

Ethiopia Work Plan

FY 2021

Program Year 3

October 2020–September 2021



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

ACT | EAST PROGRAM OVERVIEW

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

In Ethiopia, Act | East program activities are implemented by RTI International, Fred Hollows Foundation, and Light for the World.

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

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

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

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

TABLE OF CONTENTS

Acronyms List.....	iv
Narrative	6
1. National NTD Program Overview and Support.....	6
2. IR1 Planned Activities: LF, Trachoma, OV	7
LF: Proposed FY21 Activities	7
Trachoma: Proposed FY21 Activities	7
OV: Proposed FY21 Activities.....	9
3. IR2 Sustainability and Health Systems Strengthening (HSS) Strategy Activities.....	10
Improving Core NTD Program Functions	10
Achieving Sustainability: Mainstreaming & HSS.....	10
4. IR3 Planned Activities: SCH, STH.....	15



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

ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
ASCEND	Accelerating the Sustainable Control and Elimination of NTDs
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
EPHI	Ethiopian Public Health Institute
EPSA	Ethiopian Pharmaceuticals Supplies Agency (formerly PFSA)
EU	Evaluation Unit
FAA	Fixed-Amount Awards
FHF	Fred Hollows Foundation
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GET 2020	WHO Alliance for the Global Elimination of Blinding Trachoma by the Year 2020
HMIS	Health Management Information System
HSS	Health Systems Strengthening
iDARE	Identify, Design, Apply/Assess, Record, Expand
IMDA	Integrated Mass Drug Administration
IR	Intermediate Result
IVM	Ivermectin
LF	Lymphatic Filariasis
LFTW	Light for the World
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEB	Mebendazole
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MOH	Ministry of Health
NTD	Neglected Tropical Disease
OV	Onchocerciasis
PC	Preventive Chemotherapy
PZQ	Praziquantel
R4D	Results for Development
RHB	Regional Health Bureau
SAE	Serious Adverse Event
SCH	Schistosomiasis
SCT	Supervisor's Coverage Tool
SNNPR	Southern Nations, Nationalities, and People's Region
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TOT	Training of Trainers
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
WHO	World Health Organization

WI-HER
ZTH

Women Influencing Health, Education, and Rule of Law
Zithromax®

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

The Ministry of Health (MOH) is the coordinating body for health initiatives across all nine regions in Ethiopia. Housed within the MOH is the Disease Prevention and Control Directorate, which oversees the Neglected Tropical Diseases (NTD) team, among other programs. In June 2013, Ethiopia's National Master Plan for NTDs (2013–2015)—also referred to as the NTD Master Plan—was officially launched. This Master Plan was updated in 2018 (to cover 2016–2020) and provided the impetus for the inclusion of NTDs into the 2016–2020 Health Sector Transformation Plan. The MOH focuses on nine priority NTDs (lymphatic filariasis [LF], onchocerciasis [OV], trachoma, soil-transmitted helminths [STH], schistosomiasis [SCH], podoconiosis, dracunculiasis, leishmaniasis, and scabies), of which trachoma, LF, and OV are targeted for elimination. Ethiopia has seen a scale-up of NTD activities since the development of the Master Plan, including the establishment of the national NTD team. Currently, the team is composed of a team leader and 12 experts in specific diseases, of whom 7 are salaried MOH employees and 6 are secondments supported by partners.

Decentralization of the health care delivery system is a primary strategy of the national health policy and NTD Master Plan. In line with this, the MOH oversees the direction and coordination of health programs at the national level, while the regional health bureaus (RHBs) ensure implementation and coordination of programs at the regional level. RHBs follow the general initiatives and direction of the MOH, but also prioritize health activities and initiatives based on regional needs. RHBs have developed their own regional NTD master plans within the national framework to complement the National Master Plan for NTDs and other key NTD documents, such as regional trachoma action plans. The RHBs are responsible for ensuring the successful rollout of NTD activities and accurate data collection and reporting before submission to the MOH.

The MOH and RHBs conduct various health initiatives through tertiary, secondary, and primary health care provision levels. The primary level focuses on community engagement and is where most hands-on implementation takes place within the NTD program. The primary level is divided into primary health care units, the Health Extension Program, and the Health Development Army. Primary health care units are district (woreda)-level medical clinics, and on average, each woreda contains five and provides services to an estimated 25,000 people. Additionally, there is one health post and two health extension workers per subdistrict (kebele), which fall below the primary health care unit and health centers. Health extension workers are government-salaried, trained, community-based health workers who oversee the volunteer Health Development Army.

For NTD control and elimination, health care workers at the community level play a necessary role in community ownership and access to preventive chemotherapy (PC) NTD interventions. Health extension workers manage mass drug administration (MDA) registration and supervision, as well as administer azithromycin. Health Development Army members administer albendazole (ALB) and ivermectin (IVM), and they assist with general MDA organization. Mebendazole (MEB) and praziquantel (PZQ) are distributed by teachers via school-based distribution, except in woredas with high-risk groups or a prevalence over 50%. In these woredas, the health extension workers lead community-wide distribution, which is complementary to school-based deworming.

2. IR1 PLANNED ACTIVITIES: LF, TRACHOMA, OV

LF: Proposed FY21 Activities

In FY21, Act | East will continue to provide support to the Ethiopian LF program for MDA, surveys, and dossier development. Specific activities are detailed below.

- **LF MDA:** Act | East will support MDA in five woredas and two refugee camps. Support will include funding for regional- and woreda-level training; social mobilization; drug transportation; and management, including reverse supply chain, supportive supervision, and drug distribution. The breakdown of support to the regions and by partner is as follows:
 - **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct MDA in three woredas (re-MDA) and two refugee camps.
 - **Oromia:** FHF will support the Oromia RHB to conduct MDA in one woreda in Eastern Oromia.
 - **Tigray:** LFTW will support the Tigray RHB to conduct MDA in one woreda. Note that due to the COVID-19 pandemic, this will be the MDA that was planned for FY20 but delayed to FY21.
- **LF pre-TAS:** Act | East will support pre-TAS in two woredas and three refugee camps in Beneshangul-Gumuz and five in Oromia. All seven of these woredas and two of the three refugee camps have had five rounds of treatment with effective coverage. The final refugee camp, Tongo, is expected to implement the fifth round of MDA in FY21 and will conduct pre-TAS if MDA coverage is sufficient. Although LFTW supports the MDA in Oromia, RTI will support the pre-TAS in both Beneshangul-Gumuz and Oromia.
- **LF TAS:** Act | East will support TAS1 in the 9 woredas (6 in Oromia and 3 in Beneshangul-Gumuz) that were originally planned in FY20 but delayed due to COVID-19. In addition, Act | East will support TAS1 in the 7 woredas (5 in Oromia and 2 in Beneshangul-Gumuz) and 3 refugee camps (Beneshangul-Gumuz) planning pre-TAS in FY21, for a total of 16 woredas and 3 refugee camps targeted for TAS1 in FY21. Act | East will also support TAS2 in 4 woredas in Beneshangul-Gumuz that successfully passed TAS1 in FY19. For both TAS1 and TAS2, each woreda will serve as an evaluation unit (EU). Electronic data capture, with either RTI's systems or EPHI's, will be used throughout pre-TAS, TAS1, and TAS2. All TASs will be led by the MOH and RHBs with technical support provided by RTI.
- **Pre-TAS/TAS training:** Act | East will support training for pre-TAS and TAS surveys.
- **Ongoing LF elimination dossier development:** LF dossier development has not yet been fully initiated in Ethiopia. In FY20, to progress in this area while adapting to the COVID-19 context, Act | East's LF Technical Lead provided virtual support to orient the Ethiopia team on dossier development. In FY21, Act | East will continue to provide technical support to the Ministry to draft the dossier documents, which the MOH recommends be developed by the LF Technical Work Group.

Trachoma: Proposed FY21 Activities

In FY21, Act | East will continue to provide support to the trachoma program through MDA, surveys, and dossier development. Specific activities are detailed below.

- **Trachoma MDA:** In FY21, Act | East will support MDA in 139 woredas. This represents only 47% of the original 298 woredas targeted by Act | East, with nearly 34% (101 woredas) having already achieved the criteria to stop MDA and the remaining woredas eligible for TIS in FY21. The support will include funding for regional- and woreda-level training; social mobilization; drug transportation; and management, including reverse supply chain, drug distribution, and supervision. For all woredas implementing re-MDA, the MDA deliverables will include the submission of re-MDA sub-district treatment information as well as the submission of the modified SCT report, which the MOH requires each woreda-level health officer to conduct. Discussion of these deliverables will be included in the pre-MDA training.

The breakdown of support to the regions and by partner is as follows:

- **Beneshangul-Gumuz:** No MDA is planned in Beneshangul-Gumuz in FY21.
- **Gambella:** RTI will support the Gambella RHB to conduct MDA in six woredas, all of which are on their second round of re-MDA.
- **Oromia:** LFTW will support the Oromia RHB to conduct MDA in 24 woredas of Western Oromia. MDA in all 24 of these woredas was postponed from FY20 due to COVID19. This is the final round of MDA in these woredas.
- **Oromia:** FHF will support the Oromia RHB to conduct MDA in 87 woredas in Central and Eastern Oromia, including MDA in 15 woredas delayed from FY20 due to the COVID 19 pandemic. It will be the final round of MDA in 60 of those woredas, of which 35 will conduct TIS in FY21 following MDA, and the other 25 will conduct TIS in FY22.
- **Tigray:** LFTW will support the Tigray RHB to conduct MDA in 22 woredas. All 22 woredas were postponed from FY20 due to COVID 19. Of these 22 woredas, 13 will be re-MDA.
- **Post-TIS outcome investigations:** In FY21, Act | East will use multiple approaches to investigate TIS/TSS outcomes which are not below the treatment threshold and to implement changes to data collection to make future TIS outcome investigations more robust. All TIS/TSS results with an outcome above 5% will first conduct a desk review of available data and make the determination if more data is needed to understand why the outcome occurred. Given the sheer number of surveys planned for FY21, the desk review will help the program prioritize woredas which are not showing a positive downward prevalence trend for follow up with community-based investigations such as key informant interviews and focus groups. This country-specific activity will feed into a program-level activity that aims to provide cross-disease, cross-country guidance on prioritizing DSA outcome investigations. Over the next 1-3 years, Act | East also will follow up to link the outcomes of subsequent surveys to how original survey results were investigated and how re-MDA improved.
- **Coverage evaluation survey:** Successful interventions using PC to control trachoma depend on a high percentage of people across the woreda receiving annual treatment through MDA. Three outlier woredas with either low or extremely high coverage will be selected for coverage surveys to validate the reported coverage and to identify whether any segments of the woreda did not receive antibiotic treatment. Results will provide information that will enable the MDA team to take appropriate action before the next round of MDA. The survey will closely follow the WHO Coverage Survey guidelines. FHF and the Oromia RHB will engage three consultants to implement this activity, and FHF will ensure quality sampling, data entry analysis, and reporting of the survey results.

- **TISs and TSSs:** Act | East will support the MOH to conduct TISs in 122 woredas and 7 camps (combined into 3 EUs) for a total of 125 EUs, and TSSs in 73 woredas and 2 camps (2 EUs) for a total of 75 EUs. Support will include per diem for the survey teams, supervision, and vehicle rental. All of the woredas targeted for TIS have conducted the minimum required number of rounds with strong coverage. Act | East will use WHO's simplified trachoma grading system to identify and register trachoma cases and will employ WHO's Tropical Data service. It is important to note that the MOH has mandated that, regardless of population size, each woreda should stand as its own EU. The breakdown of support to the regions and by partner is as follows.
 - **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct TISs in two woredas and TSSs in nine woredas and two refugee camps. All TISs, and all but two of the TSSs were postponed from FY20 due to COVID-19.
 - **Gambella:** RTI will support the Gambella RHB to conduct TISs in three woredas and seven refugee camps, postponed from FY20 due to COVID-19. RTI will also support TSSs in four woredas.
 - **Oromia:** LFTW will support the Oromia RHB to conduct TISs in five woredas in Western Oromia, all postponed from FY19 due to insecurity and again in FY20 due to COVID-19. LFTW will also support TISs in 24 woredas and TSSs in 31 woredas in Western Oromia. FHF will support 80 TISs and 28 TSSs in Central and Eastern Oromia. This includes 30 TISs and 4 TSSs that were postponed from FY20 due to COVID-19.
 - **Tigray:** LFTW will support 8 TISs and 1 TSS in Tigray in FY21.
- **TIS/TSS team training (graders and recorders):** To conduct the TIS and TSS in FY20, Act | East will support 10 TIS trainings (including one training of trainers [TOT]), during which a total of 8 trainers, 206 graders, and 198 recorders will be trained in four regions conducting surveys. Act | East will work together with the MOH, RHB, and partners to organize the training, including identifying certified instructors and providing quality training materials. A certified recorder and grader trainer will provide the training based on the Tropical Data methodology.
- **Ongoing trachoma elimination dossier development:** The National Trachoma Task Force, chaired by the MOH, has begun a series of discussions focusing on trachoma dossier preparation and the post-elimination transition planning best practices created by the International Coalition for Trachoma Control. While many years likely remain before Ethiopia submits its dossier, the MOH recognizes there are clear steps to be taken now to ensure that validation of elimination of trachoma in the most endemic country in the world moves forward in an organized way. To that end, the MOH has entered all the historical MDA treatment information, including survey results from Tropical Data and updated TT surgery progress, into the DHIS2 NTD database. Act | East partners will continue to contribute to this process in their role on the National Trachoma Task Force. Only staff time is required in terms of financial support.

OV: Proposed FY21 Activities

In FY21 Act | East will support the following activities:

- **OV MDA:** In FY21, Act | East will support one round of OV MDA in 81 woredas and 5 refugee camps. It is important to note that these woredas traditionally have received bi-annual treatment. The MOH is currently advocating with other funders to raise support for the second round. The support will include funding for regional- and woreda-level training, social

mobilization, supportive supervision, and drug distribution. The breakdown of support to the regions and by partner is as follows:

- **Beneshangul-Gumuz:** RTI will support the Beneshangul-Gumuz RHB to conduct one round of OV MDA in 14 woredas and 5 refugee camps.
- **Oromia:** LFTW will support the Oromia RHB to conduct one round of MDA in 67 woredas of Western Oromia.

3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING (HSS) STRATEGY ACTIVITIES

Improving Core NTD Program Functions

Drug Management

Currently, NTD drugs are integrated into the country's supply chain system to create a more sustainable program. The clearance, storage, and distribution of NTD drugs and supplies are undertaken by the EPSA based on the regions' demand. Drug needs for PC-NTDs (Zithromax® tablets and powder for oral suspension, IVM, PZQ, MEB, ALB, and tetracycline eye ointment) are forecasted and drugs are requested using WHO's Joint Application Package from different pharmaceutical manufacturers, while the Zithromax forecasting and application package is managed by the International Trachoma Initiative.

The Accelerate and ASCEND programs have engaged an M&E secondment who will be tasked with ensuring that the Joint Application Package and Trachoma Elimination Monitoring Form are of high quality and submitted on time. Therefore, Act | East will not provide support for this in FY21.

In FY21, Act | East's EPSA mentor will continue to conduct quarterly assessments specifically focusing on reverse supply chain issues for NTDs as a part of his general duties. He will conduct this analysis during his regular supervisory visits and develop strategies to address any shortcomings found. (See *Empowering the National Program through Strategic Mentoring* section below). He will also support the Supply Chain Management Technical Working Group meetings at EPSA and use these meetings as an opportunity to discuss the supervision's major findings.



Enhancing MDA safety (RTI): Prevention of serious adverse events (SAEs) and maximizing harm reduction remains a major concern for both the MOH and Act | East. In FY19, ENVISION supported implementation of the new dosing guidelines for Zithromax, which included revising the MDA training materials and creating new dose poles. ENVISION partners also participated in an MDA safety assessment commissioned by the International Trachoma Initiative and led by Dr. David Addis from the Task Force for Global Health.

In FY21, as part of the new NTD Roadmap 2021–2030, WHO has launched an effort aimed specifically at eliminating medical error during NTD-related activities. Part of this effort is the creation of new modules and guidelines that WHO has requested to pilot in different countries. Act | East, in coordination with the Task Force for Global Health and WHO, will support a 3-day training on the use of these new adverse event (AE)/SAE reporting and prevention tools for MOH-level staff and pharmacovigilance officers (SAE ufocal points, M&E staff, and PC-NTD program managers) with the goal of improving the materials as needed before a national rollout. This activity is linked with the “Enhancing MDA Safety” learning activity described in both the program work plan and the Nigeria country work plan.

Achieving Sustainability: Mainstreaming & HSS

During the NTD program sustainability introductory workshop in FY20, the following were the priority areas identified for sustainability of the NTD program:

1. Improve multisectoral coordination (health, education, water, agriculture, and finance)
2. Strengthen human resource capacity
3. Strengthen community engagement and demand for NTD interventions
4. Strengthen local ownership at sub national level
5. Allocate domestic resources for NTD programs
6. Strengthen the information system for evidence-based decision making

A national Sustainability Action Plan is currently in development to address these priorities. Based on this draft document, and discussions with the MOH and partners, Act | East proposes to support the following HSS activities in FY21:

Governance Activities

National multi-sectoral workshop: Act | East and the MOH will identify key actors and influential community members who can facilitate coordination and collaboration among different sectors at both national and sub-national levels. The MOH will organize and conduct different level workshops to invigorate the collaboration of NTD, WASH, and other sectors and ultimately ensure NTD programs are well understood and that communities have adequate and equitable access to different interventions, water and sanitation, as well as the tools and understanding to practice good hygiene—all of which serve as the basis for prevention of NTDs and other disabling diseases. The workshops will be cornerstones for multisectoral collaboration (health, WASH, agriculture, education, and others) that will help in control, elimination, and eradication of NTDs. It is envisioned that at the end of these meetings, a multisectoral taskforce/working group will be established. A total of 120 participants from central-level MOH; regional, zonal, and woreda health offices; key NTD partners; donors; universities; community members; representatives from different sectors; and others will attend the workshops that will be organized and conducted for one day (either in one or two rounds).

National workshop to incorporate NTD Sustainability Action Plan into the Master Plan: Act | East, in collaboration with the MOH, will organize and conduct a national workshop where activities in the NTD Sustainability Action Plan are identified and added into the third National NTD Master Plan. Additionally, Act | East will work with the MOH to select and define relevant indicators to track progress of the Sustainability Action Plan. This includes crafting country-specific definitions, milestones, targets, processes, and data collection plans in line with the Sustainability Action Plan. These indicators will also be used to inform the IR2/3 indicators data collection for Act | East.

Key NTD partners and consultants who prepared the national NTD Sustainability Action Plan will attend the workshop. The NTD Sustainability Action Plan document will be shared ahead of the workshop with all the NTD partners in order let them identify activities they think are important to be added in the third National NTD Master Plan. Act | East and the consultant who prepared the Sustainability Action Plan will present the activities listed under each priority areas, and the participants will identify and reach consensus on activities in the Sustainability Action Plan that will be added into the National NTD Master Plan. The workshop will span one day and be held in Addis Ababa, and it will be attended by 60 participants from central-level MOH, regional health offices, key NTD partners, donors, universities, representatives from different sectors, and others.

Printing and distribution of the national NTD Sustainability Action Plan: Act | East will support the printing of the national NTD Sustainability Action Plan after it is endorsed by NTD partners. A total of 300 copies will be printed and distributed to the MOH, respective regions and woredas, key NTD

partners, universities, and donors. Bi-annual/annual review meetings will be used as an opportunity to distribute the national NTD Sustainability Action Plan.

Inclusion of NTDs in regional/zonal/woreda integrated plans: Act | East and the MOH will conduct workshops with the objective of advocating inclusion of NTDs in the regional, zonal, and woreda integrated plan. The MOH, Act | East, and selected partners will provide supervision to selected regions, zones, and woredas to assess the current status of inclusion of NTDs in their integrated plans before actually organizing the workshop. The MOH and Act | East will select key NTD partners and regional, zonal, and woreda offices to participate in the workshops. Findings from different supportive supervisions and guidelines for presenting an integrated plan will be presented by supervisory teams and NTD/planning departments respectively. The workshops will be organized by clustering regions, zones, and woreda health offices and will include a total of 90 participants, split into two sessions of roughly 45 people per session.

Health financing analytics (STTA): In collaboration with Results for Development (R4D), Act | East will support a local consultant for 50 days to provide the following support to the MOH:

- Assess financial data availability, quality, completeness, potential users, as well as existing tracking and reporting mechanisms with a focus on budget allocation, budget releases, woreda contributions, MOH contributions, and donor contributions
- Perform financial analysis and forecast to identify financial gaps and needs to support the transition from donor funding toward domestic financing for NTDs
- Perform a comprehensive assessment of possible health financing options and mechanisms (as part of broader sustainability strategy for health)
- Map key actors and decision-making spaces for NTD budget allocation and support the MOH in the definition of criteria/guidelines for funding prioritization of NTD services and activities in the current funding environment

Additionally, FHF and R4D will collaborate to conduct similar financial data availability, stakeholder, budget impact and gap and alternative financing arrangements analysis in Oromia. This will also include targeted cost analyses of selected NTD related interventions implemented in Oromia Region between 2019-2021. Examples include, (but not be limited to), integrated MDA, MDA safety interventions, house to house approaches in difficult to reach areas, and increase in zonal level capacity for program management. Selection would be based on potential implications for financing needs / budget impact and system benefits (cost efficiency, effectiveness and / or equity). This collaboration will include the co-development of a scale-up cost scenario framework and parameters, including highlighting of efficiency gains and other health system benefits, and a co-developed workshop to strengthen budgeting capacity of the Oromia NTD program team, and development of an integrated planning approach.

Prioritized functions activities

Rapid gender equity and social inclusion (GESI) analysis and training: In collaboration with WI-HER, Act | East will support a rapid GESI analysis which will include 10 days for the field assessment. The GESI assessment will be informed by the 2019 WHO No One Left Behind Assessment report and close any GESI-related gaps in its analysis, focusing more on social inclusion aspects such as coverage among migrant and mobile populations (pastoralists). The selection of sites where the GESI Analysis will be conducted will be based on specific program coverage gaps. The GESI analysis tools will be developed using TIS and CES reports to ensure the identification of GESI gaps that are specific to groups that are

not covered by MDAs. A local GESI consultant will conduct key informant interviews and focus group discussions in communities with vulnerable populations most affected by NTDS during the field assessment and analyze and code the qualitative data collected. Following the rapid GESI analysis, WI-HER's local consultant, with support from WI-HER's GESI Specialist, will conduct one TOT on iDARE methodology (Identify, Design, Apply/Assess, Record, Expand) to address GESI gaps affecting coverage and will support the trainers to incorporate GESI content in ongoing and planned MDA trainings: (1) At the national level to mainstream GESI in policies and strategies, (2) At the service delivery level, and (3) the community level. WI-HER's local consultant, in collaboration with support from the WI-HER's GESI Specialist will work with Act | East staff to coach the trainers. Act | East has trained on how to continuously analyze data from a GESI perspective with the purpose of improving coverage among groups who are either not reached or do not utilize MDA effectively.

GESI Training in Oromia Region: As part of its Comprehensive Eye Care project in Ethiopia, FHF conducted a specific gender analysis on Trachoma surgery related GESI gaps and developed GESI training materials to address GESI gaps that affect Trachoma surgical care. These will be easily adapted in coordination with the WI-HER activities and iDARE trainings referenced above and will help address at least one specific point from the Sustainability Action Plan (page 20): "Specific findings from the desk review reveal that women are underrepresented in the NTD workforce in Ethiopia." FHF will conduct this GESI training at the regional and sub-regional level in Oromia, with a focus on gender equity in the workforce.

Conduct gender equity training for regional and zonal partners: Among the outcomes of the training are action plans that would aim to address the gender gaps in the workplace and the way workers interact with beneficiaries. WI-HER will support FHF to incorporate its training materials for advancing diversity in hiring and retaining staff as part of the iDARE training and tools. Additional outcomes could include mentoring, coaching, and equitable on-the-job training opportunities.

Enhance awareness about NTDs and GESI-related factors that can be integrated as part of NTD services: Act | East, the MOH, and partners will create tailored messages that can be used to enhance awareness about NTDs and GESI-related factors that can be integrated into NTD services. The MOH's *Health Communication Message Guide for Hygiene and Environmental Health and NTDs* will be used as a reference for message creation. Messaging strategies include broadcasting GESI informed NTD radio messages using different languages, and developing and printing awareness-building materials with different languages for NTDs and GESI. These messages will be broadcast on 12 radio stations per week for a total of 16 weeks using selected languages (Oromiffa, Amharic Tigrigna, and others).

Regional-level annual/semi-annual review meetings: Act | East, central-level MOH, and selected RHBs will organize and conduct annual and semi-annual review meetings with key actors, including implementing partners and regional and zonal heads of health, water, and education. The review meetings will be held with the objective of tracking NTD progress, success, and challenges in different regions, zones, and woredas where NTD programs are implemented. The MOH and Act | East will use the review meetings as an opportunity to categorize regions, zones, and woredas for technical and financial support. Woredas with best practices and success stories related to NTD programs will be identified during these review meetings and used for learning by the MOH, Act | East, and others. Regions and woredas as well as selected implementing partners will make presentations of their achievements, successes, best practices, challenges, and recommendations. The MOH and key partners will also use the review meetings to present updates on different guidelines and priority areas. Act | East will support four regional-level annual/semi-annual review meetings. Each review meeting will span 2 days, and an average of 75 people from the MOH; regional, zonal, and woreda health offices; key NTD

partners; donors; universities; community members; representatives from different sectors; and others will attend.

Integrated NTD supportive supervisions at lower levels: The MOH, Act I East, and key NTD partners will conduct bi-annual integrated NTD supportive supervision sessions for regions, zones, and woredas with the objective of providing on-site technical support to focal points and addressing operational issues. A total of 10 supervisors selected from the MOH, Act I East, and key NTD partners will be divided into two groups and will conduct the supportive supervision sessions in either randomly or purposively selected regions, zones, and woredas every 6 months for 5–10 days. Findings from the bi-annual integrated NTD supportive supervision sessions will be presented during NTD program-specific review meetings and used for improving the overall performance of NTD programs in the following implementation periods.

Empowering the National Program through Strategic Mentoring:

EPSA Mentor: RTI will support a mentor at the EPSA to capacitate three government salaried focal persons, one from each of the three directorates that comprise the EPSA: Forecasting and Market Shaping Directorate (FMD), Warehouse and Inventory Management Directorate (WIMD), and Distribution and Fleet Management Directorate (DFD).

- The mentor will build the capacity of the NTD focal person at the FMD by:
 - Teaching the mentee how to appropriately forecast NTD medicines, using the overall population size, the target population for each disease program, the average number of tablets, tubes, or milliliters required per individual, number of disease backlogs etc.
 - Supporting the mentee to lead communication with other stakeholders (for instance, lead NTD Supply chain management technical working group) to coordinate MDA schedules and allow for sufficient shipping time
- The mentor will build the capacity of the NTD focal person at the WIMD by:
 - Training the mentee on how to monitor the NTD drugs once they have shipped to the 19 different medicine storage hubs across the country. A monitoring challenge particular to NTD MDA is ensuring an effective reverse supply chain. Medicines for TB, HIV, Malaria and for general clinical needs remain at the final shipping location until they are either distributed or destroyed upon expiry. Drugs for MDA must be returned to the storage hubs for counting and storage, and the totals subtracted from the following year's JAP request. RTI's supply chain mentor has created his own system for tracking this reverse supply chain which he will train the mentee to maintain.
 - Teaching the mentee how to support the MOH with the annual drug distribution plan which includes creating a detailed cascaded distribution as the appropriate amount of drugs flow from the central storage to the 19 hubs and on to the woredas.
 - Ensuring the mentee thoroughly understands the 'first out' distribution methodology which prioritizes medicines for shipment which are closest to expiration wastage.
 - Introducing the mentee to the implementing partners. This is particularly important when organizing drug distribution at the sub-woreda levels which requires the involvement of partners. It is also important when different partners require different types of the same drug for use in their implementation areas (e.g.- Act I East partners procure a TEO brand which is different from what the national program procures)
- The mentor will build the capacity of the NTD focal person at the DFD by:

- Teaching the mentee to plan distributions strategically so as not to waste resources such as trucks and fuel. A simple example of this is correctly bundling drugs which should be shipped together (e.g. Zithromax tablets, syrup, and tetracycline eye ointment for trachoma MDA or ivermectin and albendazole for LF MDA), but it also involves calculating shipment space to determine if NTD drugs can be added to shipments of other essential drugs.

Regional Health Bureau NTD Mentors: Act | East will continue to support mentors in the regional health bureaus of Gambella and Beneshangul-Gumuz. These mentors will work with the Infectious Disease Directors and NTD focal persons in each region, both of whom are new as of 2019 to implement the MOH's IMDA plan. The mentors will capacitate their mentees by:

- Collaborating to create the FY21 IMDA distribution plan for the region. The mentor and mentee will need to work with the implementing partners in the region to coordinate MDA timing and ensure that the different funding mechanisms used by the various partners are harmonized for integrated implementation.
- Conducting the IMDA training together with the mentee at all levels via the cascaded approach. As per the findings of the END Fund-supported IMDA assessment, the mentor will train the mentee to measure knowledge retention of the health workers via randomized, cost neutral key informant interviews both during the trainings and during the MDAs.
- Training mentees to conduct supportive supervision using the methods stressed in the IMDA training manual which include a modified supervisory coverage tool for implementation by the sub-woreda health workers. The mentor will also train the mentees on the importance of MDA safety using observational safety assessments which RTI will pilot for the first time this year. This will be a cost-neutral opportunity integrated into the existing supportive supervision support.
- Teach the mentee how to compile and write reports by using both the IMDA registration summary forms and liaising with the HMIS focal person to ensure NTD-related indicators are properly entered.

4. IR3 PLANNED ACTIVITIES: SCH, STH

Of the seven LF MDAs we have planned in FY21, 2 are co-endemic for STH. Historically, 23 woredas that were 'ever' treated for LF and have now achieved Stop MDA were co-endemic for STH. In terms of reporting, Act | East captures the entire target population treated for LF. This same population is captured for STH treatment but is further divided into SAC and high-risk adults. The FMOH is well aware that USAID support for MDA within these woredas will cease once the Stop MDA criteria for LF has been reached. The STH/SCH pooled fund will take over support of that woreda to continue STH treatments targeting school-aged children.

In FY21, Act | East will support the following STH and SCH activity:

- All Act | East support will focus specifically on the trachoma, OV, and LF MDA and DSA needs within the targeted woredas. As discussed above, by supporting the integrated MDA platform, Act | East will also contribute to the STH and SCH MDA. However, Act | East will only report MDA results in the two STH endemic woredas that are co-endemic for LF and targeted for IVM and ALB treatment in FY21.