new training for primary care workers on noma prevention, detection and management • Conduct refresher/new training for oral health professionals on noma prevention, detection and management • Distribute the information brochure for early detection and management of noma (including the case definition) to all districts for dissemination to primary care centres • Distribute information, education and communication (IEC) materials on noma prevention and management to all districts for dissemination to primary care centres • Mainstream noma training into the curriculum of health professional schools
Specific objective 2: Strengthen and develop capacities at the community level in oral health promotion and noma prevention
Example key activities
• Develop training, education and awareness materials on noma • Develop oral health promotion materials • Train community health workers (CHWs) and other community actors such as traditional healers on oral health promotion and on prevention, early detection and referral of noma cases • Distribute case definition of noma to CHWs • Mainstream noma training into the training curriculum of CHWs
Specific objective 3: Undertake awareness-raising and social mobilization campaigns to improve public knowledge about noma
Example key activities
• Conduct rapid assessment with local administrations, traditional authorities and key opinion leaders to understand: key target audiences, perceptions, concerns, influencers and preferred modes of communication for noma • Tailor messages on noma prevention and control to the audience using local languages • Conduct mass/social media campaigns through preferred communication channels to raise awareness of noma among: i) populations in at-risk areas, in particular families of young children and expecting families; ii) key stakeholders, including traditional healers, community leaders, educators and policy-makers; and iii) the general public • Engage with existing public health and community-based networks including local NGOs and schools to use a consistent/sustainable mechanism of education and communication • Work with national/local champions to increase awareness of noma • Celebrate national noma days or oral health days to increase awareness about noma • Engage noma survivors and their families in noma prevention and control activities
Specific objective 4: Contribute to the strengthening of health systems, including through decentralization, referral systems and the integration of noma into existing surveillance systems
Example key activities
• Appoint subnational coordinators/focal points for noma prevention and control at the country level • Identify primary care facilities and hospitals that can provide treatment for early-stage noma and noma cases, including checking availability of essential medicines for managing noma such as chlorhexidine 0.2% for mouth wash, Amoxicillin and Metronidazole

• Set up a detection, alert and referral pathway for noma (early detection, confirmation, referral and treatment) • Strengthen and integrate noma surveillance into existing surveillance systems such as IDSR, DHIS2 and Polio GIS • Identify and integrate essential oral health service (including noma service) into the national essential health service package
Specific objective 5: Contribute to the reintegration of noma survivors and their families into society
Example key activities
• Conduct communication campaigns targeting communities and including specific information aimed at dispelling discriminatory stereotypes that lead to societal rejection of noma survivors • Advocate for the social reintegration of noma survivors in educational institutions or workplaces (as appropriate) • Create linkages between families affected by or at risk of noma and small business opportunities to support income generating activities • Create linkages or partnerships with community groups/development initiatives for social reintegration • Enlist survivors and parents/other family members of survivors to serve as CHWs in support of noma activities
Specific objective 6: Enhance integration, coordination and leadership of NNCP
Example key activities
• Develop inter/multisectoral coordination mechanisms involving policy-makers (including stakeholders from vaccination, nutrition, disease control, child health and health information systems) at the national and subnational levels • Integrate noma into action plans on related areas of work (such as child health, NTDs, nutrition, immunization) • Advocate for and mobilize additional funding from donors • Increase the level of work with NGOs and CSOs and other groups as part of a multisectoral approach to the prevention and control of noma • Establish a national noma solidarity fund (that includes NGOs, charity organizations, MoH and ministries for children, gender and social affairs) to contribute to the cost of transport, hospitalization and surgery
Specific objective 7: Improve learning through M&E and research
Example key activities
• Conduct joint monitoring visits to the NNCP with other sectors • Increase NNCP monitoring activities through subnational coordinators • Provide support to the RNCP in evaluating the NNCP • Seek and develop national and international partnerships for research on noma, including with research institutes • Support the RNCP to conduct centralized research on noma • Strengthen case reporting and/or monitoring/evaluation across the priority countries

Table 7: Specific objectives, key results and indicators

Note: (R) marks a reference indicator that should be reported biannually

Specific objective 1: Strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma
Example key results • Increase in the number of noma cases detected and managed by primary care workers and/or oral health professionals • Increase in the number of noma cases referred from primary care facilities to higher level facilities such as district and referral hospitals
Example key indicators
• Number of primary care workers trained on noma prevention, detection and management (R) • Number of oral health professionals trained on noma prevention, detection and management (R) • Number of primary care workers and oral health professionals who understand the case definition of noma (R) • Number of health professional schools that address the topic of noma in their curricula and classes (R) • Percentage of primary care centres with at least one health worker who was trained on noma prevention, detection and management (R) • Percentage of primary care centres with an information brochure for early detection and management of noma • Percentage of primary care centres with IEC materials on noma prevention and management
Specific objective 2: Strengthen and develop capacities at the community level in oral health promotion and noma prevention
Example key results • Improved oral health in selected communities • Increased number of noma cases detected by CHWs and other community actors • Increased number of noma cases referred by CHWs and other community actors to primary care facilities or higher-level facilities
Example key indicators
• Percentage/number of CHWs or other community actors trained on oral health promotion and on prevention, early detection and referral of noma cases (R) • Number of CHWs who introduce the subject of noma during training sessions on other related topics such as nutrition, vaccines, etc. (R) • Percentage of CHWs or other community actors who can recognize the risk factors and early signs of noma (R) • Number of CHWs or other community actors who understand the case definition of noma • Percentage/number of awareness sessions conducted by CHWs or other community actors in selected communities • Percentage/number of households reached during noma awareness engagements conducted by CHWs or other community actors
Specific objective 3: Undertake awareness-raising and social mobilization campaigns to improve public knowledge about noma
Example key results • Increased awareness of noma among the general population through various communication channels • Increased level of knowledge in the country about noma prevention and treatment

Example key indicators
• Number of persons reached with key noma messages (R) • Number of leaders (serving as key advocates/noma awareness champions) raising awareness about noma (R) • Number of people benefiting from noma awareness sessions (R) • Number of noma survivors and families included in awareness teams • Number of radio or TV programmes on noma • Number of newspaper stories/articles and social media publications on noma
Specific objective 4: Contribute to the strengthening of health systems, including through decentralization, referral systems and the integration of noma into existing surveillance systems
Example key results • Increased number of districts conducting noma awareness and prevention • Increased number of cases reported through existing surveillance systems • Increased number of cases referred to district/referral hospitals through the activation of the referral pathway
Example key indicators
• Number of subnational focal points appointed (R) • Number of primary care centres and hospitals that can manage/treat the different stages and cases of noma (R) • Number of primary care centres using the noma referral pathway (R) • Integration of noma into the existing surveillance systems (R) • Integration of essential oral health service (including noma service) into the national essential health service package (R) • Number of noma cases reported through existing surveillance systems (R) • Number of noma cases identified through the sentinel surveillance system • Number of primary care centres with stocks of essential medicines for managing noma • Number of primary care workers and CHWs trained in the utilization of the noma referral/alert pathway
Specific objective 5: Contribute to the reintegration of noma survivors and their families into society
Example key results • Increased participation of noma survivors and their families in prevention and awareness activities • Reduced discrimination against noma survivors and their families in communities • Increased livelihood support for households with noma survivors
Example key indicators
• Number of noma survivors and families receiving livelihood support (R) • Number of noma survivors and families with small business opportunities (R) • Number of noma survivors reporting acceptance by the community (R) • Number of community members reporting reduced discrimination against noma survivors (R) • Number and type of reports of discrimination faced by those affected by noma (survivors, parents/families of survivors) • Number of noma survivors and families who are part of community groups (women group, corporative, association) • Number of noma survivors and families serving as CHWs

Specific objective 6: Enhance integration, coordination and leadership of NNCP
Example key results • Improved multisectoral coordination and engagement between noma and other sectors • Increased advocacy and fundraising for noma
Example key indicators
• Number of meetings held by the inter/multisectoral coordination body (R) • Amount of additional funding obtained outside of the RNCP for noma implementation (R) • Integration of noma into action plans on related areas of work (such as child health, NTDs, nutrition, immunization) (R) • Amount of funds raised for the national noma solidarity fund • Number of people reached in awareness campaigns conducted in remote communities at high risk of noma • Number of community-based activities associated with child health, nutrition, WASH, etc. • Number of children with noma assisted from the noma solidarity fund • Number of integrated field visits and activities completed with other sectors • Number of activities conducted with national dental associations
Specific objective 7: Improve learning through M&E and research
Example key results • Increased support for the evaluation of the noma programme and research gaps • Increased partnerships with national institutions for research on noma
Example key indicators
• Number of NNCP biannual reports completed and approved on time (R) • Number of integrated field visits and activities completed with other sectors (R) • Number of research partnerships developed on noma (R) • Number of monitoring visits conducted by the NNCP

2.4 ROLES AND RESPONSIBILITIES

Identify the agencies responsible for the activities under each objective. Partnerships with non-health sectors, NGOs, civil society and private entities are critical in ensuring the sustainability and ownership of the programme, fostering synergies with other relevant programmes, mobilizing resources, and promoting overall coordination of efforts. The partnership strategy should be employed in the implementation of the programme and should include a list of the partners and their concrete roles, e.g. operational or guidance roles, and the approach to be used to work with them.

2.5 BUDGET

Budgeting is essential for all programmes that it supports advocacy for resource mobilization. When preparing a budget for the action plan, it is important to estimate the costs of the specific objectives, activities and sub-activities. Budget preparation guides have been developed based on planned activities associated with the predefined objectives. Table 8 is a template

that when completed shows a summary of the overall budget for the five-year period. The NNCP team can import the total budget value from the budget guide into the template to highlight the funding needs of the programme.

Table 8: NNCP budget summary

Year	Budget amount	Funding available	Budget gap
2021			
2022			
2023			
2024			
2025			
Total			

The budget preparation guides are Excel based and comprise a number of spreadsheets (see Annex 1). The activity plan will help make reprogramming possible, based on what was achieved or not achieved in the previous year. Before embarking on the cost estimation exercise, the list of activities and sub-activities to be implemented in order to meet each specific objective in the plan must be ready. Ensure that the costs are based on the activities outlined in the logframe and the activity plan. These costs should be based on information from a recent analysis of resources available and expenditure needed to implement the activities planned. The budget workbook has the following worksheets:

- Budget breakdown by activity
- Budget summary biannually (semi-annually)
- Budget summary by year
- Budget summary by funding source

2.5.1 Budget breakdown by activity

The budget breakdown sheet provides a detailed outline of the budget. It breaks down the budget by activity biannually. It allows the NNCP to show the funds needed for each activity on a biannual basis to be able to achieve the programme's objectives and goal (see Fig. 2 for an example). Predefined formulas are built into the sheet to generate the values for the shaded areas. Do not write in these areas because the values will be filled in automatically once those for the unshaded columns have been entered. Enter the budget value under the half of the year for which the activity is planned. Enter values in the unshaded columns only.

Fig. 2. Budget breakdown by activity

NATIONAL NOMA CONTROL PROGRAMME BUDGET - BIANNUAL SUMMARY																			
CURRENCY		XOF/XAF																	
No	Specific Objective	2021			2022			2023			2024			2025					
		January-June	July-December	Subtotal	January-June	July-December	Subtotal	January-June	July-December	Subtotal	January-June	July-December	Subtotal	January-June	July-December	Subtotal	Life of Project TOTAL (FCFA)	Life of Project TOTAL (USD)
Specific Objective 1: To strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Activity 1.1.1	Develop or promote education and training materials on noma prevention, detection and management			0			0			0			0			0	0	0
Activity 1.1.2	Conduct refresher/new training for primary care workers on noma prevention, detection and management			0			0			0			0			0	0	0
Activity 1.1.3	Conduct refresher/new training for oral health professionals on noma prevention, detection and management			0			0			0			0			0	0	0
Activity 1.1.4	Distribute the information brochure for early detection and management of noma (including the case definition) to all districts for dissemination to primary care centres			0			0			0			0			0	0	0
Activity 1.1.5	Distribute information, education and communication (IEC) materials on noma prevention and management to all districts for dissemination to primary care centres			0			0			0			0			0	0	0
Activity 1.1.6	Mainstream noma training into the curriculum of health professional schools			0			0			0			0			0	0	0
Activity 1.1.7	*Other activities (be specific)*			0			0			0			0			0	0	0
Activity 1.1.8	*Other activities (be specific)*			0			0			0			0			0	0	0
Activity 1.1.9	*Other activities (be specific)*			0			0			0			0			0	0	0
Activity 1.1.10	*Other activities (be specific)*			0			0			0			0			0	0	0
Specific Objective 2: To strengthen and develop capacities at the community level in oral health promotion and noma prevention		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Activity 2.1.1	Develop training, education and awareness materials on noma			0			0			0			0			0	0	0
Activity 2.1.2	Develop oral health promotion materials			0			0			0			0			0	0	0

2.5.2 Biannual budget summary

This sheet provides a biannual summary of the NNCP budget for each specific objective. This will allow the NNCP to have a snapshot of the biannual cost of the programme by the specific objectives (see Fig. 3 for an example of the summary sheet). Predefined formulas are built into the sheet to generate the values for the shaded areas. Do not write in these columns because the formulas will generate the required values. You do not need to do anything on this sheet! It will auto populate once the budget value has been entered.

Fig. 3: Biannual budget summary

NATIONAL NOMA CONTROL PROGRAMME BUDGET - BIANNUAL SUMMARY																		
No	Specific Objective	2021			2022			2023			2024			2025				
		January-June	July-December	Subtotal	January-June	July-December	Subtotal	January-June	July-December	Subtotal	January-June	July-December	Subtotal	January-June	July-December	Subtotal	Life of Project TOTAL(FCFA)	Life of Project TOTAL(USD)
1	Specific Objective 1: To strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Specific Objective 2: To strengthen and develop capacities at the community level in oral health promotion and noma prevention	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Specific Objective 3: To undertake awareness-raising and social mobilization campaigns to improve public knowledge about noma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Specific Objective 4: To contribute to the strengthening of health systems, including through decentralization, referral systems and the integration of noma into existing surveillance systems	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Specific Objective 5: To contribute to the reintegration of noma survivors and their families into society	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Specific Objective 6: To enhance integration, coordination and leadership of NNCP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Specific Objective 7: To improve learning through M&E and research	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL(FCFA)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL(USD)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2.5.3 Budget summary by year

This sheet provides a summary of the NNCP budget by year for each specific objective. This will allow the NNCP to have a snapshot of the cost of the programme by specific objective by year. The costs will be auto-calculated in the worksheets based on the information entered in the previous biannual budget summary sheet (see Fig. 4 for an example of the budget summary sheet). There are predefined formulas in the shaded areas of the sheet. Do not write in those areas because the formulas will generate the required values. You do not need to do anything on this sheet!

Fig. 4: Budget summary by year

NATIONAL NOMA CONTROL PROGRAMME BUDGET SUMMARY BY YEAR								
	CURRENCY	FCFA						
No	Specific Objective	2021	2022	2023	2024	2025	Life of Project TOTAL
1	Specific objective 1: Strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma	0	0	0	0	0	0
2	Specific objective 2: Strengthen and develop capacities at the community level in oral health promotion and noma prevention	0	0	0	0	0	0
3	Specific objective 3: Undertake awareness-raising and social mobilization campaigns to improve public knowledge about noma	0	0	0	0	0	0
4	Specific objective 4: Contribute to the strengthening of health systems, including through decentralization, referral systems and the integration of noma into existing surveillance systems	0	0	0	0	0	0
5	Specific objective 5: Contribute to the reintegration of noma survivors and their families into society	0	0	0	0	0	0
6	Specific objective 6: Enhance integration, coordination and leadership of NNCP	0	0	0	0	0	0
7	Specific objective 7: Improve learning through M&E and research	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0

2.5.4 Budget summary by funding source

This sheet provides a summary of the NNCP budget by funding source per year. This will allow the NNCP to have a snapshot of the cost of the programme by objective and by funding source, ensuring proper reporting and identification of funding gaps. This will contribute to the programme's advocacy and fundraising efforts. Predefined formulas are provided in the sheet to generate the values for the shaded areas. Do not write in these areas because the formulas will generate the required values. Enter the values in the unshaded spaces only.

Fig. 5: Budget summary by funding source

NATIONAL NOMA CONTROL PROGRAMME BUDGET SUMMARY BY FUNDING SOURCE													
	CURRENCY												
No	Specific Objective	2021						2022					
		Government	WHO/RNCP	Other Partner	Other Partner	Gap	Subtotal	Government	WHO/RNCP	Other Partner	Other Partner	Gap	Subtotal
1	Specific Objective 1: To strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma						0						0
2	Specific Objective 2: To strengthen and develop capacities at the community level in oral health promotion and noma prevention						0						0
3	Specific Objective 3: To undertake awareness-raising and social mobilization campaigns to improve public knowledge about noma						0						0
4	strengthening of health systems, including through decentralization, referral systems and the integration of noma into existing surveillance systems						0						0
5	reintegration of noma survivors and their families into society						0						0
6	Specific Objective 6: To enhance integration, coordination and leadership of NNCP						0						0
7	Specific Objective 7: To improve learning through M&E and research						0						0
	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

2.6 MONITORING, EVALUATION AND LEARNING

The monitoring, evaluation and learning processes and activities will help the NNCP to:

- recommend possible solutions to problems
- raise questions about project assumptions and strategies that were outlined in the initial project proposal
- reflect on where the project is going and on how best to accomplish its aims and objectives
- identify problems and their causes.

2.6.1 Indicators

Indicators are quantitative or qualitative factors or variables that provide a simple and reliable means to measure achievement, to reflect the changes connected with an intervention, or to help assess the performance of a development actor (AFRO Guidelines on evaluation 2018). Indicators are clues, signs or markers that measure one aspect of a programme and show how close a programme is to its desired path and outcomes. They are realistic and measurable criteria of project progress and allow us to monitor and evaluate whether a project does what it said it would do. In project planning, indicators form the link between theory and practice. They usually describe observable changes or events that relate to the project or its intervention(s).

Indicators must always be SMART (specific, measurable, achievable, realistic and timely) and provide information in terms of:

- **Quantity: How many?**
- **Quality: How? What?**
- **Time: When? How long?**
- **Target group: Who?**
- **Place: Where?**

Some of the NNCP action plan indicators have been predetermined (see Table 7). Additional indicators can be identified if needed. The indicators should make it possible to measure the immediate, medium-term and actual consequences of the decisions taken and the resources used. They enable us to recognize whether the objectives have been met or are being met or whether the results have been achieved. The selection and definition of the right indicators are preconditions for good follow-up and subsequent review and evaluation of the programme. It is important to remember that RNCP and NNCP activities contribute to GPW13, SDGs and AFRO KPIs (see Table 9).

Table 9: Regional and global indicators

SDG[18]	**Goal 3**	**Ensure healthy lives and promote well-being for all at all ages**
	Indicators 3.3.5	Number of people requiring interventions against neglected tropical diseases[19]
	Indicator 3.2.1	Under-5 mortality rate
	Goals 10, 16	**Reduce inequality within and among countries** **Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**

[18] United Nations. Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development (https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework%20after%20refinement_Eng.pdf)

[19] RNCP/NNCP contributes to this as noma has been accepted as an NTD

	Indicators 10.3.1/16. b.1	Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law
GPW 13	**Pillar 1**	**Achieving universal health coverage**
	Outcome 1.1	Improved access to quality essential health services
	Output 1.1.2	Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results
AFRO KPI	**Pillar 1**	**Achieving universal health coverage**
	Outcome 1.1	Improved access to quality essential health services
	Output 1.1.2	Percentage of target population benefiting from condition- and disease-specific service coverage (This is a composite indicator) Sub a: Percentage of population requiring interventions who received or are receiving interventions at least for one neglected tropical disease[17] Sub f: Percentage of targeted people who received or are receiving treatment for at least one noncommunicable disease
NNCP/RNCP indicators		

2.6.2 Monitoring

Monitoring can be defined as the systematic process of collecting, analysing and using information to track NNCP progress towards reaching its objectives and to guide management decisions. Monitoring will focus on processes, for example when and where activities occur, who delivers them and how many people or entities they reach. Monitoring will be conducted after the programme has begun and will continue throughout the programme implementation period. It entails the systematic and routine collection of information from the NNCP for four main purposes:

- to learn from experiences to improve practices and activities in the future
- to ensure internal and external accountability for the resources used and the results obtained
- to take informed decisions on the future of the programme
- to promote the empowerment of programme beneficiaries.

The data acquired through monitoring of the NNCP will be used for programme evaluation

Monitoring is a periodically recurring task beginning in the planning stage of a project or programme. Monitoring allows results, processes and experiences to be documented and used as a basis to steer decision-making and learning processes. Monitoring is fundamentally about checking progress against plans. Monitoring activities will often be woven into the activities throughout the programme through, for example field visits, biannual reporting and joint activities with other sectors.

2.6.3 Evaluation

Evaluation is defined as an assessment, as systematic and impartial as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability. An evaluation should provide credible, useful, evidence-based information that enables the timely incorporation of the findings, recommendations and lessons into the decision-making processes of organizations and stakeholders[20] (AFRO Guidelines on evaluation 2018).

2.6.4 Learning

The NNCP will support regional evaluation efforts and programme reviews to enable learning. Monitoring visits, intercountry meetings, evaluation results, programme reviews, and research results will be used to improve programme implementation and facilitate adoption of best practices. The lessons learned highlight the strengths or weaknesses in the programme's preparation, design and implementation that affect performance, outcomes and impact.

The potential questions that the NNCP would seek to answer through research or evaluation to improve learning should deal with:[21]

(a) Incidence of noma in Africa – its occurrence, distribution and services;

(b) Knowledge, attitudes and practices (KAP) about noma – how do NNCPs affect the community knowledge of noma? How have NNCPs improved community reporting and engagement? What is the KAP level of medical practitioners, nurses and community pharmacists? What are the myths associated with noma?

(c) How have NNCPs worked with and used the services of local/national organizations working on noma?

(d) Integration of noma – i.e. how can the RNCP integrate into NTDs and work with other programmes?

(e) Barrier assessment of noma prevention and control interventions with a focus on disadvantaged target populations;

(f) Effective prevention and control strategies and interventions for noma;

(g) Increasing focus on oral health and noma by WHO and international NGOs;

(h) Noma – understanding its aetiology, pathogenesis, treatment efficacy, distribution and burden;

(i) Describing the experiences of at-risk individuals and survivors of noma;

(j) Estimating the economic and social costs of noma;

(k) Analysing noma from the perspective of human rights and neglected tropical diseases.

[20] Norms and Standards for Evaluation. New York: United Nations Evaluation Group; 2016 (http://www.unevaluation.org/document/download/2787#:~:text=In%20June%202016%2C%20the%20updated,the%202030%20Sustainable%20Development%20Agenda)

[21] Questions (h) to (k) are the objectives of the project "Noma, the neglected disease: an interdisciplinary exploration of its realities, burden and framing" in which WHO is a partner (https://snis.ch/projects/noma-the-neglected-disease-an-interdisciplinary-exploration-of-its-realities-burden-and-framing/).

2.6.5 Performance management framework

The performance management framework (PMF), an Excel workbook, is predeveloped and is an essential tool for implementing and evaluating the performance of the NNCP activities. The framework contains indicators that aid in the measurement of the programme achievements towards the objectives. Some of the activities also have been predetermined and are shown in the framework, but room is left for the countries to come up with other activities and indicators as per their operational context. The PMF has four sheets: the logframe, M&E plan, activity workplan and indicator tracking table (see Annex 2).

Logframe

Fig. 6 should be used as a model, and most of its parts have been predetermined based on past programmes, key informant interviews and evaluation recommendations. Every country present an NNCP logframe using this model (see Annex 2 for the NNCP logframe template).

Most parts of the logframe have been predetermined and are presented in an Excel sheet. Add to the activities and indicators as needed. The logframe provides a summary view of the coherence between the objectives and the activities. It takes account of the risks that could influence the implementation of the programme.

Fig. 6: Logframe

NATIONAL NOMA CONTROL PROGRAMME LOGFRAME				
Project Name:	**National Noma Control Programme**		**Project Location:**	***Name of Country***
Sector:	**Oral Health**		**Project Start & End Dates:**	**January 1, 2021 - December 31, 2025**
Log Frame Code*	**Summary of Objectives**	**Indicator**	**Means of Verification**	**Risks/Assumptions**
Programme Goal	**Sustainably eliminate noma as a public health problem**			
Specific objective 1: Strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma				
Result 1.1. Increase in the number of noma cases detected and managed by primary care workers and/or oral health professionals		Number of oral health professionals trained on noma prevention, detection and management (R) (disaggregated by sex)	Training Reports with list of participants Training Materials and Modules Health Facility Reports	* Availability of didactic, logistical and financial resource as well as public sector health workers.
		Number of primary care workers trained on noma prevention, detection and management (R) (disaggregated by sex)		
		Number of primary care workers and oral health professionals who understand the case definition of noma (R) (disaggregated by sex)		
Result 1.2. Increase in the number of noma cases referred from primary care facilities to higher level facilities such as district and referral hospitals		Number of health professional schools that address the topic of noma in their curricula and classes (R)	School Curriculum & Oral Health Training Modules	
		Percentage of primary care centres with at least one health worker who was trained on noma prevention, detection and management (R)	Project Reports PHC Staff Listing IEC Materials	
		Percentage of primary care centres with an information brochure for early detection and management of noma		
		Percentage of primary care centres with IEC materials on noma prevention and management		
Result 1.3. *Add as needed*		*Add as needed*	*Add as needed*	
Activity 1.1.1	Develop or promote education and training materials			
Activity 1.1.2	Conduct refresher/new training for primary care			
Activity 1.1.3	*Conduct refresher/new training for oral health professionals*			
Activity 1.1.4	*Distribute the information brochure for early detection and*			
Activity 1.1.5	*Distribute information, education and communication (IEC)*			
Activity 1.1.6	*Mainstream noma training into the curriculum of health*			
Activity 1.1.7	*Other activities (be specific) - add rows as needed*			

- Project goal – this is predefined (see section 2.3).
- Specific objectives – these have been predefined (see section 2.3, Table 6 and the logframe).
- Indicators – these have been predefined (see section 2.3, Table 7 and the logframe).
- Means of verification – These are the pieces of information that show that the standard set by the indicators has been reached. These will show proof that the indicator has been achieved and will enable us to measure the indicator. For each of the verification sources identified and listed, ensure that the source is appropriate, specific, reliable and accessible in time and place, and the costs are reasonable.

- Risks – A risk is anything that could potentially impact the programme's timeline, performance or budget. Risks are potentialities, and in a programme management context, if they become realities, they become classified as "issues" that must be addressed. Thus, risk management is the process of identifying, categorizing, prioritizing and planning for risks before they become issues.
- Assumptions – These are those elements that the NNCP considers will be true for the programme to be successful. They are called assumptions because it is a given that for the programme to move forward successfully as planned, these elements must be in place. But just because the NNCP assumes them to be true does not mean that everyone else does. That is why it is important to go through the process of identifying them. The NNCP has to consider the potential risks when planning the programme, as they might change the entire setup if they occur.

M&E plan

The M&E plan is a document that helps to track and assess the results of the interventions throughout the life of a programme. A dynamic, living document, the M&E plan should be referred to and updated on a regular basis. The M&E plan for the NNCP is shown in Fig. 7.

Fig. 7: NNCP M&E plan

NATIONAL NOMA CONTROL PROGRAMME MONITORING & EVALUATION PLAN					
Project Name:	**National Noma Control Programme**	**Project Location:**			
Sector:	Oral Health	**Project Start & End dates:**	**January 1, 2021 - December 31, 2025**		
Log Frame Code*	**Indicator**	**Data source**	**Data collection methodology**	**Frequency of data collection**	**Who is responsible**
Project Goal	Sustainably eliminate noma as a public health problem				
Specific Objective 1 : To strengthen and develop the capacities of social action and health staff					
Result 1.1. Increase in the number of noma cases detected and managed by primary care workers and/or oral health professionals	Number of oral health professionals trained on noma prevention, detection and management (R) (disaggregated by sex)	Training Reports with list of participants Training Materials and Modules Health Facility Reports	Desk Review Surveys Pre -Post Training Assessment	Bi-Annually	Country Focal Point, M&E Team
	Number of primary care workers trained on noma prevention, detection and management (R) (disaggregated by sex)				
	Number of primary care workers and oral health professionals who understand the case definition of noma (R) (disaggregated by sex)				
Result 1.2. Increase in the number of noma cases referred from primary care facilities to higher level facilities such as district and referral hospitals	Number of health professional schools that address the topic of noma in their curricula and classes (R)	School Curriculum & Oral Health Training Modules			
	Percentage of primary care centres with at least one health worker who was trained on noma prevention, detection and management (R)	Project Reports PHC Staff Listing IEC Materials			
	Percentage of primary care centres with an information brochure for early detection and management of noma				
Result 1.3. Add as needed	Add as needed	Add as needed			

- Project goal – this is predefined (see section 2.3, Table 6 and the M&E plan).
- Specific objectives – these are predefined (see section 2.3, Table 6 and the M&E plan).
- Indicators – these are predefined (see section 2.3, Table 7 and the M&E plan).
- Results – these are predefined (see section 2.3, Table 7 and the M&E plan).
- Data sources – these are the resources used to obtain data for M&E activities. They are similar to the means of verification in the logframe. There are several levels from which data can come, including client, programme, service environment, population, and geographic levels. Regardless of the level, data are commonly divided into the two general categories of routine and non-routine data. The data sources have been predetermined in the M&E plan. Countries can add rows and data sources as needed, based on their context. For each of the verification sources identified and listed, ensure that the source is appropriate, specific, reliable and accessible in time and place, and the costs are reasonable.
- Data collection methodology – refers to the methods used to collect the data. Data collection is defined as the "process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer queries, stated

research questions, test hypotheses, and evaluate outcomes".[22] Countries can add new rows and to the data collection methods as needed, based on their context.

- Frequency of data collection – indicates how often data will be collected to measure the indicators. This will be predefined in the M&E plan. Countries can add new rows and to frequency of data collection methods as needed, based on their context.
- Who is responsible – refers to the entity responsible for collecting the information or the NNCP or RNCP level at which the information is to be collected. These are predefined in the M&E plan.

Activity workplan

The activity workplan presents a chronological description of the activities planned to achieve the results for each specific objective. It should be prepared and finalized in consultation with all the stakeholders to avoid duplication of activities. It shows the activities that will be conducted over the five-year period on a biannual basis. It will help the NNCP to keep track of the interventions throughout the life of the programme. It is a living document that should be referred to and updated on a regular basis.

Using the programme activity workplan template (see Fig. 8), list all the activities by specific objective and key activities. The same activities would be used to develop the budget. Please shade the period during which the activity will be carried out. Most of the activities have been predetermined in the logframe based on past best practices, key informant interviews and the evaluation recommendations, but there is room for the NNCP to add to the activities as needed, based on the context.

Fig. 8: NNCP activity workplan

NATIONAL NOMA CONTROL PROGRAMME ACTIVITY PLAN																
Project Name:	National Noma Control Programme					Project Location:										
Sector:	Oral Health					Project Start & End dates:										
					2021		2022		2023		2024		2025	
	Activity	Person Responsible	Cost of Activity	Funding Source	Jan-Jun 2021	Jul-Dec 2021	Jan-Jun 2022	Jul-Dec 2022	Jan-Jun 2023	Jul-Dec 2023	Jan-Jun 2024	Jul-Dec 2024	Jan-Jun 2025	Jul-Dec 2025
Specific Objective 1 : To strengthen and develop capacities at the primary care level for the identification, prevention and treatment of early-stage noma			0											
Activity 1.1.1	Develop or promote education and training materials on noma prevention, detection and management													
Activity 1.1.2	Conduct refresher/new training for primary care workers on noma prevention, detection and management													
Activity 1.1.3	Conduct refresher/new training for oral health professionals on noma prevention, detection and management													
Activity 1.1.4	Distribute the information brochure for early detection and management of noma (including the case definition) to all districts for dissemination to primary care centres													
Activity 1.1.5	Other activities (be specific) - add rows as needed													
Activity 1.1.6	Other activities (be specific) - add rows as needed													
Activity 1.1.7	Other activities (be specific) - add rows as needed													

- Activities – these are the undertakings that the NNCP believe will enable the achievement of the results, specific objectives and goals. The key activities defined in the project logframe have been incorporated into the activity workplan. Add other activities to the logframe as needed and the plan will be auto-populated. Please ensure that your activities are realistic and based on funding and time. These have been predefined (see section 2.3 and Table 6).

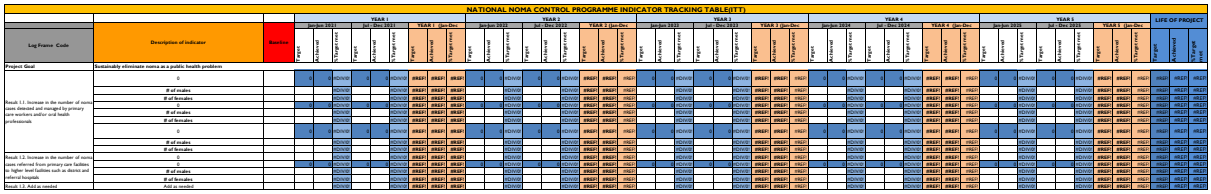
Indicator tracking table

The indicator tracking table (ITT) shows the progress on the indicators included in the logframe and the M&E plan. The ITT is particularly helpful as it allows the programme to see all its indicators in one place. The NNCP will present the ITT on a biannual basis as an annex to the

[22] UNDP Evaluation Guidelines. New York: United Nations Development Programme; 2019. (http://web.undp.org/evaluation/guideline/documents/PDF/UNDP_Evaluation_Guidelines.pdf)

biannual report. The ITT helps to minimize ambiguity in reporting and target setting. It will form a part of the biannual reporting package. The indicators in the ITT are drawn from the logframe and the M&E plan. The ITT measures progress biannually, annually and over the life of the project. An example of the ITT is shown in Fig. 9. There are predefined formulas in the shaded areas of the sheet. Do not write in those areas, as the formulas will generate the required values.

Fig. 9: Indicator tracking table



- Indicators – These have been predefined (see section 2.3, Table 7 and the ITT).
- Target – This is the number or level that the programme aims to reach per indicator. For example, the NNCP aims to train 50 dentists (10 males, 40 females) in April 2021. NNCP targets should be set after the working group has completed its activities. The activity workplan should guide the team in setting the target for the six months under which the activity has been planned. There are predefined formulas in the shaded areas of the sheet. Do not write in those areas because the formulas will generate the required values.
- Achievement – This is the number or level reached during the period under review. There are predefined formulas in the shaded areas of the sheet. Do not write in those areas because the formulas will generate the required values.

2.7 PROGRAMME REPORTS

The current incidence of noma is underestimated and, therefore, emphasis must be placed on intensive data collection, analysis and reporting, as well as on the systematic use of data generated at each level of the health care system. The NNCP reports should be of the types shown in Table 10.

Table 10: Types of NNCP reports

Report type	Example report period	Example due date
Activity report	As soon as the activity occurs	Two days after the end of the activity
Biannual reports	• 1 January–30 June • 1 July–31December	• 15 July • 15 January
Final report	• Life of project	• 31 December 2025

2.7.1 Activity reports

All the key activities that are carried out must be followed by technical activity updates. The updates should be no more than two pages long outlining the key activities as per the general format shown on the right. These activity reports should be circulated to key stakeholders and the RNCP manager at the end of the specific activity. The reports should provide the key highlights of the specific activities conducted.

Activity report format

- Title
- Location
- Activity description
  - Achievements
  - Challenges
- Integration and collaboration
- Next steps
- Annexes

2.7.2 Biannual and project reports

Biannual and project report format

- Executive summary
- Achievements under each specific objective
- Activities conducted that are not in the workplan
- Activities carried out in current month
- Key indicators
- Collaboration and administration
- Challenges to implementation
- Capacity building
- Budget
- Annexes

The NNCP should provide to the RNCP biannual reports 15 days after the end of designated half of the year, and a project report at end of the programme. The biannual and project reports must be sent to the RNCP on the agreed dates and should follow the format agreed upon with the RNCP (see Annex 4). The partners must be included in the action plan, which normally should be executed to optimize traceability and visibility of the activities carried out under the NNCP.

2.7.3 Biannual report package

Each biannual report should be submitted as a package that should include:

- the technical report (Word document)
- the financial report
- the activity plan and indicator tracking table

ANNEXES

Annex 1: Budget template

Annex 2: Performance management framework

Annex 3: Activity update template

Annex 4: Biannual report template