Mozambique Work Plan

FY 2023 Program Year 5

October 2022–September 2023







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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 provides critical support to governments to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Mozambique, Act | East Program activities are implemented by RTI International.

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FY23 Learning Activities are marked with this icon throughout the narrative.

ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
СОР	Chief of Party
DSA	Disease-Specific Assessment
DQA-S	Data Quality Assessment During Supervision
ESPEN	Expanded Special Project for the Elimination of NTDs
EU	Evaluation Unit
FY	Fiscal Year
HMIS	Health Management Information System
HSS	Health Systems Strengthening
INS	Instituto Nacional de Saúde (National Institute of Health)
JAP	Joint Application Package
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MISAU	Ministério de Saúde (Ministry of Health)
NGO	Nongovernmental Organization
NSC	NTD National Steering Committee
NTD	Neglected Tropical Disease
OV	Onchocerciasis
PC	Preventive Chemotherapy
RTI	RTI International
SCH	Schistosomiasis
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
USAID	United States Agency for International Development
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Mozambique is divided into 161 districts¹ across 11 provinces, with an estimated 2023 population of 32.4 million (projected from 2017 census). Currently, 24 districts are endemic for trachoma (above the Trachomatous Inflammation–Follicular [TF] elimination threshold of ≥5%), 77 require mass drug administration (MDA) for lymphatic filariasis (LF), 159 for schistosomiasis (SCH), and 153 for soil-transmitted helminths (STHs). Mapping has been completed for all five neglected tropical diseases (NTDs) that are treatable through preventive chemotherapy (PC), although uncertainty remains about the hypo-endemic status of onchocerciasis (OV) in some districts.

Under the coordination of the National Directorate of Public Health, each province is responsible for planning and coordinating NTD activities in each implementation unit. The provincial representatives coordinate activities at the provincial level, act as an intermediary body between the district and national levels, and report to both provincial and national bodies.

At the central level, the *Ministério de Saúde* (Ministry of Health [MISAU]) is organized into two arms: (1) the National Directorate of Public Health, under which the National NTD Program operates; and (2) the National Directorate of Medical Assistance, within which is the Ophthalmology Department. Under both arms, the provincial and district directorates of health operate throughout the country. The National NTD Program and the Ophthalmology Department collaborate closely. The National NTD Program maintains responsibility for managing MDA campaigns for trachoma, LF, SCH, and STH, and the Ophthalmology Department manages trichiasis surgeries. Disease-Specific Assessments (DSAs) for all NTDs are led by the National NTD Program, except for trachoma impact surveys (TIS), trachoma surveillance surveys (TSS), and trachomatous trichiasis (TT)-only surveys, which are jointly managed between the two arms. In 2019, MISAU restructured, combining the National NTD Program with the National Non-Communicable Disease Program. With the May 2022 resignation of the Head of the Department of Disease Prevention and Control, who was very involved with NTD management, the individual in charge of vector-borne diseases is acting as the NTD Coordinator. Any operational research is typically handled by the *Instituto Nacional de Saúde* (National Institute of Health [INS]), which also sits in MISAU at the national level.

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

Trachoma

In FY23, Act | East will continue to support the trachoma program through MDA, surveys, and dossier development. Act | East will also continue to support central MISAU in national-level coordination of activities. Specific activities in support of trachoma elimination in Mozambique are listed below.

• **Trachoma DSA Outcome Investigations**: Since FY20, Act | East has supported MISAU to investigate 13 districts with results above threshold: four in FY20, one in FY21, and eight in FY22. Should FY23 surveys have outcomes above threshold, MISAU and Act | East will review historical survey data, information on water and sanitation coverage, available subdistrict MDA data, and MDA supervision

¹ At the start of ENVISION support in FY13, Mozambique was composed of 142 districts. Redistricting in the provinces of Maputo, Manica, Nampula, Tete, and Zambézia in 2015 and further redistricting in Gaza Province in 2019 resulted in the current demarcation of 161 districts.

reports. Findings from previous investigations are well documented in semi-annual reports and work plans.

Trachoma MDA: Act | East will support re-MDA in seven districts (Guro, Macossa, Tambara, Mogincual, Liupo, Chinde, and Pebane) in FY23. Based on the DSA investigations conducted in FY20–FY22, Act | East, in partnership with MISAU, will reinforce MDA preparation, implementation, and supervision. Adaptations to address human resource challenges around distribution and supervision include, increasing the ratio of drug distributors to community members (1 CDD per 200 people, previously 1:350), increasing the ratio of supervisors to CDDs (1 supervisor per 4 teams, previously 1:5), increased supervision of MDA preparation activities, and to reach populations living in remote island areas and difficult terrain increased transportation in the form of boats and motorbikes.

Act | East will continue to support door-to-door MDA, with each distribution team composed of two drug distributors who will distribute the drugs and complete the tally sheets, and a mobilizer, who is often a community leader, who will sensitize the households in advance of treatment. Supervision teams will use the standard supervision checklist, an adapted version of the data quality assessment during supervision tool to review data quality and completeness, and the daily reporting form.

- **Coverage Evaluation Survey (CES):** Act | East will support MISAU to conduct a CES in one district following FY23 MDA to validate reported coverage. The district, likely in Nampula Province, will be selected based on previous survey results and MDA data. Findings will be used to inform MDA design and therefore meet the expected therapeutic coverage in future rounds and understand factors contributing to continued disease transmission.
- Wozambique will seek to answer the learning question: "How are adaptations, such as increased human resources, improved MDA planning, use of DQA-S, and daily data reporting which have been identified through DSA outcome investigations improving trachoma MDA coverage in persistent and recrudescent districts?" under the program learning agenda question: "What are the reasons for DSA outcomes above threshold, and how are we addressing them?" Act | East will use evidence from previous DSA outcome investigations and data collected from the following activities: (1) MDA coverage and drug supply data from the daily data reporting tool; (2) re-MDA after-action review meetings on whether MDA adaptations were effective; and (3) CES to validate reported coverage and provide additional insights on reach, compliance, and other factors impacting coverage. Lessons from the MDA and CES will be used to inform future rounds of MDA.
- Trachoma Surveys: Act | East will support 24 trachoma surveys (9 TIS, 15 TSS) in four provinces.
 - Nampula TIS & TSS: Act | East will support TIS implementation in four EUs (three districts), and TSS in seven EUs of Nampula.
 - **Sofala & Tete TSS:** Act | East will support TSS implementation in two EUs in Sofala, and four EUs in Tete.
 - **Cabo Delgado TIS & TSS:** Act | East will support trachoma surveys in 7 EUs of Cabo Delgado Province.
- **Training for TIS/TSS**: Act | East will work with MISAU to organize Tropical Data trainings, including identifying certified instructors and providing training materials. A certified recorder and grader trainer will provide the training based on the Tropical Data protocol, clinical grading, and electronic data capture. This will be a refresher training for the returning graders and many of the recorders.

Trachoma Dossier Review Meetings: The program's support to quarterly dossier review meetings
will continue in FY23, including financial and technical support for two, 2-day in-person workshops
outside Maputo with 21 participants. Participants will include representatives from MISAU, Act |
East, WHO, and other trachoma partners. The remaining two meetings will be shorter and
conducted either virtually or combined with another planned meeting, such as the NTD Steering
Committee Meeting.

Lymphatic Filariasis

In FY23, Act | East will support the following LF activities.

• **DSA Outcome Investigation:** The program has experienced many pre-TAS failures. Of 77 districts, 34 failed pre-TAS in December 2021. Act | East, in collaboration with the MISAU NTD team, will begin the DSA investigation with a desk review of all available baseline, MDA, CES, and survey data. Following the desk review, the investigation team (MISAU, INS, and Act | East) will identify up to four districts to conduct a field investigation, inclusive of key informant interviews and focus group discussions, if necessary. This investigation will use the WHO TAS failure checklist. As with the investigations conducted in trachoma districts, the objectives are to (1) understand the reasons for failure, (2) evaluate the quality of the surveys and MDA, (3) build the capacity of MISAU to lead future investigations, and (4) improve MDA. Results will be shared at the national level, virtually and in person. RTI will train central-level staff to do investigations when districts fail surveys.

Conducting the DSA outcome investigations, Act | East will seek to answer the question, "What are the reasons for LF pre-TAS outcomes above threshold in Mozambique, and how could MISAU address them?", which is a prioritized question in the Act | East learning agenda. Act | East will develop evidence-based hypotheses for outcomes above threshold and aims to answer this learning question using quantitative data collected from the desk reviews, along with the qualitative data from key informant interviews and focus group discussions. The results of the DSA outcome investigations and MDA adaptations identified through the investigations will be used by MISAU and partners to improve the design of future MDA rounds.

• LF Dossier Meeting: MISAU representatives, Act | East, and the WHO NTD focal point will review the LF data that will be included in the LF dossier Excel files during a 2-day meeting (14 participants). Participants will check the data quality and sources, such as the Expanded Special Project for the Elimination of NTDs (ESPEN) portal and Excel files designed by MISAU. Participants will spend 2 days working on the Excel file and making LF projections. Individuals will be assigned to start drafting a section for the narrative. The dossier file will be managed by the NTD coordinator and data manager and saved on Google Drive; it will be periodically backed up to an external hard drive.

Onchocerciasis

USAID does not currently support OV activities in Mozambique.

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

Improving Core NTD Program Functions

Data Security and Management

In FY23, the Act | East M&E Officer will continue having ad hoc sessions with MISAU staff and assist them in safeguarding NTD files. The archiving process and file organization will be presented regularly during the biweekly technical staff meeting.

Drug Management

In FY23, Act | East will continue to support routine supply chain management activities for the planned trachoma MDA, review the JAP, and ensure that the online platform is completed by MISAU staff. Drug management support will include transportation, supervision, and reverse supply chain oversight for trachoma medicines.

• **Inventory Reporting:** Act | East will support MISAU to do a bi-annual review of the inventory reporting. Timing of the review will be coordinated with the timing of the JAP submissions in May and September.

Achieving Sustainability: Mainstreaming & Health Systems Strengthening

Planned activities

Prioritized functions activities:

• **HMIS Meeting:** Following the rollout of the NTD data entry in the HMIS system, Act | East plans to support a 2-day follow-up meeting (28 participants) with the provincial NTD focal points, MISAU, and partners to monitor the progress of data entry at the district level and discuss successes and challenges with timely and accurate data entry. During the meeting, participants will review an analysis comparing data reported via HMIS and the regular paper-based reporting.

Other activities:

Act | East HSS support will continue to focus on providing technical assistance, as follows.

- Providing technical support to MISAU in the form of staff time for M&E, supply chain, and strategic planning activities.
- Providing support for Steering Committee Meetings.

4. IR3 PLANNED ACTIVITIES: SCH AND STH

SCH

USAID does not support SCH MDA or surveys in Mozambique.

STH

USAID does not support STH MDA in Mozambique.