

# Tanzania Work Plan

**FY 2023**

**Program Year 5**

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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 Tanzania, 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 Program
AE	Adverse Event
AFP SMART	Advance Family Planning Specific, Measurable, Attainable, Relevant, and Time-bound
ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ARISE NTDs	Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCC	Behavior Change Communication
CC	City Council
CCHP	Comprehensive Council Health Plan
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
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
DIP	Direct Inspection Protocol
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
ELISA	Enzyme-linked Immunosorbent Assay
EU	Evaluation Unit
FAA	Fixed Amount Award
FCDO	U.K. Foreign, Commonwealth and Development Office
FLHW	Frontline Health Worker
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
GPS	Global Positioning System
GPSA	Government Procurement Services Agency
HMIS	Health Management Information System
HQ	Headquarters
HSS	Health Systems Strengthening
iDARE	Identify, Design, Apply/Assess, Record, Expand (methodology)
IEC	Information, Education, and Communication
IR	Intermediate Result
iTAS	Integrated Transmission Assessment Survey
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
MFTA	More Frequent Than Annual
MMDP	Morbidity Management and Disability Prevention
MOF	Ministry of Finance
MOH	Ministry of Health
MSD	Medical Stores Department
NIMR	National Institute for Medical Research
NIS	NTD Information System
NRD	Nonresponding district
NTD	Neglected Tropical Disease
ODK	Open Data Kit
OV	Onchocerciasis
PO-RALG	President's Office, Regional Administration and Local Governance
PZQ	Praziquantel
Q	Quarter
R4D	Results for Development
RDT	Rapid Diagnostic Test
RWSSP	Rural Water Supply and Sanitation
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SCT	Supervisor's Coverage Tool
SMS	Short Messaging Service
SOP	Standard Operating Procedure
STH	Soil-Transmitted Helminths
SWAp	Sector-wide Approach
TAS	Transmission Assessment Survey
TC	Town Council
TEC	Trachoma Expert Committee
TF	Trachomatous Inflammation–Follicular
TFDA	Tanzania Food and Drug Administration
TIS	Trachoma Impact Survey
TMDA	Tanzania Medicines and Medical Devices Authority
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
WATSAN	Water and Sanitation
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's (MOH's) Office of the Chief Medical Officer, Directorate of Preventive Services, and is now housed at the University of Dodoma in the capital city of Dodoma. However, there is no direct relationship between the TZNTDCP and the university. The 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, co-headed by two NTD coordinators, one from the health department and the other from the education department. The regional and district teams are under the President's Office, Regional Administration and Local Governance (PO-RALG).

The TZNTDCP works through the regional health management teams, council health management teams, and local communities to plan and implement NTD 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 community members at households and report accordingly. One FLHW is responsible for supervising 15 to 20 CDDs. MDA in the Dar es Salaam Region takes place in a different format, where FLHWs work in coordination with Ward Executive Officers to distribute medicines. For school-based interventions, mainly targeting soil-transmitted helminths (STH) and schistosomiasis (SCH), primary school teachers distribute the medicines under supervision of FLHWs 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 the TZNTDCP

Several partners support NTD activities in Tanzania. USAID has funded and provided technical support for 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. From 2019 through June 2021, funding from the United Kingdom Department for International Development (DFID, now the Foreign, Commonwealth, and Development Office [FCDO]) through the Accelerating Sustainable Control and Elimination of NTDs (ASCEND) East consortium, led by Crown Agents, supported LF MDA in the Dar es Salaam Region; SCH and STH control activities in Dar es Salaam and 45 Lake Zone districts of Kigoma, Mwanza, Shinyanga, Geita, Mara, and Kagera regions; morbidity management and disability prevention (MMDP) activities; and health systems strengthening (HSS). The TZNTDCP received support from the Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs (ARISE NTDs), funded by the Children's Investment Fund Foundation for LF MDA in the three remaining districts in Dar es Salaam Region and school-based MDA for 45 district councils (DCs) in the Lake Zone. ARISE funding began in September 2021 and ends September 2022.

The Schistosomiasis Control Initiative (SCI) supported SCH and STH MDA and disease-specific assessment (DSA) activities in the areas formerly supported by USAID (approximately 93 districts and 15 regions countrywide are supported through SCI) from fiscal year 2020 (FY20) through FY22. From FY20–21 SCI provided funding through IMA World Health. In FY22, funding was provided directly to the TZNTDCP, rather than through an implementing partner; this is expected to continue in FY23. SCI also supports seconded staff to the TZNTDCP including a finance personnel, SCH focal officer, and Data Manager. Act | East coordinates closely with SCI to prevent duplication of efforts.

Act | East supports three Tanzanian staff seconded to the TZNTDCP: Drug Logistics Officer; Finance and Administration Officer; and Monitoring, Evaluation, Research, Learning, and Adaptation (MERLA) Officer.

## **2. IR1 PLANNED ACTIVITIES: LF, TRACHOMA, OV**

### **LF: Proposed FY23 Activities**

Act | East proposes to support the TZNTDCP to conduct the below LF activities in FY23, incorporating best practices and lessons learned from FY22 as noted above.

- **LF Review and Planning Meeting, TOT, and Accountants Training:** Act | East will support TZNTDCP to hold a five-day series of disease-specific meetings that includes two days for LF review and planning and MDA TOT, two days of GESI planning, and one day for an accountants and finance training. The disease-specific review and planning sessions focus on reviewing LF activities in the districts where MDA is ongoing, in order to discuss challenges related to ongoing endemicity and plan for FY23 MDA activities. A key meeting output will be regional and district FY23 plans and budgets and orienting regional and district accountants on the FAA milestones and requirements. With support from WI-HER through STTA, one LF district (Kilwa DC) will also use this meeting to plan for the GESI behavior change activity. This meeting will be facilitated by Act | East staff, MOH, PO-RALG, and the TZNTDCP.
- **MDA in four districts:** Act | East will support the TZNTDCP to conduct IVM+ALB MDA in August 2023 in four district/municipal councils<sup>1</sup>: Pangani DC, Lindi MC North, Kilwa DC, and Mafia DC. Lindi MC North, Kilwa DC, and Mafia DC will implement a third round of re-MDA after the last survey, since these districts missed MDA in 2020, had previous coverage challenges, and/or reported high prevalence in the last pre-TAS. Pangani DC will implement its second round of MDA following re-pre-TAS failure. Act | East is supporting TZNTDCP to improve MDA coverage, building on lessons learned from previous years and findings from CES and DSA outcome investigations, including:
  - microplanning in 2 DCs (detailed below);
  - ensuring appropriate numbers of CDDs in hard-to-reach areas and appropriate budgets for accessing those areas;

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<sup>1</sup> Although Lindi MC is not endemic for LF, administrative redistricting recently reassigned 11 wards to Lindi MC from the endemic districts of Mtama and Lindi DC. The latest pre-TAS in these areas is 6.2% which suggests there is ongoing LF transmission and MDA is needed. These 11 wards will become their own evaluation unit and implement pre-TAS and TAS at EU level moving forward.

- revising training materials and information, education, and communication (IEC)/behavior change communication (BCC) materials and messages to respond to common issues in knowledge gaps, discussing appropriate timing in the day to distribute drugs to reach men, and responding to rumors that drugs affect sexual performance (see Women Influencing Health, Education, and Rule of Law [WI-HER] activity in Intermediate Result [IR]2);
  - daily data monitoring of MDA through electronic data collection (EDC) to respond quickly to low coverage areas or other problems;
  - improving supervision through the SCT and electronic supportive supervision checklist; and
  - other recommendations to be determined after the DSA outcome investigations.
- **DSA outcome investigation in two districts:** Act | East will support the TZNTDCP to conduct DSA outcome investigations in Pangani DC and Kilwa DC in FY23 Q1, which will involve a qualitative investigation among fisherfolk communities hypothesized to be missing MDA due to work pattern migration. The investigation will aim to map out this community’s migration patterns to determine the best locations and times to reach them with MDA. Act | East will also explore integrating data quality assessment (DQA)-related questions into the focus group discussions and key informant interviews with district health officials. The DSA outcome investigation will also include MDA data review in these districts to inform the program on the trend of MDA and data quality.
- **LF microplanning in two districts:** As an innovation to improve MDA, Act | East will support the TZNTDCP to conduct microplanning in two DCs (five sites per district), Kilwa DC and Pangani DC, using the new WHO microplanning manual. These two districts have hard-to reach populations, including the mobile fisherfolk communities, which could benefit from microplanning. This process will build on the lessons from FY22, which included conducting the microplanning well in advance of the MDA, increasing the number of sites per district, and inviting more CDDs and local level leaders to participate in the sessions. Act | East will support an orientation on the microplanning tools for regional and district staff prior to the microplanning meetings, which will be held at health facility level. The microplanning meetings involve district, ward, and health facility staff; local community leaders (including representation from fisherfolk communities); hamlet leaders, and CDDs.
- **Re-Pre-TAS in three districts in Dar es Salaam:** There is currently a gap in funding support for LF activities in Dar es Salaam. Act | East proposes to support re-pre-TAS in three districts (Dar City Council [CC], Kinondoni MC, Temeke MC) that are eligible for re-pre-TAS in FY23. Based on an initial rapid review of historical coverage and survey data, we will ensure 2 sites per 500,000 population in each IU, for a total of 22 sites. In FY23 Q1, Act | East and TZNTDCP will conduct a thorough review of all past survey and MDA coverage data from Dar es Salaam prior to drafting the survey protocols. For all planned LF surveys, data will be collected electronically using the Open Data Kit (ODK) system.
- **Re-Pre-TAS in two districts:** Act | East will support the TZNTDCP to conduct re-pre-TAS in Mtama DC and Mtwara-Mikindani MC of Lindi and Mtwara Regions, respectively. Act | East will support protocol development and refresher training for surveyors on the survey protocol, EDC, and quality of filariasis test strip (FTS) administration. Re-pre-TAS will include questions on never treatment and occupation (to help track the fisherfolk community issue).



- **TAS1 in 13 EUs:** Act | East will support the TZNTDCP to conduct TAS1 in the 2 EUs of Mtama DC and Mtwara-Mikindani MC, and 11 proposed EUs in Dar es Salaam, representing the three districts that will implement re-pre-TAS above. All EUs have a population of fewer than 500,000 people. These TAS1 will be conducted assuming the districts pass re-pre-TAS.
- **TAS2 in four EUs:** Act | East will support the TZNTDCP to conduct TAS2 in the four DCs of Masasi DC, Kibaha DC, Korogwe DC, and Korogwe Town Council (TC) of Mtwara, Pwani, and Tanga Regions. All proposed EUs have a population of fewer than 500,000 people.
- **TAS3 in 11 EUs:** Act | East will support the TZNTDCP to conduct TAS3 in the 10 DCs of Chemba DC, Kondo DC, Kondo TC, Lindi MC, Kilosa DC (2 EUs), Morogoro DC, Morogoro MC, Mvomero DC, Mkinga DC, and Tanga CC of Dodoma, Lindi, Morogoro, and Tanga Regions. All proposed EUs have a population of fewer than 500,000 people.
- **Follow-up surveillance survey in two DCs:** Kilosa DC and Chalinze DC had signs of potential hotspots of ongoing transmission in TAS2/3 implemented in FY22. In FY23, Act | East will support TZNTDCP to conduct a spot check assessment survey in five sites (three from Chalinze DC and two from Kilosa DC) that had positive cases in previous and current TAS or had a positive case and was near another hotspot. The surveys will assess if circulating filarial antigen prevalence is greater than 2%; if so, the TZNTDCP would like to implement focal MDA in those sites and surrounding villages.
- **LF MMDP patient estimates:** Act | East will support TZNTDCP to conduct MMDP-related desk reviews in 29 councils of Tanga (11), Pwani (9), and Mtwara (9) regions using health management information system (HMIS) data. The desk reviews will aim to summarize data on the number of lymphedema and hydrocele patients, number of patients accessing services, and number of facilities providing services. If gaps are identified in patient estimate data, Act | East will consult with the TZNTCP to determine how they best could be filled.
- **National-level MMDP strategy development:** Act | East will support TZNTDCP to develop a national morbidity management and disability prevention (MMDP) strategy. The MMDP strategy will be a new document that will cover LF, trachoma, and podoconiosis. Act | East will support two meetings: one 3-day inception meeting and a second 2-day validation meeting to finalize the strategy. Meetings will involve review of existing LF, trachoma, and podoconiosis MMDP documents and data and design of the MMDP strategy document. The strategy will cover needs for patient identification, health facilities assessments, development of training materials, reporting through DHIS2, use of community health workers, and psychosocial wellbeing of affected individuals. This will be developed in collaboration with surgical services, eye care and other relevant primary health care sectors who will be heavily involved in the planning and conceptualization of this document.

### **Host Government/Partner-Supported LF Activities**

Identifying the number and location of patients with LF morbidity is a critical step toward ensuring that these patients receive the care they require. The TZNTDCP has been working to compile the country MMDP database for hydrocele and lymphedema. The TZNTDCP uses an opportunistic approach to collect MMDP patient estimates. This includes (1) nesting MMDP patient estimate questions in all district-wide household-based surveys such as trachoma impact surveys (TISs), trachoma surveillance surveys (TSSs), pre-TAS for LF, and CESS; (2) a community led door-to-door survey approach using a short messaging service (SMS) reporting tool in Dar es Salaam Region with support from the Centre for Neglected Tropical Diseases (CNTD) and in Kilwa District with support

from the German Agency for Technical Cooperation (GTZ); and (3) piloting a mobile phone-based survey in Mtwara-Mikindani MC in Mtwara Region, with people asked to respond to an SMS survey. In Dar es Salaam, 4,169 hydrocele and 2,251 lymphoedema patients were identified. TZNTDCP has identified 34 districts from coastal regions as a priority for gathering hydrocele and lymphedema patient estimates.

By July 2022, 8,891 patients had received hydrocelectomies, and the TZNTDCP estimates that approximately 16,109 still require surgery. Capacity building of surgical teams from health facilities with functioning theaters to provide hydrocelectomy services using the recommended tunica vaginalis excision technique has occurred in 26 health facilities from five regions: Pwani, Lindi, Mtwara, Tanga, and Dar es Salaam.

Provision of full lymphedema services is still a gap in most parts of the country where LF morbidity prevalence is high, and little is known about health care workers' capacity to provide lymphedema care. Lymphedema care training for health care workers, patients, and caregivers was done only in Dar es Salaam Region and among patients participating in research in Kilwa and Kibaha Districts. There is a need for lymphedema management trainings in all geographic areas identified with patients.

### **Dossier Status for LF Elimination**

Dossier development started in 2018 with the introduction of the World Health Organization (WHO) LF dossier guidelines and templates. Final TAS3s are currently expected to be implemented in 2028. 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 FY23 LF dossier activities:** Act | East will provide financial and technical support to TZNTDCP for LF dossier development in FY23. Act | East will support one 3-day dossier development workshop combining both LF and trachoma dossiers. The workshop will convene experts and stakeholders to review current information, including all surveys to date, the HMIS, the status of the data repository, and the narrative write-up. The review will also indicate 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 FY23 Activities**

- **Trachoma Review and Planning Meeting, TOT, and Accountants Training:** Act | East will support TZNTDCP to hold a five-day series of disease-specific meetings that includes two days for trachoma review and planning and MDA TOT, two days of GESI planning, and one day for an accountants and finance training. The disease-specific review and planning sessions focus on reviewing trachoma activities in the districts where MDA is ongoing, in order to discuss challenges related to ongoing endemicity and plan for FY23 MDA activities. A key meeting output will be regional and district FY23 plans and budgets and orienting regional and district accountants on the FAA milestones and requirements. With support from WI-HER through STTA, three trachoma districts will also use this meeting to plan for the GESI behavior change activity. This meeting will be facilitated by Act | East staff, MOH, PO-RALG, and the TZNTDCP.
- **MDA:** Act | East will support the TZNTDCP to conduct MDA in the following 10 EUs in nine district councils: Ngorongoro DC, Longido DC, Monduli DC, Simanjiro DC, Kiteto DC North EU, Kiteto DC South EU, Kongwa DC North EU, Chamwino DC South EU, Mpwapwa DC North EU and Kalambo DC. Ngorongoro and Longido DCs are proposed for biannual (every 6 months) MDA in line with the

new TEC recommendations. The biannual modified MDA approach has a number of advantages: 1) it increases antibiotic pressure among individuals who are treated twice; 2) it clears any new ocular Ct infections that arise after the first round of treatment; and 3) it provides opportunity to be treated at least once among people missed during the first round due to the migratory nature of nomadic Maasai pastoralists in Longido and Ngorongoro.

- **Refresher microplanning in 6 EUs:** In FY22, Act | East supported microplanning for trachoma MDA at the health facility level in 10 EUs using the new WHO microplanning manual. In FY23, Act | East proposes to support microplanning in 6 priority EUs (Ngorongoro, Longido, Monduli, Simanjiro, Mpwapwa DC North, and Kalambo DC) at the health facility level using the WHO microplanning manual ahead of MDA in July 2023. These 6 EUs have been prioritized for FY23 and Act | East will support 5 sites per EU (compared to 2 sites/EU in FY22) to have a greater impact in those EUs. The FY22 trachoma microplanning sessions involved district staff from the Ministry of Livestock and Fisheries and/or local Veterinary/One Health officers, who helped map out nomadic pastoralist routes and identify strategies for reaching these mobile populations. This collaboration will continue in FY23 to address the challenges noted from the deep dive and DSA investigations.
- **Print and disseminate Maasai BCC strategy and targeted social mobilization:** The Maasai BCC strategy was piloted in Longido DC in FY17 and was partially scaled up in four districts in FY19. In FY22, this strategy was updated as part of the overall IEC/BCC materials review activity to incorporate lessons learned from recent DSA outcome investigations and CES. In FY23, the revised BCC strategy will be disseminated to cover all trachoma-endemic villages with nomadic pastoralists. Act | East and TZNTDCP will support the districts to carry out targeted social mobilization campaigns that involve folk media, village criers, hamlet-level meetings, public address systems, etc.
- **Expand gender, equity, and social inclusion (GESI) Identify, Design, Apply/Assess, Record, Expand (iDARE)/behavior change activities:** In FY22, Act | East supported the rollout of GESI behavior change activities to four trachoma-endemic councils (Longido DC, Monduli DC, Simanjiro DC, and Kiteto DC). In FY23, Act | East proposes to continue this work in three councils (please see the IR2 section for details).
- **District-level cross-border planning meeting:** Act | East will continue supporting a pre-MDA cross-border planning meeting for Longido DC and Ngorongoro DC, which are NRDs bordering Kenya (Kajiado and Narok Counties) in the “Maasai migration corridor.” Two meetings have been planned, the first will be virtual in December 2022 to plan for joint MDA with Longido DC and Kajiado County. The second meeting will be in-person in June 2023 involving Longido DC, Ngorongoro DC, and Narok and Kajiado Counties. The meeting will be an opportunity for district authorities and national-level disease focal points to continue planning jointly for synchronized MDA at the district level, with the aim of reaching migratory pastoralists on both sides of the border. It will build on lessons from FY22, which included conducting MDA in January and June when it is most convenient for migratory populations, addressing high demand for MDA at the border, and continuing to work with the Kenya NTD program on joint supervision. In FY23, this meeting will be hosted by one of the Kenya counties.
- **Joint MDA launch with Kenya:** Act | East will support a joint MDA launch event for the Tanzania and Kenya border districts implementing trachoma MDA in July 2023. The event will be held in Longido DC in Tanzania, involving staff from the TZNTDCP, regional and district officials, representatives from nomadic pastoralist groups, and prominent local political and religious leaders, to garner widespread community support for MDA.

- **Advocacy and community sensitization meetings on trachoma elimination:** Act | East will support the TZNTDCP to conduct a meeting of district-level planners and decision makers, the district commissioners, district executive director, district treasurer, district medical officer, councilors, influential people at the district level, and Maasai community leaders in trachoma-endemic districts in Arusha and Manyara. These districts are trachoma transmission hot spots and need a concerted effort to increase MDA uptake and to expand uptake of the entire Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements (SAFE) strategy. Getting leaders to understand the need for effective MDA and other SAFE interventions in non-responding districts is critical at this stage in the program. The meetings will involve a 1-day district-level advocacy meeting and a 2-day community sensitization meeting in nomadic and cross border villages in two selected villages per district, reaching a combined total of approximately 245 key stakeholders.
- **CES:** Act | East will support trachoma CES in 6 districts in FY23. In October 2022, Act | East will conduct a CES in Ngorongoro, Longido, Simanjiro and Monduli DCs, three months following the July 2022 MDA. This will be an enhanced CES protocol that includes an over-sample of 10 purposefully selected additional clusters (areas with mobile and migrant populations), qualitative data collection around migration, and TF grading. Act | East will also provide financial and technical support for CES in Mpwapwa and Kalambo DCs after the July 2023 MDA to better understand reasons for non-compliance in these areas to improve MDA uptake. All CES data will be collected on smartphones using the ODK system.
- **DQA:** In FY21 the TZNTDCP experienced challenges with data reporting and compilation in Kiteto DC and Chamwino DC. Since Chamwino DC will likely implement its final MDA round in FY23, Act | East will prioritize supporting a DQA in Kiteto DC in Q1 on data from the FY22 MDA. Results will help the program form recommendations for improving data collection and reporting at all levels ahead of the two rounds of MDA that remain for Kiteto, which may be applicable to other districts.
- **Trachoma confirmatory mapping:** In 2014, with support from ENVISON, trachoma rapid assessments were undertaken in 57 previously unmapped districts, of which 18 were prioritized for baseline surveys under the Global Trachoma Mapping Project. Act | East has identified 11 districts (10 EUs) that are contiguous to formerly endemic districts with baseline TF $\geq$ 10% and baseline trachomatous trichiasis (TT)  $\geq$ 2% and plans to prioritize these 11 districts for confirmatory mapping in October 2022. Following these surveys, Act | East will support TZNTDCP to undertake a comprehensive review of 28 previously unmapped districts and document evidence for not mapping for inclusion into the trachoma dossier. Further confirmatory mapping will be prioritized based on the findings of this review.

#### **Host Government/Partner-Supported Trachoma Activities**

To complement MDA, Tanzania has implemented selected WASH interventions through the national sanitation campaign under the MOH, reaching all districts. This annual campaign includes provision of health messages; advocacy and mobilization for latrine construction and use; competitions for “open-defecation free” communities; and provision of motivational rewards to “clean towns, councils, and cities” each year. From FY19 Tanzania began implementing a World Bank-funded Rural Water Supply and Sanitation (RWSSP) covering all rural districts in 17 regions. Arusha and Dodoma were not part of the RWSSP; however, based on the recommendations provided through the NTD-WASH forum in June 2022, Tanzania agreed to expand the RWSSP to all rural districts, making Longido, Ngorongoro, Monduli Mpwapwa, Chamwino, and Kongwa part of this program. The RWSSP includes provision of water supply and other WASH facilities at community and service delivery points such as schools and

health facilities. Data related to RWSSP is stored in the National Sanitation Management Information System (NSMIS). NTDCP has included NTD indicators within the NSMIS, which allows the national NTD program to directly capture face washing and other SAFE intervention indicators, as well as WASH coverage by disease.

By the end of FY18, 100% of districts that were home to people who required TT surgery had started some form of surgery implementation. In the latest WHO Weekly Epidemiological Record, Tanzania reported 63 districts with TT >0.2% among adults. As of February 2022, there were 34 districts in need of TT surgical interventions; 28 districts have already reached the UIG and no longer require an active TT surgery program. As mentioned in Appendix 1, the U.K. Commonwealth Fund through Sightsavers U.K. is providing funding from March 2019 through December 2023 to support TT surgeries.

### Dossier Status for Trachoma Elimination

Trachoma dossier development started in 2017 with support from ENVISION. The current validation timeline is expected to be 2027. Data are secured in the NTD database housed at the TZNTDCP office and managed by the TZNTDCP Data Manager and M&E team.

- **Proposed FY23 trachoma dossier activities:** As noted above, a joint 3-day LF and trachoma dossier development workshop will be conducted in FY23 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, confirmatory mapping, and MDA data.



**Learning Agenda Question #1:** As Tanzania moves closer to eliminating trachoma and LF as public health problems, achieving effective MDA coverage in mobile and migrant populations is increasingly important. Of the nine DCs still endemic with trachoma, four have migratory populations. In LF-endemic districts, mobile fisherfolk populations are hypothesized to be responsible for persistent transmission. To better understand how to improve MDA coverage among mobile and migrant populations, Act | East is asking *“How are our strategies for reaching mobile and migrant populations (Masaai communities for trachoma endemic districts and fisher communities for LF endemic districts) during trachoma and LF MDA improving the reach of MDA within these key populations?”*

This falls under the prioritized Act | East learning agenda question, “What are effective strategies for planning, implementing, and monitoring high quality MDA?” Act | East plans to use evidence from the following activities to answer this question.

#### For trachoma:

- Social mobilization activities, including dissemination of the Maasai BCC strategy and expanded iDARE/behavior change activities.
- MDA strengthening activities, including microplanning, enhanced MDA supportive supervision, and the district-level cross-border meeting.
- CESs that will include questions on GESI and migratory patterns.
- DQA in Kiteto DC.
- Synthesis of FY22 quantitative and qualitative data, including learnings from the cross-border meeting, MDA subdistrict-level data, and process monitoring data.

**For LF:**

- Microplanning in two DCs in coordination with One Health Partners. One Health Partners will provide insight on the movements of special groups as well as guidance on better ways to reach these groups for MDA.
- DSA outcome investigation in Pangani DC and Kilwa DC, which will involve a qualitative investigation among fisherfolk communities that we hypothesize are missing MDA due to work pattern migration.
- Review of FY22 data, including additional analyses from LF CES and MDA subdistrict-level data.
- Desk review of positive deviance of four districts to better understand successful strategies implemented by districts that are no longer endemic with LF.

Findings from these questions will be incorporated into Pause and Reflect sessions on trachoma (Q2) and LF (Q3) with the TZNTDCP and local stakeholders. The learning and recommendations from those Pause and Reflects will be used to inform upcoming MDAs.

**Learning Agenda Question #2:**

The NTDCP is examining external partner and stakeholder work that might affect LF and trachoma transmission. Their successful advocacy to include trachoma persistent and recrudescing districts for RWSSP intervention and awareness of ongoing malaria work present an opportunity to understand how these relationships and external pressures might be leveraged further for LF and trachoma elimination. Act | East is asking *“How is the NTDCP engaging with other sectors and projects to identify opportunities to incorporate NTD program needs? How are interventions delivered through host government and partner support being leverage for NTD programming?”* This falls under the prioritized Act | East learning agenda question on sustainability. Act | East plans to address this question through the following sources:

- Document the lessons learned from the RWSSP program and understand the ongoing coordination with NTDCP.
- Documentation from ongoing engagement with SWAp stakeholders through the HSS encounter forms.
- Review of available WASH, F&E, and vector control data, including data stored within the NSMIS. Act | East will collect the most up-to-date data from implementing partners and correlate them with the available disease trend data in the relevant districts.
- CES questions assessing WASH coverage. In FY23, questions on WASH will be added to the CES questionnaire that will be used in Mpwapwa DC and Kalambo DC.
- Adding questions assessing bednet practice in the FY23 DSA outcome investigations and re-pre-TAS. In FY23 these questions will be added in the DSA outcome investigation in Pangani DC, Kilwa DC, and Lindi MC and re-pre-TAS in Mtama DC and Mtwara-Mikindani MC.

Act | East will use the analysis from this learning question to better understand representation and influence of NTDCP in potential and existing partnerships (like RWSSP or malaria programs), resource allocation, and to inform NTD programming. Lessons will be shared across the portfolio and with the wider NTD community.



## OV: Proposed FY23 Activities

- **OV Review and Planning Meeting, TOT, and Accountants Training:** Act | East will support TZNTDCP to hold a five-day series of disease-specific meetings that includes two days for OV review and planning and MDA TOT, two days of GESI planning, and one day for an accountants and finance training. The disease-specific review and planning sessions focus on reviewing OV activities in the districts where MDA is ongoing, in order to discuss challenges related to ongoing endemicity and plan for FY23 MDA activities. A key meeting output will be regional and district FY23 plans and budgets and orienting regional and district accountants on the FAA milestones and requirements. With support from WI-HER through STTA, the two OV districts of Ulanga DC and Mlimba DC will also use this meeting to plan for the GESI behavior change activities. This meeting will be facilitated by Act | East staff, MOH, PO-RALG, and the TZNTDCP.
- **Biannual MDA in 14 districts:** Per recent TOEAC recommendations, Act | East will support 14 DCs to conduct twice annual MDA in February 2023 and August 2023. These include 5 districts from Tanga focus (Mkinga DC, Lushoto DC, Bumbuli DC, Korogwe DC, and Muheza DC) and 4 from Mahenge focus (Mlimba DC, Ifakara TC, Malinyi DC, and Ulanga DC) that were already receiving biannual MDA. An additional 5 districts that have shown characteristics of ongoing transmission from Morogoro focus (Mvomero DC, Morogoro DC), Kilosa focus (Gairo DC and Kilosa DC), and Njombe TC will start biannual MDA in FY23 to accelerate elimination.
- **Annual MDA in 11 districts:** Of the remaining 15 DCs, 11 will be treated annually in August 2023. Act | East recently learned that a prospective CDC study is taking place through FY23 in 4 of the districts that usually receive annual MDA. As a result, OV MDA in these 4 districts is postponed to FY24 and has been removed from the FY23 budget.
- **Enhanced supervision:** As Tanzania moves toward OV elimination, the program faces challenges of data reporting and monitoring, and planning for hard-to-reach areas that have consistently reported low MDA coverage. Act | East will support enhanced supervision through the SCT designed to improve MDA coverage.
- **Advocacy meeting in Njombe TC on OV elimination:** Act | East will support the TZNTDCP to conduct a meeting of district-level planners and decision makers, district commissioners, district executive director, district treasurer, district medical officer, councilors, influential people at the district level, and community leaders. These districts have failed the recent integrated transmission assessment survey (iTAS) and they will be starting IVM MDA. This district needs a concerted effort to increase MDA uptake and to raise awareness of ongoing transmission of OV. The activity will involve one district-level advocacy meeting followed by a community sensitization meeting in four selected villages per district with high OV prevalence, reaching a combined total of approximately 75 stakeholders.
- **Microplanning:** Act | East will support the TZNTDCP to conduct microplanning for OV MDA in three districts: Mlimba and Ulanga DCs in Mahenge focus where transmission persists, and in Njombe TC, which will start IVM MDA in FY23. Microplanning will be done in five health facilities per district using the new WHO microplanning manual, as described in the trachoma and LF sections.

The following M&E activities are planned in FY23 following official recommendations from the August 2022 TOEAC meeting:

- **OV pre-stop MDA survey in one focus (5 districts):** Act | East will support TZNTDCP to conduct pre-stop-MDA surveys in Tanga focus, comprising five DCs (Lushoto DC, Mkinga DC, Bumbuli DC,

Muheza DC, and Korogwe DC). A total of 2,500 samples (500 samples per district) will be collected and analyzed with RDT. Results from these surveys will be used to determine whether these foci should undergo a full stop MDA survey in FY24.

- **OV stop MDA survey in one focus:** Results from the pre-stop MDA survey done in July 2022 show that Tunduru focus qualifies for a full stop MDA survey, and this was recommended by the TOEAC in August 2022. Therefore, Act | East plans to support a stop MDA survey in Tunduru in FY23 involving epidemiological and entomological assessments (collection of 3,000 DBS samples from first line villages and black flies near fast flowing rivers).
- **OV elimination mapping (OEM) in four districts:** OV elimination mapping is proposed in Tanga region (Kilindi DC and Handeni DC) and Iringa regions (Kilolo and Iringa DC). The previous elimination mapping involved collection of DBS from adults, but TOEAC advised to collect samples from children to conclude whether there is ongoing transmission. Surveys sites will include first line villages and those villages which showed high adult positivity during the previous OEM. While the TOEAC recommended collecting 3,000 DBS samples per district (30 clusters per district and 100 samples per cluster), Act | East is proposing to combine the districts into two groups and collect 3,000 DBS samples from Kilindi/Handeni and 3,000 from Kilolo/Iringa for a total of 6,000 samples. If some children are positive, the results will be verified by vector collection in those areas.
- **OV laboratory analysis:** Act | East will provide financial and technical support to the NIMR Tanga laboratory to analyze the DBS and *Simulium* O150 vector samples collected during the surveys proposed above. Act | East will support lab personnel, travel, and stationery costs. The FY23 lab analysis plan includes the following:
  - **28,500 samples for OV16 RDT analysis**
    - 20,000 iTAS samples (TOEAC recommended to analyze the remaining ~20,000 samples collected during iTAS in FY22 with RDT)
    - 2,500 samples for pre-stop survey in Tanga focus (500 per district)
    - 6,000 samples from children for OEM in Kilindi, Handeni, Kilolo and Iringa DCs
  - **3,000 samples for OV ELISA analysis**
    - 3,000 samples for stop MDA survey in Tunduru focus
  - **6,000 *Simulium* O150 vectors for polymerase chain reaction (PCR) analysis**
    - 6,000 samples for stop MDA survey in Tunduru focus
- **TOEAC meeting:** In FY23, the TZNTDCP plans to convene an in-person 3-day TOEAC meeting for 48 participants. Act | East will provide technical and financial support for this meeting. It is customary for the TOEAC to meet at least once a year to review OV elimination strategies, plans, and activities. The TOEAC provides recommendations to the MOH on best practices for elimination. In FY23, Act | East plans to support 8 district coordinators who are supervising the districts within the focus to attend the TOEAC meeting. This will increase the level of accountability and awareness of elimination, enhancing sustainability. The coordinators will be responsible for preparing presentations for each focus, with support from TZNTDCP.
- **Training for 16 district entomology assistants:** Based on TOEAC recommendations, Act | East will provide technical and financial support for an 7-day training to assistant entomologists who will be



acting as district supervisors to fly catchers during entomological surveys within the focus. Each focus will have two entomology assistants who will be selected from the pool of professionals at the district level. The training will involve 2 days in the classroom and 5 days in the field for hands on learning and demonstration. Currently, Tanzania has only one entomologist who is responsible for coordinating all entomology work. This person is a NIMR staff who cannot be available to the OV program on a daily basis nor can he be in all foci at the same time to facilitate timely data collection. Through this training, the entomological assistants will manage entomological operations in their respective resident foci and the national entomologist will be their trainer, supervisor, and mentor. They will ensure that fly collection at identified sites is done following the standard protocols for collection, preservation, packaging, labeling and shipping to the laboratory in Tanga.

- **Capacity building in GIS:** In FY22, Act | East Tanzania hired a consultant who assisted the team in creating maps to illustrate the OV situation. Multiple maps for each focus were created together with a map for the whole of Tanzania showing areas with ongoing transmission. These maps were useful in updating program data and in technical presentations for the TOEAC. In FY23, Act | East Headquarters (HQ) staff will build the capacity of RTI Tanzania and TZNTDCP staff to construct these maps using Quantum GIS (QGIS), or a similar open-source software along with google earth and updated country and geological shapefiles. While we work to build local staff capacity in this area, we anticipate hiring a short-term consultant to support immediate map-building needs for TOEAC deliberations.

### 3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

#### Proposed FY23 Activities for Data Management

- **Improve district capacity in data management using the country-specific NTD database:** Following the DQA in Kiteto DC in FY23 Q1, Act | East will support a data management training for Kiteto DC and subdistrict level staff to build their capacity in MDA data entry and management. The aim is to improve the quality and timeliness of MDA reports and build capacity of local staff to analyze coverage trends in their districts. The training will be tailored based on findings from the DQA.

#### Proposed FY23 Activities for Drug Management

Act | East funds a NTD Pharmacist/Drug Logistics Officer seconded to the TZNTDCP. This position has been invaluable in improving relationships with the Medical Stores Department (MSD), Tanzania Medicines and Medical Devices Authority (TMDA), Government Procurement Services Agency (GPSA), and the Pharmaceutical Services Unit of the MOH; in ensuring accurate counts of drug quantities at district, regional, and central levels; and in training pharmacists at all levels. The NTD Pharmacist/Drug Logistics Officer also plays a key role, as described below, in negotiating the difficult process of clearing donated drugs through customs. Drug management at lower levels is handled by regional- and district-level pharmacists.

- **Diagnostics procurement:** As described in the Program Workplan (section 1.2.7 and 1.2.8), RTI HQ will procure FTS for use in pre-TAS and TAS and OV16 RDTs for the proposed OV survey analyses. Costs also include support for customs clearance of FTS kits and OV16 supplies and local shipping of OV16 supplies to the Tanga laboratory.

- **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. This can be delayed because of late arrival of drugs in country, changes in MOH/TZNTDCP MDA planning, or general timing issues with MSD. The transportation of NTD drugs is usually combined with other non-NTD medicine commodities, and MSD will often wait until the truck is full before shipping. In FY23, if there are delays in transport prior to MDA, Act | East will provide funds for drug transportation and hire private transporters to deliver the drugs to the districts in the 13 regions where Act | East is supporting MDA. 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. The MSD distribution plan serves a certain region/zone during a certain period (e.g., one region January–March before moving into other regions from April–June). It is therefore important for medicines to arrive in country early, and for the distribution list to be delivered to MSD early enough for planning.
- **Transport from regions to distribution points:** The transport of medicines from the regions and districts to communities is normally conducted by district medical officers using district vehicles. Act | East will maintain a minimal budget line for vehicle hire to transport drugs at this level.
- **Reverse supply chain:** Experience from previous years has shown that in most districts after completing MDA, unused medicines are left at health facilities, sometimes in poor storage conditions. Therefore, a functioning reverse supply chain system is needed. The major challenge has been transportation for district pharmacists to travel to health facilities and gather unused drugs for proper storage at district health pharmacies. Act | East will provide support for reverse logistics at this level post-MDA in FY23, and will review the quality and completeness of district inventory reports. This information will then feed into the JAP submission for the next year.
- **JAP submission planning meeting:** 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. In FY23, Act | East will convene a JAP preparation meeting to review the JAP prior to submission.
- **Mentorship on new WHO Supply Chain SOPs:** Act | East's seconded Senior Program Pharmacist will share the new WHO NTD Supply Chain SOPs with national-, regional-, and district-level pharmacists. Key SOPs, including those on storage and the reverse supply chain, will be disseminated opportunistically through regular meetings and trainings. In addition, the seconded Pharmacist will also share the SOP training modules.

## **Achieving Sustainability: Mainstreaming and HSS**

### **Planned Activities**

#### ***Governance Activities (Policy, Financing, Coordination)***

**Strengthen CCHP budget development (Governance):** In FY22, Act | East and TZNTDCP supported 15 councils to plan and budget for NTD activities using the existing PO-RALG planning system (PlanRep). As a result, all 15 councils made a modest increase toward financing NTD activities from local council funding sources. Furthermore, Act | East is developing a *Council NTD Planning and Budgeting Guide* on how to use NTD epidemiological and financial data for planning, budgeting, and resource allocation. In FY23, Act | East will continue providing technical support to the same 15 councils to plan

and budget for NTDs in CCHPs by building their capacity to use the PO-RALG PlanRep tool to track approval, allocation, and disbursement of funds; and to negotiate fund allocation at council budgeting meetings.

- **CCHP Pause and Reflect Session:** Act | East will support TZNTDCP to organize a 4-day Pause and Reflect session with PO-RALG and the 15 supported councils. The aim is to review the lessons learned and get feedback from the actual users on what worked well, what did not, and what could be improved in FY23. Act | East will conduct key informant interviews with district officials involved in the planning process and document, synthesize, and share learning from this process with MOH/NTDCP and partners. Additionally, Act | East will use this opportunity to gather user inputs for the *Council NTD Planning and Budgeting Guide* and explore with the councils opportunities to incorporate GESI considerations into CCHP planning.
- **Track CCHP budget allocation and disbursement:** Act | East will work with PO-RALG to hold a 3-day workshop to build the capacity of the 15 councils to use the PlanRep system<sup>2</sup> to track the funds planned, allocated, and disbursed for the NTD program. This was a clear gap in capacity identified among the councils in FY22. The workshop will also support councils to assess the budget negotiation approaches, prospects, and challenges of mobilizing public domestic financing. The analysis of this activity will be documented for learning and sharing (see Learning Question 3 below).
- **Integrate NTD indicators into CCHP planning and tracking tool (PlanRep):** In March 2022, PO-RALG committed to assessing all CCHPs for inclusion of NTDs at the national assessment meeting, where Act | East provided technical and financial support to the 15 councils. This is a critical step in the CCHP process whereby MOH and PO-RALG use the PlanRep assessment tool to assess whether all CCHPs meet the assessment criteria for validation. Large health programs such as those for malaria, HIV, and tuberculosis have well established assessment criteria, whereas there are currently no assessment criteria for the NTD program. Therefore, in FY23, Act | East will support the review of CCHP planning and tracking tools to include NTD assessment criteria in PlanRep (including consideration of NTDs beyond the five preventive chemotherapy diseases) while following the current CCHP guideline priority areas. This activity is a high priority for TZNTDCP and PO-RALG. This is a critical step toward supporting councils to plan for NTDs according to local disease burden and to allocate reliable funding sources through the system. The key PlanRep and CCHP facilitators will work with a consultant (1-day virtual meeting) and agree on how NTD activity costing and tracking will be implemented by the councils. The overall activity will be finalized by a 3-day meeting for council coordinators and health secretaries, PO-RALG, and TZNTDCP to strengthen their capacity to cost NTD activities for annual plans as well as include NTD plans in PlanRep.



**Learning Agenda Question #3:** To build on the successes from FY22, Act | East will ask the question “*What are the key entry points and barriers to supporting districts to integrate NTDs into CCHPs?*” This question falls under the prioritized Act | East Learning Agenda question “What are high impact approaches for increasing sustainability and how do we effectively support their implementation?” We will conduct the following activities to address this question:

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<sup>2</sup> PlanRep is a web-based system that is used by all councils to plan and budget for council activities. Each council creates and submits their Comprehensive Council Health Plan (CCHP) each year through PlanRep. Information on PlanRep web-based system can be found here: <https://zikatimu.bitbucket.io/site/documentation/#features-of-the-planrep-web-based-system>

- Analysis of qualitative data collected during CCHP activities (using a prospective qualitative data collection tool).
- Assessment of interventions from FY22. Act | East will conduct a review of district budgets to determine whether funds were allocated and/or dispersed. Where funds were not allocated, we will document reasons why.
- CCHP Pause and Reflect. Act | East will review the successes and challenges from the budget development process.
- Tracking of CCHP budget allocation and disbursement.
- Review and refinement of the council NTD planning and budgeting guide.

Act | East will document learnings from this question collaboratively with MOH and PO-RALG and disseminate the learnings more broadly in a technical brief and blog post. We will use this information to assess whether there are other districts that would benefit from this approach in FY24.

- **Develop and pilot training module on NTD planning and budgeting:** As a follow-on to the support Act | East provided for CCHP development in FY22, we propose to support TZNTDCP and PO-RALG to develop a training module on NTD planning and budgeting, as part of PO-RALG's existing PlanRep training materials. Act | East will use the WHO Program Managers NTD Course and existing PO-RALG training materials to develop a tailored module on NTD planning and budgeting. In the long term (post-FY23), the plan is to collaborate with learning institutions or use the *MOH National e-Learning Platform for Health* and provide this course to all councils to guide NTD implementers to be up-to date with NTD information and best practices.
- **Strengthen TZNTDCP SWAp engagement:** During FY22, Act | East supported TZNTDCP to become part of the SWAp process in Tanzania. TZNTDCP participated in the formulation of the new SWAp technical platform and was assigned to Technical Working Group (TWG) 6 (Service Delivery I). This TZNTDCP participation increased the visibility of NTDs in national planning and budgeting, which will hopefully lead to increased access to resources for the program. Furthermore, TZNTDCP participated in the formulation and refinement of TWG 6 terms of reference and action plan for the current financial year. In FY23, Act | East proposes to continue supporting TZNTDCP participation in SWAp through the below activities.
  - **Technical Support to TZNTDCP staff to attend SWAP TWG 6 meetings:** In FY22, Act | East supported 5 staff from TZNTDCP to attend TWG 6 quarterly meetings. In FY23, Act | East will encourage TZNTDCP to support their own attendance at these TWG meetings in Dodoma.
  - **TZNTDCP and SWAp stakeholders' collaboration workshop:** Act | East will fund a 1-day meeting with key stakeholders in the SWAp platform, such as from the environment, WASH, and nutrition sectors, to identify potential areas for partnership. Act | East Tanzania's HSS Advisor will provide technical support to TZNTDCP to prepare relevant information to frame the NTD agenda for collaboration.
  - **Technical Support to TZNTDCP staff to attend Health Sector Technical Committee:** A separate committee, the Health Sector Technical Committee, monitors progress of the existing TWGs, including TWG 6. Three TZNTDCP staff will participate in the Health Sector Technical Committee to track their collaboration with other sectors.

- Act | East will provide technical support TWG 6 to develop an M&E framework, to ensure that the M&E framework captures key NTD indicators (LOE only).
  - **Meeting(s) to facilitate bilateral agreement between USAID and Government of Tanzania:** Act | East will support a series of four 3-day meetings throughout the year involving MOH leadership, the TZNTDCP Manager, USAID Tanzania and USA representatives, WHO, and RTI country and HQ representatives. These meetings are intended to culminate in an official bilateral agreement between USAID and the Government of Tanzania for the NTD program, either by updating existing agreements between USAID and the Government of Tanzania or drafting new agreements. The dates of these meetings will be determined once the TZNTDCP, USAID Tanzania, and Act | East Tanzania have identified and confirmed Government of Tanzania NTD priorities and anticipated government and USAID contributions to the same.
  - **Develop NTD financial strategy:** Act | East, through R4D, will provide technical and financial support to the TZNTDCP to develop a sustainable financing strategy for NTDs to advance priorities established in the NTD Master Plan. The strategy will provide guidance to the Ministry to identify a comprehensive set of financing mechanisms to fill NTD funding gaps through mobilizing domestic resources, diversifying sources of funding, and increasing government commitment to enable the country to reach the NTD Master Plan milestones, as well as identifying directions for donor funding transition and sustainability of the program. Act | East will organize two rounds of workshops (a 3-day inception meeting to discuss the overall strategy framework and a 2-day validation workshop to finalize the strategy). Participants will include representatives from MOH, the TZNTDCP, PO-RALG, Ministry of Finance (MOF), and selected NTD partners including WHO.
  - **Support TZNTDCP to attend Water and Sanitation (WATSAN) technical committee:** In line with the WHO NTD 2021-2030 Road Map and Tanzania's NTD Master Plan, Act | East will fund three NTDCP staff members to participate in quarterly meetings of the WATSAN technical committee, which is housed in the Ministry of Water and includes the Ministry of Education, PO-RALG, and the MOH Directorate of Preventive Services. Act | East will assist TZNTDCP to prepare clear and specific requests to achieve NTD goals, in line with the NTD Advocacy Strategy. For example, Act | East could assist in developing a presentation showing subdistrict level trachoma prevalence in areas with persistent or recrudescing transmission to request that the WATSAN committee prioritize those areas for WASH interventions.
- Share NTD Sustainability Plan priorities with Regions and Districts :** In FY22, Act | East supported the launch of the NTD Sustainability Plan that laid the foundation for the Tanzanian government's commitment to sustainable NTD programming. In FY23, TZNTDCP will aim to disseminate the sustainability plan's key priority areas to regions and districts at the Regional Medical Officer and District Medical Officer meetings that usually happen once each year.
- **Completion of NTD Master Plan M&E Plan:** In FY21, Act | East supported the alignment of the NTD Master Plan, Health Sector Strategic Plan V, and Sustainability Plan (2021/22–2025/2026). In FY22, Act | East embarked on developing an M&E plan that will ensure tracking of sustainability activities and milestones.
  - **GESI iDARE/Behavior Change National Pause and Reflect Meeting:** Act | East will support the MOH to hold a 4-day Pause and Reflect meeting to reflect on lessons learned in FY22 implementing the GESI behavior change activities, plan for expansion of the GESI behavior change work in FY23, and finalize the CDD training addendum. Act | East HSS, technical, and MERLA staff will participate in the Pause and Reflect alongside the TZNTDCP disease focal points to ensure that gaps identified during FY22 activities (i.e., DSA outcome investigations, CES, MDA reports) are

addressed in the CDD training addendum. The meeting will engage the TZNTDCP Health, Council Health Secretary, and Social Welfare Officers from Monduli DC, Longido DC, Simanjiro DC, Kiteto DC (trachoma), Mlimba DC, Ulanga DC (OV), and Kilwa DC (LF).

- **Finalize and disseminate CDD training package addendum:** As noted above, the CDD training package addendum will be finalized during the GESI Pause and Reflect in Q1. The training package will equip CDDs to address GESI-related gaps, challenges, and missed opportunities identified through the iDARE/behavior change activities in FY22. For example, the current CDD training guide asks CDDs to educate and motivate community members to accept NTD treatment but does not describe concrete ways CDDs can do this. The GESI training addendum will better prepare CDDs to engage with influential community leaders more intentionally and effectively in social mobilization to help them dispel common misconceptions about MDA among community members. TZNTDCP, with support from Act | East, will present the completed GESI addendum at the review and planning meetings for validation. Electronic copies of the training addendum will then be disseminated during the MDA trainings of trainers for trachoma, OV, and LF.
- **Continue GESI iDARE/behavior change activity in five councils through coaching and community leader meetings:** Act | East will continue supporting GESI interventions in five of the FY22 supported councils (Monduli, Kiteto, and Simanjiro for trachoma MDA, and Mlimba and Ulanga for OV MDA). FY23 activities will focus on increasing health education and improving communication and engagement approaches with traditional community leaders at the village level to increase MDA acceptance and uptake. In FY23, Act | East will support village-level coaching visits in collaboration with the TZNTDCP, RTI, National GESI Facilitators, WI-HER, and regional and council teams. Coaching will be done ahead of MDA in the same villages that were supported with GESI iDARE training in FY22 (four wards per council, one village per ward). Coaching is intended to capacitate the previously formed iDARE teams to disseminate tailored health education messages, further document GESI-related gaps and barriers to inform solutions at the community level, and identify and engage with influential community leaders to enhance MDA outcomes. Concurrently, Act | East and the National GESI Facilitators will support iDARE teams to conduct community meetings with traditional and influential leaders in the villages. The meetings will orient approximately 30 village leaders on NTD health education and GESI to improve MDA acceptance, access, and uptake. The TZNTDCP's new disease-specific IEC materials and messages will also be distributed during these meetings. Act | East will document the identified gaps and proposed solutions and incorporate key learnings into the Maasai BCC strategy and IEC materials.
- **Expand GESI iDARE/behavior change activity to one council:** In FY23, Act | East will expand the GESI iDARE behavior change activity to Kilwa DC ahead of LF MDA in five new councils, building on lessons learned in FY22. The activity will target 4 villages and will reach approximately 40 hamlet members per village who refused treatment in the previous MDA.

## 6. IR3 PLANNED ACTIVITIES: SCH, STH:

### SCH: Proposed FY23 Activities

- **School-based MDA:** Costs for the FY22 SCH/STH MDA have been included in the FY23 budget and MDA will be implemented in FY23 Q1. Act | East will not support another round of SCH MDA in FY23. Instead, support for SCH activities in FY23 will focus on impact assessments to have updated sub district level data for decision making, the SCH/STH Technical Advisory Committee, and development of a national SCH strategic plan (see below).



- **SCH impact assessments in five districts:** The TZNTDCP plans to shift to community-based MDA for SAC and adults in high endemic wards. They have identified five Act | East-supported districts where community MDA may be warranted, but the latest prevalence data from these five districts is from 2004. Therefore, Act | East will support SCH impact assessments at subdistrict level in these five districts to collect up-to-date prevalence data for decision making. The protocol will be developed in coordination with USAID, SCI, and other relevant partners.
- **SCH-STH Technical Advisory Meeting:** The SCH-STH Technical Advisory Meeting is scheduled to take place in May 2023. The meeting will review Tanzania's progress toward SCH and STH control and provide technical recommendations for the MOH with regard to the MDA and DSA strategy and cross-sector collaboration. The FY23 meeting will also follow up on recommendations from the August 2022 meeting.
- **Development of SCH strategic plan:** This was a recommendation from the SCH expert committee preparatory session convened by Act | East, USAID, and SCI in FY22. The SCH strategic plan will be prepared to outline the short-, medium-, and long-term goals for SCH control/elimination in Tanzania and to guide interventions for SCH control. The work will be led by a consultant and will include two meetings: one 3-day inception meeting and a second 2-day validation meeting.

#### **STH: Proposed FY23 Activities**

Act | East, in collaboration with the MOH and partners, will conduct the following activities in FY23:

- **MDA:** In line with the SCH MDA plan indicated above, Act | East will support the SCH/STH MDA initially planned in FY22 in FY23 Q1. STH MDA will also be combined with the planned LF MDA in 4 districts in August 2023.
- **STH-SCH Technical Advisory Meeting (Strategic Planning):** Please see description in SCH section above.