

# Tanzania Work Plan

FY 2021

Program Year 3

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## **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; Sight savers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

In Tanzania, Act | East Program activities are implemented by IMA World Health. IMA World Health (IMA) is a member of Corus International, a family of faith-based organizations working together to deliver holistic, lasting solutions for the interconnected challenges of poverty, health care access, and climate change.

## **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.

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

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Figure 1. NTD data flow in Tanzania ..... **Error! Bookmark not defined.**

## ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
CCHP	Comprehensive Council Health Plan
CDC	U. S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CES	Coverage evaluation surveys
CNTD	Centre for Neglected Tropical Diseases
COVID-19	Coronavirus Disease 2019
DBS	Dried Blood Spot
DC	District Council
DFID	U.K. Department for International Development
DHIS2	District Health Information System 2
DMO	District Medical Officer
DPP	Directorate of Policy and Planning
DQA	Data Quality Assessment
DQA-S	Data Quality Assessment—Supervision tool
DSA	Disease-specific Assessment
ELISA	Enzyme-linked Immunosorbent Assay
EU	Evaluation Unit
FLHW	Frontline Health Worker
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
GIZ	German Agency for Technical Cooperation
GPSA	Government Procurement Services Agency
HMIS	Health Management Information System
HSS	Health Systems Strengthening
IR	Intermediate Result
ITI	International Trachoma Initiative
IU	Implementation Unit
IVM	Ivermectin
JAP	Joint Application Package
JRSM	Joint Request for Selected Medicines
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MC	Municipal Council
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MMDP	Morbidity Management and Disability Prevention
MOF	Ministry of Finance
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSD	Medical Stores Department
NIMR	National Institute for Medical Research

NTD	Neglected Tropical Disease
ODK	Open Data Kit
OR	Operational Research
OV	Onchocerciasis
PORALG	President’s Office, Regional Administration and Local Governance
PZQ	Praziquantel
Q	Quarter
R4D	Results for Development
RDT	Rapid Diagnostic Test
RMO	Regional Medical Officer
RPRG	Regional Program Review Group
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SSTEAC	SCH/STH Technical Expert Advisory Committee
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
SWAp	Sector Wide Approach
TAS	Transmission Assessment Survey
TC	Town Council
TF	Trachomatous Inflammation–Follicular
TFDA	Tanzania Food and Drug Administration
TIS	Trachoma Impact Survey
TOEAC	Tanzania Onchocerciasis Elimination Expert Advisory Committee
TOT	Training of Trainers
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
TWG	Technical Working Group
TZNTDCP	Tanzania Neglected Tropical Disease Control Program
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law
ZTH	Zithromax®

# NARRATIVE

## 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

### Structure of the TZNTDCP

The Tanzania Neglected Tropical Disease (NTD) Control Program (TZNTDCP) is under the Ministry of Health, Community Development, Gender, Elderly and Children's (MOHCDGEC's) Office of the Chief Medical Officer, Directorate of Preventative Services, and is now housed at the University of Dodoma in the capital city of Dodoma. However, there is no direct relationship between NTDCP and the University. A National Program Manager is responsible for coordination at the national level and offers technical assistance and supportive supervision to regional and district levels. He is assisted by the NTD Secretariat for overall program coordination and management. At regional and district levels, there are NTD teams, headed by two NTD coordinators, one from the health department and the other from the education department.

The TZNTDCP works through the regional health management teams, council health management teams, and local communities to plan and implement NTD control activities and is led by national, regional, and district coordinators at each level. At the district level, there are cascade leaders and zonal managers who provide frontline health workers (FLHWs) with supportive supervision and aid in data collection. For mass drug administration (MDA) at the community level, community drug distributors (CDDs) are trained to distribute medicines to households and report accordingly. One FLHW is responsible for supervising 15 to 20 CDDs. For school-based interventions, mainly targeting soil-transmitted helminths (STH) and schistosomiasis (SCH), primary school teachers help distribute the medicines and report to the health facilities. The TZNTDCP conducts disease control and elimination activities for the five preventive-chemotherapy NTDs: lymphatic filariasis (LF), trachoma, onchocerciasis (OV), STH, and SCH.

### Partners Supporting TZNTDCP

Several partners support NTD control and elimination activities in Tanzania. The primary support for MDA has been provided by the U.S. Agency for International Development (USAID) and the U.K. Department for International Development (DFID). USAID has funded NTD programming in Tanzania since 2010 through the NTD Control Program (2010–2011), ENVISION (2011–2019), and currently through the Act to End NTDs | East (Act | East) program, managed by RTI International and implemented by IMA World Health in country. In 2019, DFID funding was consolidated into one program, the Accelerating Sustainable Control and Elimination of NTDs (ASCEND) East consortium, led by Crown Agents. ASCEND is primarily supporting LF MDA in the Dar es Salaam Region, SCH and STH control activities in Dar es Salaam and 45 lake zone districts, morbidity management and disability prevention (MMDP) activities, and health systems strengthening (HSS).

SCI, with IMA World Health as its implementing partner in Tanzania, supported SCH+STH MDA and disease-specific assessment (DSA) activities in the areas formerly supported by USAID (approximately 93 districts and 15 regions country-wide are supported through SCI) in fiscal year 2020 (FY20). It is expected that SCI will provide a similar level of support in FY21. This work is in partnership with Act | East to best leverage existing systems and infrastructure and prevent any duplication of efforts.



## 2. INTERMEDIATE RESULT (IR)1 PLANNED ACTIVITIES: LF, TRACHOMA, OV

### LF: Proposed FY21 Activities

Following achievements made during FY19 and FY20, including lessons learned and best practices, Act | East, in collaboration with the MOHCDGEC and partners, will conduct the activities listed below in FY21.

- **Investigations of failed DSAs (Key informant interviews):** In early FY21 the Tanzania Act | East IMA team and the TZNTDCP will conduct key informant interviews to complete the FY20 DSA failure investigation in the four district councils that failed pre-TAS (Mafia DC, Mtwara-Mikindani MC, Lindi DC, and Kilwa DC). Outcomes and recommendations of the failed DSA investigation will be implemented in FY21 in advance of and during the MDA. They include:
  - Reviewing subdistrict-level coverage at the health facility level to determine areas that need coverage improvement.
  - Health facility microplanning to better understand transmission dynamics and reporting at the subdistrict level. This will include clear micro-targets (proper CDD ratio, CDDs given clear treatment areas and target populations). It will also include prioritization of areas for supervision and adaption of MDA outreach and distribution, if necessary, to special population groups such as fishermen.
  - Conducting intensified social mobilization campaigns in targeted communities for those who may have missed treatment: village-to-village, folk media, village criers, hamlet-level meetings, public address systems, etc. Best practices for implementation during COVID-19 will be followed, including social distancing. This will be based on the results of the DSA investigation and CES detailed above.
  - Conducting a full campaign for up to seven days, which is longer than previous campaigns.
  - Emphasizing ensuring directly observed therapy through training of CDDs and supervisors, which is based on WHO's recommendation.
  - Ensuring no stock-outs of MDA supplies at the district level resulting from poor quantification distribution and reverse logistics, this will be enhanced through increased supportive supervision and mentorship of district teams.
  - Implementing intensified supportive supervision, with a focus on areas of need identified in the coverage review done during pre-MDA planning.
- **MDA:** Act | East will support the TZNTDCP to conduct IVM+ALB MDA in August 2021 for LF in five districts: Kilwa DC, Lindi DC, Mtwara-Mikindani MC, Mafia DC and Pangani DC. Pangani DC will conduct a second round of re-MDA followed by re-pre-TAS in FY22. Act | East is providing support to TZNTDCP to improve MDA treatment coverage, building on lessons learned from previous years and DSA failure investigations. These MDA improvements are mentioned above.
- **MDA social mobilization:** Act | East supports the development and dissemination of information, education, and communication (IEC) materials for the MDAs including LF. IEC materials include posters, brochures, flyers, and banners. Act | East also supports airing MDA messages on nationwide, regional and local radio stations and national TV channels.

Thirteen advertisements are planned for each radio and television. Previous coverage surveys showed that radio was a primary source of information about the MDA.

- **MDA trainings:** Act | East supports a series of refresher trainings for national NTD staff, regional and district staff, and FLHWs, teachers and CDDs for the MDAs, including LF.



- **Coverage evaluation survey:** A coverage evaluation survey (CES) is planned in four districts in FY21: Lindi DC, Kilwa DC, Mtwara-Mikindani MC, and Mafia DC. The CES will help TZNTDCP better understand compliance and draw lessons to improve MDA uptake. The survey will be conducted in September 2021 following the MDA planned in FY21. Data will be collected on smartphones using the Open Data Kit (ODK) system. IMA will liaise with Women Influencing Health, Education, and Rule of Law (WI-HER) on integrating gender equality and social inclusion (GESI) questions into the CES questionnaire. This activity will help answer the learning question: Are there specific groups that are not being reached with MDA or not complying with MDA and how can we better reach them? In the 2019 coverage survey report, which took place in 14 districts, including 7 for LF, IMA found that reported coverage was higher than the surveyed coverage for LF, trachoma, and OV. Results will be reported through the CES report and used to get a deeper understanding of missed and/or excluded populations and patterns within the respective populations, improve MDA implementation, and for programmatic decision making.
- **TAS Trainings:** Training of lab technicians and research assistants is conducted by the TZNTDCP with technical and financial support from Act | East before each TAS. The training ensures that surveyors understand the survey protocol, emphasizes TAS best practices and administration of the filariasis test strips (FTS) administration.
- **TAS1:** Act | East will support the TZNTDCP to conduct TAS1 in four districts/evaluation units (EUs); Kibaha DC, Masasi DC, Korogwe TC and Korogwe DC, which passed re-pre-TAS in FY20. All districts are <500,000 population.

- **TAS2:** As a result of the COVID-19 pandemic, TAS2 in three districts/EUs (Chemba DC, Kondoa DC, and Kondoa TC) was approved in the FY20 Tanzania work plan but not completed in FY20, and Act | East proposes to conduct these surveys in FY21. Act | East will also support TAS2 in nine additional districts/EUs (Lindi Municipal Council [MC], Nachingwea DC, Ruangwa DC, Kilosa DC, Morogoro DC, Morogoro MC, Mvomero DC, Mkinga DC, Tanga City Council), for a total of 12 EUs planned for TAS2 in FY21.
- **TAS3:** As a result of the COVID-19 pandemic, TAS3 in 36 EUs was approved in the FY20 Tanzania work plan but not completed in FY20. Act | East proposes to conduct most of these surveys in FY21, for a total of 33 EUs planned for TAS3 in FY21. If the NTD-SC decides to implement the adaptive TAS protocol in Tanzania, it would likely be in either Dodomo MC or Bagamoyo DC/Chalinze DC or Mtwara DC/Nanyamba DC, as they all had  $\geq 10$  positives in TAS1 or TAS2. For all LF DSAs, staff will be trained or retrained prior to the surveys on use of the filariasis test strip (FTS) and incorporating best practices into TASs, including COVID prevention measures. Data will be collected electronically using the ODK system.

In addition, 8 districts planned for TAS2/3 will conduct iTAS: Mpwawa, Liwale DC, Njombe TC, Bagamoyo DC, Chalinze DC, Mpanda DC, Nachingwea and Rwangwa (see OV section for details).

### Dossier Status for LF Elimination

Dossier development started in 2018 with the introduction of the World Health Organization (WHO) LF dossier guidelines and templates. The final validation timeline is currently expected to be 2026. Data are secured in the NTD database housed at the TZNTDCP office and managed by the TZNTDCP Data Manager and monitoring and evaluation (M&E) team.

- **Proposed FY21 LF dossier activities:** Act | East will provide financial and technical support to TZNTDCP for LF dossier development in FY21. Act | East will support one three-day dossier development workshop combining both LF and trachoma dossiers. The workshop will convene experts and stakeholders to review current available information, including all surveys to date, the health management information system (HMIS), the status of the data repository, and the narrative write-up. The review will also indicate the progress in MMDP data collection and will guide estimation of the number of persons in need of hydrocele surgery and lymphedema care. A consultant will provide technical assistance for updating the LF dossier.

### Trachoma: Proposed FY21 Activities

- **MDA:**
  - Due to the COVID-19 pandemic, the following districts/subdistricts were approved for FY20 MDA but have been postponed to FY21 (February 2021): Ngorongoro, Chamwino DC South EU, Kongwa DC North EU, and Kiteto DC North EU. Kiteto DC North EU will conduct MDA again in August 2021 to complete its third round of MDA.

Act | East will provide support to TZNTDCP to improve MDA treatment coverage, building on lessons learned from previous years and DSA failure investigations. These improvements include:

- Preparing micro-plans for FY21 Q1 MDA, with clear micro-targets (proper CDD ratio, CDDs given clear treatment targets, etc.).

- Conducting a targeted social mobilization campaign: village-to-village, folk media, village criers, hamlet-level meetings, public address systems, etc. Social mobilization campaigns will utilize best practices for COVID-19, including social distancing.
- Providing intensified supportive supervision, with a focus on areas of need identified in coverage review done during pre-MDA planning.
- Emphasizing ensuring directly observed therapy through training of CDDs and supervisors.
- Conducting a full campaign for up to seven days.
- Ensuring no stock-outs of MDA supplies, through increased supportive supervision and mentorship of district teams.
- Reviewing micro-level MDA coverage at all health facilities to ensure that all the district sub-units that need coverage improvement reach the MDA coverage target.
- Conducting mop-up activities in sub-units that do not reach the coverage target.

Act | East will also support MDA training and social mobilization activities for the planned trachoma MDA (see LF section).



- **CES:** A CES is planned in four districts (Longido DC, Ngorogoro DC, Simanjiro DC, and Kiteto DC North EU) in FY21 to better understand compliance and draw lessons to improve MDA uptake. The survey will take place following the FY21 MDA (planned for early Q2). Similar to the LF coverage surveys, data will be collected on smartphones using the ODK system, and IMA will liaise with WI-HER on integrating GESI questions into the CES questionnaire. See the learning activity description in the LF section.
- **Community Sensitization in Nomadic and Cross-Border Districts:** Community mobilization in four endemic cross-border districts in Kiteto, Simanjiro, Longido, and Ngorongoro. A behavior change communication strategy and IEC materials will be used during Maasai community sensitization, including the use of local community cultural leaders (Leigunans) and local radio with the objective of increasing awareness among nomadic people (and communities) to participate in NTD MDA uptake and other related health services and to increase awareness among people in nomadic communities regarding the environment and sanitation, especially of hand and face washing to eradicate trachoma.
- **Advocacy Meeting for Selected Six Districts on Trachoma Elimination:** A meeting of district-level planners and decision-makers, the district commissioners, district executive director, district treasurer, district medical officer, councilors, and influential people at the district level and community leaders will be conducted in trachoma-endemic districts. These districts are trachoma transmission hot spots and need a concerted effort, not only in MDA uptake but also WASH services (the entire SAFE strategy implementation). In previous years, these meetings brought about improvements for TT surgery and WASH service uptake, especially in the Maasai dry lands. They have also helped to increase the visibility of and demand for community MDA among district and regional staff. These meetings also support HSS efforts, as districts eventually will take most of these activities as they continue to allocate more resources toward SAFE activities.

- **TIS:**
    - In FY21, Act | East will support TZNTDCP to conduct the TIS in two districts/subdistricts (Kongwa DC North EU, and Chamwino DC South EU). The TIS will be completed six months following MDA, in FY21 Q3.
  - **TSS:**
    - As a result of the COVID-19 pandemic, TSS approved in FY20 in seven districts/EUs (Monduli DC, Bahi DC, Ngara DC, Liwale DC, Chunya DC, Nkasi DC, and Nzega TC) was not completed and has been postponed to Q1 FY21.
    - In FY21, Act | East will support TZNTDCP to conduct the TSS in an additional two districts (three EUs) which include Chemba DC, Mpwapwa DC North EU, and Mpwapwa DC South EU.
- All TISs and TSSs will be conducted through Tropical Data.

### Dossier Status for Trachoma Elimination

Trachoma dossier development started in 2017 with support from ENVISION. The current validation timeline is expected to be 2025. Data are secured in the NTD database housed at the NTDCP office and managed by the NTDCP Data Manager and M&E team.

- **Proposed FY21 trachoma dossier activities:** As noted above, a joint three-day LF and trachoma dossier development workshop will be conducted in March/April 2021 with support from Act | East. The goal of the workshop is to convene stakeholders to review trachoma and LF dossier development progress and update the dossiers with recent MMDP, DSA, and MDA data. Act | East will also support a consultant to provide technical assistance for updating the trachoma dossier in FY21.

### OV: Proposed FY21 Activities



- **CES:** A CES is planned in five districts for OV in FY21, including Morogoro DC, Mvomero DC, Madaba DC, Mbinga DC and Songea DC. None of these have gone through CES before. The CES will be conducted in November 2020, following the FY20 OV MDA, which is scheduled for August 2020 (pending USAID approval to restart). The CES will help TZNTDCP better understand compliance and draw lessons to improve OV MDA uptake. See the learning activity description in LF section.
- **MDA:** Act | East will continue to support IVM MDA in all 28 OV-endemic districts, planned for August 2021, with 9 districts conducting MDA twice per year; in February 2021 and August 2021. Act | East will also support MDA training and social mobilization activities for the planned OV MDAs (see LF section).
- **Community Sensitization in 9 Districts with twice annual OV MDA:** Community sensitization will happen once in nine districts from two regions of Tanga and Morogoro. This community sensitization aims to increase awareness of the community regarding access to NTD control interventions like MDA and MMDP interventions across the nine OV-endemic districts, which will receive two rounds of IVM MDA.

- **OV stop MDA:**
- **Epidemiological and entomological evaluation** will be conducted in three councils (one council in Tunduru DC in Ruvuma Region (Tunduru foci) and two councils Morogoro DC and Mvomero DC from Morogoro Region (Morogoro foci). However, this activity depends on DBS analysis planned for FY20–21 with OV16 ELISA. If infection rates are below the OV infection threshold, then the TOEAC will be informed to deliberate on a full stop-MDA epidemiological and entomological evaluation. Act | East will support training of lab technicians and research assistants for the epidemiological and entomological assessments.
- **Support TOEAC meetings:** It customary for the TOEAC to meet at least once a year in Tanzania to review OV elimination strategies, plans, and activities. The TOEAC provides recommendations to the MOHCDGEC on best practices for elimination. A TOEAC meeting is planned for FY20 Q4 and will take place virtually. In FY21, the TZNTDCP plans to convene a two-day TOEAC meeting for 30 participants in February 2021. Act | East will provide technical and financial support to this meeting.
- **CDC training of Tanga lab staff for OV 16 RDT elution:** Originally an FY20 activity and approved for restart during the phase 1 request, we were unable to complete this before the end of FY20 due to challenges with CDC and Tanga lab scheduling. CDC will conduct a virtual training of lab technicians on how to elute DBS and use the OV 16 RDT to analyze the 3000 DBS collected during OEM in FY19. Training will be 5 days.
- **Integrated TAS (iTAS):** iTAS is planned in 8 districts/7 EUs in July 2021: Nachingwea DC, Ruangwa DC (integrated with TAS2 in 2 EUs); and Mpwapa DC, Lowale DC, Njombe TC, Bagamoyo and Chalinze DC, and Mpanda DC (integrated with TAS3 in 5 EUs).
- **Exclusion mapping:** This activity will be conducted in 7 districts. The protocol will be developed in coordination with RTI and USAID and include desk review of previous OV data, geographic information, and visits to the 7 districts to view potential breeding sites and interview district and village health staff.

### 3. IR 2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES (IR2 AND IR3)

#### Improving Core NTD Program Functions

##### *Proposed FY21 Activities for Data Management*

- **Improve district capacity in using the country-specific NTD database:** In FY20, Act | East provided support to 76 districts to use the NTD database. Act | East will continue to provide support to the 37 districts currently using the NTD database for MDA reporting, coverage analysis, and data use for community-based MDAs. (Level of effort [LOE] only)
- **Improve reporting on NTD indicators at the health facility level:** In FY21 Q1, Act | East will compile a brief summary of the status of the HMIS and how NTD data are/are not mainstreamed into this system, which will be shared with USAID. This will reflect the priorities and strategy for mainstreaming NTD data management into HMIS in Tanzania. Act | East and the TZNTDCP will continue to work with the HMIS section of the MOHCDGEC to improve reporting on NTD indicators from health facilities. The NTD portal in DHIS2 currently includes data on cases collected at the health facility level from the point of care (outpatient and inpatient departments). It is envisioned that key indicators on MDA, MMDP,

and prevalence survey data that are collected periodically by NTDCP will also be integrated into DHIS2. (LOE only)

- **Data quality assessments (DQAs):** Act | East and the TZNTDCP will conduct DQAs of data collected during MDA using the Data Quality Assessment–Supervision (DQA-S) tool during supportive supervision. The activity will involve training the national team on the DQA-S tool and subsequently capacitating the supervisors on how to use the tool during MDA supportive supervision. (LOE only: DQA-S will be integrated into the regular MDA trainings and national team supportive supervision.)

#### ***Proposed FY21 Activities for Drug Management***

- **Drug transportation from the national warehouse to regions:** After clearance from the port, all drugs are stored at MSD and transported to the districts by MSD before MDA activities. MSD transport to districts can be delayed because of late arrival in country, changes in MOHCDGEC/TZNTDCP MDA planning, or general timing issues with MSD. The transportation of NTD drugs is usually combined with other, non-NTD medicines, and MSD will often wait until the truck is full before shipping. Furthermore, MSD sometimes closes for consecutive weeks to conduct inventory checks. In FY21, if there are delays in transport before MDA activities, Act | East will provide funds for drug transportation and hire private transporters to deliver the drugs to the districts. This strategy will only be considered if there are delays in receiving the drugs from outside of Tanzania, or if customs clearance is slow and the drugs are released two weeks or less before the scheduled MDA campaigns.
- **Transport from regions to distribution points:** The transport of medicines from the regions and districts to community levels is normally conducted by district medical officers using district vehicles. Based on experience, 50% of the community-based MDA districts will require additional funding to deliver the drugs to the district level in order to conduct MDA in a timely manner.
- **Reverse supply chain:** Experience in previous years has shown that after completing MDA in most districts, unused medicines are left at health facilities, sometimes in poor storage conditions; hence, a functioning reverse supply chain system is needed. The major challenge has been transportation for district pharmacists to travel to different health facilities and gather all the unused drugs for proper storage at district health pharmacies. Based on previous experience, in FY21 Act | East will support reverse supply chain activities in eight districts conducting IVM/IVM+ALB/ZTH MDA, which involves collection of drugs from CDDs to the health facility and then after to the district pharmacy. This represents 22% of 36 districts conducting this MDA, which is due to funding and the nature of the reverse supply chain planned with the TZNTDCP.
- **Mentorship on JRSM and other WHO reporting tools (LOE only):** Act | East, through its Program Pharmacist and MERLA Advisor, supports the NTD Secretariat and TZNTDCP staff to prepare the JRSM and other WHO reporting tools, the annual work plan, the Joint Reporting Form, the Epidemiological Reporting Form, and the TAS eligibility forms. Act | East assists the MOHCDGEC to coordinate with other implementing partners to ensure that the TZNTDCP's requirements are included in these tools. For FY21 medicine needs, the JRSM was submitted in April 2020. It is expected that the next JAP will be submitted to the WHO in April 2021. This submission will include the JRSM for 2022.



## Achieving Sustainability: Mainstreaming and HSS

### Planned Activities

#### Governance Activities (policy, financing, coordination)

- **Review of Master Plan and alignment with NTD 2030 Roadmap:** During FY20, the WHO released the new NTD 2030 Roadmap. Act | East anticipates that a new WHO Africa Regional Office master plan template will also be developed and released. This activity will align the current master plan, including objectives and strategic priorities, with the anticipated new master plan template and the general direction. IMA's HSS Advisor will provide technical support to the NTDCP to review the master plan and align it with new NTD 2030 Roadmap and the Sustainability Plan. Act | East plans to host a three-day workshop of 16 participants in Q1 of FY21 that will convene targeted TZNTDCP officials at the national, regional, and district levels and IMA staff to complete the NTD master plan review.
- **Launch Master Plan and Sustainability Plan:** Act | East will support the launch of the new NTD Master Plan and the Sustainability Plan in FY21. This will be done alongside recognizing achievements made toward reaching the "last mile" to LF and trachoma elimination: as of June 30, 2019, Tanzania has stopped MDA in 105 out of 120 endemic districts for LF and in 65 out of 71 endemic districts for trachoma. The launch will be an opportunity to garner political support and momentum toward reaching elimination targets in the remaining districts. This is a one-day meeting that will bring together MOHCDGEC; TZNTDCP; the President's Office, Regional Administration and Local Governance (PORALG); Ministry of Finance (MOF); Ministry of Education and Vocational Training; members of parliament; key region and district staff; and other NTD key stakeholders.
- **Integrate NTDCP into the Sector Wide Approach (SWAp) for health sector planning:** The TZNTDCP will secure NTD membership in two technical working groups (TWGs) within the SWAp<sup>1</sup> Secretariat: TWG Number 9 (Health Promotion and Health Protection) and Number 7 (Social Welfare, Social Protection, Community Development and Nutrition). Membership in both TWGs will enable TZNTDCP to be integrated into the national planning platform and increase their visibility at the national level. Membership in TWG 7, specifically, will provide a platform for sharing information between health programs and donors and conducting coordinated planning, including identifying effective GESI activities in the wider health sector and integrating them into NTD interventions. As TWG 7 is a platform for sharing and learning, Act | East expects this activity to identify innovative activities and coordination opportunities in the future.

To achieve this goal, Act | East will facilitate a one-day meeting between TZNTDCP and the SWAp Secretariat for dialogue and agreement on the process and structures for integrating TZNTDCP in the identified TWGs. Additionally, Act | East will support TZNTDCP to identify data

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<sup>1</sup> SWAps started in the mid-1990's as a way to address the chronic fragmentation of development assistance through largely verticalized programming, and lack of coordination within the health sector. SWAps allow national governments to build comprehensive health policies and strengthen institutional capacity, moving away from donor-driven siloed planning and implementation to government-led programming which supports the overarching sector strategy. Act | East has developed a sustainability framework grounded on the assumption that if NTD programming is siloed, it is more likely that NTD progress will not be sustained. Considering donor funding shifts, SWAp offer an opportunity to leverage sector wider planning and budget mechanisms for NTD interventions.



and programmatic insights it can bring to SWAp meetings, as well as specific goals and outcomes for participation in the SWAp process. This meeting will provide insight on how TZNTDCP can engage with SWAp processes and provide insight on future collaboration. TWGs 9 and 7 meet 11 times a year. Act | East will support the initial meeting and the subsequent participation of five people from TZNTDCP and the Directorate of Policy and Planning (DPP) office to attend these meetings. The cost includes travel and staff allowances.

- **Develop targeted NTD advocacy strategy:** Act | East will work with NTDCP to adopt the Advanced Family Planning (AFP) SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) approach for identifying NTD advocacy requests, targets, and benchmarks for success. The overarching goals of the strategy will be to increase domestic resources for NTDs and integrate NTD functions into the health system at the national and district levels. Following the AFP SMART approach, Act | East will facilitate two planning workshops and one pause and reflect session. The first workshop will orient the facilitators to the AFP SMART approach and determine the workshop structure. The workshop will be held with six participants (from TZNTDCP, IMA, RTI, and a local consultant).

The second planning workshop is a five-day meeting of 25 participants from MOHCDGEC, PORALG, TZNTDCP, and MOF and regional, district, IMA, and selected stakeholders. In this workshop, stakeholders will create an advocacy strategy with SMART objectives, a detailed work plan, and a budget.

In support of the advocacy strategy, Act | East will conduct a mapping exercise of key actors and decision-making spaces to inform budget allocation, advocacy messages, and guidelines for funding prioritization of NTD services and activities at national and decentralized levels: considering the disease elimination trajectory, integrating GESI issues in NTD programming, and the current funding environment. The mapping exercise will be conducted during a two-day meeting with 19 participants including officials from the national (MOHCDGEC central level, NTDCP, PORALG, MOF), regional, and district levels. The mapping exercise will require technical assistance from R4D, RTI, WI-HER, and a local consultancy.

Through a local STTA, R4D will conduct a **customized training on how to process, analyze, account for, and package NTD financial data** for 20 participants, including MOHCDGEC, NTDCP, PORALG, MOF, and IMA World Health. This two-day training will enable these stakeholders to have a better understanding of NTD programmatic and financial data, manage and analyze that data, and make decisions based on that analysis. This component incorporates various stakeholders, in both a decision-making and programmatic capacity, to ensure that a variety of perspectives and experiences are brought to bear on NTD-related analytic challenges.

Act | East will support implementation of the advocacy strategy for the identified advocacy elements through two high-level meetings, two one-day national meetings with participants from PORALG, MOHCDGEC and MOF, and one one-day regional- and district-level meeting with Regional Medical Officers (RMOs), District Medical Officers (DMOs), regional health management teams, and council health management teams. Building on the skills learned in the data packaging training, Act | East will support TZNTDCP to develop targeted advocacy briefs and/or infographics for these high-level meetings.

- The plan will be evaluated through one pause and reflection session to review progress. The pause and reflect session will be a one-day workshop with the same 25 participants who attended the five-day meeting. The HSS Advisor will coordinate the activity with technical assistance from RTI and R4D and a local consultant. RTI is responsible for the policy and

components of the advocacy plan, while R4D is responsible for financing. Two local consultants will facilitate the process of developing the advocacy plan (one for developing advocacy strategy and the second for developing financing strategy which will be done concurrently). **Support Comprehensive Council Health Plan (CCHP)<sup>2</sup> development:** Building on the material and ideals developed in the advocacy strategy, Act | East will support seven people from the NTDCP and DPP to participate in both the RMO/DMO conference and the MOHCDGEC/PORALG pre-planning CCHP conference (14 total participants). NTDCP will use these platforms to ensure NTD integration in CCHP and advocate sustainable NTD programming, based on the advocacy strategy and the Sustainability and GESI Action Plan. The HSS Advisor will provide technical support to TZNTDCP for these two meetings including specific data and messaging for NTDs.

- **Provide technical assistance for integration of GESI in training of trainers (TOTs) and CDD training:** Following the GESI analysis conducted in FY20 and the current Sustainability and GESI Action Plan, Tanzania has prioritized GESI mainstreaming into the TZNTDCP as a key component of the HSS and to address coverage and impact gaps. Act | East, through WI-HER, will support GESI integration by providing technical assistance and supporting a workshop to develop GESI materials and integrate them into the standard curriculum for MDA trainings. The workshop will involve participants from TZNTDCP, MOHCDGEC, IMA, key stakeholders, the University of Dar es Salaam, and MERLA. This workshop will also develop materials for training regional and council health management team staff.

Following the TOT, a GESI module will be integrated into the standard CDD trainings for NTD coordinators, Accountants, Pharmacist, Regional NTD coordinators to CDDs. During CDD trainings, GESI trainers will provide key GESI concepts and considerations when conducting MDA during CDD trainings. Costs for this activity are to ensure that trainers have the extra time needed to incorporate the GESI module into the standard CDD training

Additionally, WI-HER will build the capacity of staff by filling key resource and knowledge gaps in CDD training and training packages for regional and council health management teams and all NTD technical staff. WI-HER will provide oversight for the activity and technical assistance on the integration of GESI in the national TOT and to CDDs. The local gender equity and social inclusion expert will be supervised by WI-HER and will work directly with the trainers to support the training of CDDs at scale. The HSS Advisor will coordinate this activity.

- **Pilot roll-out of GESI training in 1 district:** This training was approved in FY20 but was delayed due to COVID-19 and will be conducted in FY21. The Technical Officer and HSS Advisor will conduct a one-day GESI training in Geita. This training will cover GESI concepts as well as integration of GESI into MDA activities and training. This training will target 102 FLHWs and 362 teachers.
- **Develop intervention packages to address identified GESI issues:** Act | East will work with MOHCDGEC to develop, test, and implement solutions to the GESI issues, including reaching out-of-school children, addressing male refusal, and managing migrant populations during MDA. This activity will be integrated with the DSA failure investigation by reviewing DSA

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<sup>2</sup> The CCHP is the plan developed by districts each year that outlines the health activities that districts and regions will conduct. It is a bottom up planning process where facilities develop plans that are submitted to districts. Districts consolidate those plans into a single CCHP. The President's Office sends guidance to the districts each year on what to prioritize in the CCHP and approves the CCHP.

data to identify gaps in population coverage and developing strategies for reaching vulnerable groups. Identified solutions will be documented and standardized as intervention packages. WI-HER will provide oversight for the activity and technical assistance on the application of the iDARE methodology<sup>3</sup>, including the supervision of its application and using data for decision making. The local gender equity and social inclusion expert will work closely with WI-HER to support the iDARE established teams in person with frequent coaching and problem solving, including application of local solutions to overcome locally identified challenges and barriers to MDA coverage. The HSS advisor will coordinate this activity. Documentation and learning are a central part of this activity to ensure that lessons learned are disseminated. The iDARE methodology incorporates R for Record and E for Expand knowledge and learning. Integral to this training is building country-level capacity to sustain this practice.

#### ***Prioritized Functions Activities (health information, operational capacity, and services)***

- **Define NTD indicators for integration into HMIS on the DHIS2 platform:** DHIS2 is a platform where all health data are uploaded, and the data are used to conduct midterm reviews and annual develop reports, which are key government documents. For the TZNTDCP it is crucial that all its data are uploaded in this portal; these include MDA, DSA, and MMDDP data. When data are available their availability will aid mainstreaming NTDs into other function areas like financing, governance, coordination, service delivery, and operational capacity. Act | East will support the TZNTDCP to have a one-day meeting with the M&E section of the MOHCDGEC to define NTD indicators that should go into the DHIS2. Additionally, Act | East will bring together these same participants to review inpatient and outpatient facility-level data collection tools to ensure that they incorporate the NTD indicators during a seven-day DHIS2 review meeting.
- **Define and collect data on IR2/3 indicators:** In FY21, Act | East will support data collection and reporting to track progress toward sustainability in Tanzania. We will work with the MOHCDGEC to select relevant indicators currently under development based on USAID's Working Paper (USAID NTD Program: Framework and Strategy for the Promotion of Sustainability), and draft country-specific definitions, milestones, targets, and processes in line with the host government's priorities identified through sustainability assessments and plans. Data will be collected in FY21 and reported to USAID during the semi-annual reporting periods (LOE only).

#### **4. IR3 ACTIVITIES IR3 ACTIVITIES SCH, STH, SURVEILLANCE**

##### **SCH: Proposed FY21 Activities**

- **MDA:** In FY21 Act | East will support school-based MDA with PZQ+ALB in eight districts in February 2021, targeting 2.25 million SAC. This covers areas where there is disease co-endemicity with trachoma, LF, or OV.

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<sup>3</sup>The iDARE methodology identifies where biases or GESI-related factors inhibit advancements, defines solutions and indicators that will incorporate GESI into interventions, and supports collection and monitoring of GESI-related indicators to see where these GESI interventions are showing results.

- **SCH-STH Technical Advisory Meeting:** The SCH-STH Technical Advisory Meeting is scheduled to meet in February 2021 and will follow up on recommendations from the 2020 meeting. Act | East will provide financial and technical support for this meeting.

### **STH: Proposed FY21 Activities**

Act | East, in collaboration with the MOHCDGEC and partners, will conduct the following activities in FY21:

- **MDA:** Following budget reductions in November 2019, Act | East will support school-based STH MDA in 41 districts in five regions, to ensure continuity in disease control. Eight districts will receive PZQ+ALB MDA and the remaining 33 districts will distribute ALB only. Act | East supports MDA training and social mobilization activities for the planned SCH and STH MDAs (see LF section).
- **STH-SCH Technical Advisory Meeting:** As described above, the STH-SCH Technical Advisory Meeting is scheduled to meet in February 2021 and will follow up on recommendations from the 2020 meeting.
- **National Stakeholder Meeting/ Annual Joint Planning Meeting (AJPM):** This is a three-day meeting of national stakeholders in NTDs. It is usually held at a central location in Dar Es Salaam or Dodoma and attracts all partners working in Tanzania, including WHO/HQHeadquarters/Africa Regional Office, USAID, etc. The major objective of this meeting is to review the NTDCP FY21 performance and plan for FY22. It is during this meeting that a national report is presented and discussed. Lessons from this work will inform the FY22 plans. Furthermore, partners present their plans to support NTD elimination efforts as a complement in line with the national NTD Master Plan and the WHO roadmap.
- **Technical Working Group Meetings:** These meetings occur once a year and focus on trachoma, LF, SCH/STH, and OV. Act | East is supporting 25 participants for one meeting.
- **National Zonal Review and Planning Meeting:** This is a national zonal-level meeting of all regional and district NTD coordinators (one from the health department and one from the education department) from 134 districts in 19 regions, bringing together 525 total conference participants. It is held for two days per group with the purpose of reviewing FY20 performance (MDA, DSA, MMDP, etc.) for all five preventive chemotherapy NTDs and to plan for FY21. In the planning session, accountants also join the meeting. A key meeting output is the zonal, regional, and district FY21 NTD plans of action and budgets. The meeting is held in selected regional centers that combine nearby regions/districts into their respective zones. This meeting is facilitated by Act | East staff, MOHCDGEC, PORALG, and NTDCP.
- **Quarterly Program Review Meetings:** In FY21 Act | East will hold four quarterly review meetings with the TZNTDCP in Dodoma to jointly plan and review implementation of activities. Five program officers will travel to Dodoma for this activity. A key meeting output will be a quarterly plan of action. This will guide IMA and TZNTDCP in implementation, including funds from form RTI/IMA Headquarters to the country office. This will be the basis of monthly financial forecasts and reporting.
- **Advocacy Meeting with New Leaders in 9 Districts in 3 Regions:** By the end of 2020, Tanzania will have elected a new president, members of parliament, and councilors in the

local governments. To raise awareness of NTDs, especially in highly endemic areas where sustaining optimal coverage is crucial, advocacy meetings with new leaders is planned in nine selected districts. In these meetings, the target audience will be the newly appointed/elected regional and district commissioners, the regional administrative secretary, regional medical officers, district commissioners, district executive directors, district treasurer, district medical officers, and councilors. These are key planners and decision-makers in their areas of work. It is anticipated that their engagement in NTD advocacy will help in allocating resources for NTDs, identifying NTDs as a priority, and raising awareness/profile in the communities. A meeting report will be written after every session.