

Uganda Work Plan

FY 2023

Program Year 5

October 2022–September 2023



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

ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program 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 Uganda, Act | East Program activities are implemented by RTI, The Carter Center, R4D, Save the Children, and WI-HER.

TABLE OF CONTENTS

LIST OF TABLES	3
ACRONYMS LIST	4
NARRATIVE	6
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT	6
2. INTERMEDIATE RESULT (IR) 1 PLANNED ACTIVITIES: LF, TRACHOMA RAPID ASSESSMENT (TRA), AND OV	6
Lymphatic Filariasis	6
Proposed FY23 Activities	6
Trachoma	7
Proposed FY23 Activities	7
Karamoja strategy	8
Monitoring and Evaluation (M&E) Activities	12
Other Activities	13
Onchocerciasis	15
Proposed FY23 Activities	15
3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING (HSS) STRATEGY ACTIVITIES	16
Improving Core NTD Program Functions	16
Data Security and Management: Proposed FY23 Activities	16
Drug Management: <i>Proposed FY23 Activities</i>	16
Achieving Sustainability: Mainstreaming & HSS	17
GESI	17
4. IR3 PLANNED ACTIVITIES: SCH AND STH	18
Proposed FY23 Activities	18



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

LIST OF TABLES

Table 1.11

ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East
BCC	Behavior Change Communication
BCT	Behavior Change Team
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CHA	Clean Household Approach
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
EU	Evaluation Unit
F&E	Facial Cleanliness–Environmental Improvement
FCDO	Foreign, Commonwealth and Development Office
FTS	Filariasis Test Strip
GESI	Gender Equity and Social Inclusion
HSS	Health Systems Strengthening
JAP	Joint Application Package
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NIS	(USAID) NTD Information System
NMS	National Medical Stores
NTD	Neglected Tropical Disease
NTDCP	Neglected Tropical Diseases Control Program
OV	Onchocerciasis
PELF	Programme for the Elimination of Lymphatic Filariasis
R4D	Results 4 Development
RTI	RTI International
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SBC	Social and Behavior Change
SBCC	Social and Behavior Change Communication
SCH	Schistosomiasis
StC	Save the Children
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEMF	Trachoma Elimination Monitoring Form
TEO	Tetracycline Eye Ointment
TEP	Trachoma Elimination Program
TF	Trachomatous Inflammation–Follicular
TRA	Trachoma Rapid Assessment
TSS+	Trachoma Surveillance Survey-Plus
TT	Trachomatous Trichiasis
USAID	United States Agency for International Development
VB&NTDCD	Vector Borne and Neglected Tropical Diseases Control Division

VHT	Village Health Team
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

The Uganda Neglected Tropical Diseases Control Program (NTDCP) sits within the Vector Borne and Neglected Tropical Diseases Control Division (VB&NTDCD), Environmental Health Department of the Ministry of Health (MOH). In 2007, all preventive chemotherapy disease programs—onchocerciasis (OV), lymphatic filariasis (LF), trachoma, schistosomiasis (SCH), and soil-transmitted helminths (STH)—were integrated, and the national NTDCP was established. The VB&NTDCD is headed by an Assistant Commissioner of Health Services, who coordinates the NTDCP and reports to the Commissioner of the Environmental Health Department.

The Assistant Commissioner has a team of disease-specific program managers, senior program staff, scientists, technologists, and technicians who assist in the day-to-day implementation of program activities. In addition to coordinating the five preventive chemotherapy NTDs, the NTDCP also coordinates activities for the innovative and intensified disease management NTDs.¹

The NTD Secretariat was established to provide a forum for the MOH and partners to review progress and set the program's strategic direction. The secretariat meets quarterly or may be called when there are urgent issues. In addition, the NTDCP has a Technical Advisory Committee, which comprises members of the Top Management Committee, program managers, and experts from other relevant institutions and research organizations. The Top Management Committee is chaired by the Director General of Health Services and serves as the steering committee for all health programs, including the NTDCP.

The MOH provides office space for NTDCP staff, salaries, and laboratory space, and contributes to the procurement of laboratory equipment. At other levels of the health care delivery system, the MOH and district local governments recruit and provide salaries for staff in addition to the activities supported at the national level.

The Director General of Health Services, Minister of Health, State Minister for Health—General Duties, and State Minister for Health—Primary Health Care conduct program-specific, high-level advocacy in support of the NTDCP during visits with representatives of Parliament and meetings with visiting partners and funder delegations.

2. INTERMEDIATE RESULT (IR) 1 PLANNED ACTIVITIES: LF, TRACHOMA RAPID ASSESSMENT (TRA), AND OV

Lymphatic Filariasis

Proposed FY23 Activities

- **Training of Transmission Assessment Survey (TAS) team members (RTI):** Due to high turnover of MOH TAS team members, the LF program proposes to undertake refresher training of members to undertake TAS. This will help strengthen the use and quality of filariasis test strip (FTS)

¹ Intensified disease management NTDs include human African trypanosomiasis, leishmaniasis, jiggers, Buruli ulcer, cysticercosis, tungiasis, rabies, leprosy, plague, and Guinea worm (which has been eliminated from Uganda).

administration. Additionally, best practices in electronic data capture using the RTI server will be emphasized.

- **TAS in 12 districts (11 Evaluation Units [EUs]) (RTI):** Act | East will provide funding and technical support to the Programme for the Elimination of Lymphatic Filariasis (PELF) to conduct TAS in 12 districts, grouped into 11 EUs each with a population of <500,000.
 - TAS2 will be carried out in 8 districts (8 EUs): Arua City EU and Arua EU (Arua District), Maracha EU (Maracha District), Terego EU (Terego District), Madi Okollo EU (Madi Okollo District), Kitgum EU (Kitgum and Lamwo Districts), Gulu EU (Gulu District), and Omoro EU (Omoro District).
 - TAS3 will take place in 4 districts (3 EUs): Pader EU (Pader District), Agago EU (Agago District), and Amuru EU (Amuru and Nwoya Districts).
- **LF dossier preparation and review meeting (RTI):** Uganda is on track to complete its final TAS3 in 2025 and, thereafter, submit its elimination dossier to the World Health Organization (WHO) in 2026. ENVISION provided support to PELF to develop the first draft elimination dossier in FY17 and an update in FY18. Act | East will provide support again in FY23 Q4. As the PELF plans to complete the majority of TAS3 by September 2023, a meeting to update the dossier to a near-final version will be important. Except for Global Positioning System (GPS) data of some sentinel and spot-check sites, the program has near complete historical data. These data will be collected in FY23 to ensure they are available for the final update of the dossier. The major remaining gap is morbidity management and disability prevention (MMDP) burden data. Sightsavers has tried to bridge the gap, but the number of districts with MMDP burden data still stands at only 18 of 66. The program needs to establish the hydrocele and elephantiasis burden in the country to be able to complete the dossier for validation in 2026. In FY23, the program will hold a one-day LF dossier review meeting for 25 participants in Kampala to update the data annex and narrative, with a focus on ensuring that data are accurately captured, including those from sentinel and spot-check sites. This will help to highlight data gaps in the dossier.

Trachoma

Act | East intends to continue expanding and refining the enhanced MDA strategy while also supporting the modified MDA strategy in FY23.

Proposed FY23 Activities

- **Bi-annual MDA in two districts (RTI):** Act | East will provide support for bi-annual MDA as part of the modified MDA strategy in Moroto and Nabilatuk in December 2022 and June 2023. When possible, these MDAs will be coordinated with Kenya's MDA in West Pokot and Turkana counties (depending on whether those counties will be eligible for treatment). Act | East plans to include all aspects of the enhanced MDA strategy (formerly Karamoja strategy) listed below. Act | East will support MDA in Moroto and Nabilatuk in December 2022 through direct implementation.
- **Annual MDA in three districts in June 2023 (RTI):** Act | East will provide support for MDA in Amudat, Nakapiripirit, and Buliisa in June 2023. This MDA will be coordinated with Kenya's MDA in West Pokot and Turkana (depending on whether those counties will be eligible for treatment). Act | East plans to include all aspects of the Karamoja strategy.
- **District microplanning meetings (RTI):** Act | East will provide support for two meetings per district in Nabilatuk and Moroto (30 participants per meeting), and one meeting per district in Amudat, Nakapiripirit, and Buliissa Districts (30 participants per meeting). Microplanning provides an

opportunity for the district- and central-level teams to meet and review district-, subdistrict-, and community-level data to identify areas that require extra support. The meetings allow participants to identify local resources that can be applied to program interventions, thus enhancing sustainability. Attendees will develop an MDA plan in a participatory way, with timelines agreed and supervision mechanisms defined. The draft WHO microplanning manual will be used to make estimates of the implementation units and their populations. This will help to better plan for the medicines and MDA materials needed for implementation.

- **Joint MDA Review (RTI):** Act | East will provide support for an after-action review for the cross-border MDA which took place in August of FY22. This meeting will be held in Kisumu, Kenya for two days with the venue provided by the Kenyan MOH. The purpose will be to review what could be the final cross border MDA with Kenya and document lessons learned. Ugandan and Kenyan ministry officials, representatives from RTI, Sightsavers, FHI, Amudat and Moroto districts along with West Pokot and Turkana country teams will attend the review meeting.

Karamoja strategy

- **Targeted microplanning with pastoralist communities in Karamoja and fishing/mobile communities in Buliisa District (RTI):** Act | East will support targeted microplanning meetings in Buliisa, Amudat, Nakapiripirit, Moroto, and Nabilatuk (two meetings each for Moroto and Nabilatuk prior to each round of MDA), emphasizing a community-led and participatory approach to MDA planning. In Karamoja, these meetings will take place within identified kraals; in Buliisa, these meetings will be with fishing and other mobile communities. Influential community leaders, including Village Health Teams (VHTs) in the pastoralist and other identified mobile communities will participate in the planning and implementation process and key district and subdistrict county leaders and implementers will also be in attendance. This exercise will address the factors that influence MDA uptake, especially timing, location, and challenges reaching the pastoralist community. Seasonal mobility patterns of these communities and the drug logistics required to reach these mobile population groups will be discussed. Utilizing the tools in the WHO MDA Microplanning Manual, the meetings will develop microplans that include population estimates in each kraal and fishing community, the number of VHTs required, a clear map indicating movement patterns of pastoralists, and an indication of social-cultural activities taking place during or around MDA months that could be used as avenues for community mobilization.
- **Registration and treatment of mobile populations, including kraals and new settlements (RTI):** Mobile populations and new settlements can easily be missed during MDA without proper resources allocated to locating and treating them. In FY23, Act | East will enable district teams, supported by central supervisors, to actively search for, register, and treat mobile populations and new settlements during each round of MDA. This activity was implemented successfully in FY21 and FY22. The MOH typically requests a buffer stock of drugs from the International Trachoma Initiative, which can be used to treat newly identified settlements.
- **Sensitization of kraal, community, and cultural leaders as social mobilizers to increase coverage (RTI):** Kraal and cultural leaders in the four Karamoja Districts have been identified as influential leaders during community dialogues. Equipping them with knowledge on trachoma will help advocacy for MDA uptake and coverage. In this new FY23 activity, district health workers will work with local leaders to identify *kraal* and cultural leaders who will be trained on social mobilization for MDA. These leaders will work within their kraals to promote MDA attendance and compliance.
- **Community dialogues in Karamoja (Save the Children [StC]):** Kraal leaders in cross border districts hold considerable influence for the success of trachoma MDA and the full Surgery–Antibiotics–Facial cleanliness–Environmental improvements (SAFE) strategy. Community dialogues are valued

social events, which obtain significant buy-in by the target communities in nomadic settings. StC will support NTD focal points, VHTs, and local leaders to continue conducting community dialogues in 30 villages per 4 districts (Amudat, Moroto, Nabilatuk, and Nakapiripirit) for a total of 120 villages, targeting key community influencers, local sanitation committees, natural leaders, household heads, and women. Communities with very low coverage will be selected for the dialogue sessions. The purpose of these meetings is to identify reasons for low coverage and to obtain community acceptance and full engagement in the MDA activities.

- **Continue and expand GESI behavior change:** Building on the success of FY21-22 behavior change activities, in FY23, Act | East will provide ongoing coaching and mentoring to community-led behavior change teams (BCTs) in three districts (Nabilatuk, Moroto, and Amudat), while expanding to two new districts (Buliisa and Nakapiripirit).
 - **Continue GESI behavior change in 3 districts – Amudat, Moroto, Nabilatuk (RTI, WI-HER):** Act | East will continue its support for GESI behavior change activities in Amudat, Moroto, and Nabilatuk districts. This work has assisted Act | East to increase uptake of MDA among hard-to reach and nomadic pastoralist communities. In order to implement this approach:
 - Nabilatuk, Moroto, and Amudat will continue to implement successful behavior change solutions, monitor behavior change teams, and facilitate the sharing of successful approaches with district technical teams.
 - WI-HER will conduct twice-monthly coaching visits within these three districts, district and BCT check-in meetings, and community sensitization sessions.
 - **Expand GESI behavior change in 2 districts – Nakapiripirit and Buliisa (RTI, WI-HER):** Act | East will expand its support for GESI behavior change activities to the two remaining trachoma MDA districts, Nakapiripirit and Buliisa, with a goal of increasing uptake of MDA. In order to implement this approach:
 - RTI will directly fund district level training and orientation on GESI concepts, and the behavior change activity approach; training with and engagement of facility-based ‘root agents’ to obtain coverage data and identify cohorts of missing or refusing groups; interviews with cohorts; recruitment and training of influencers as behavior change teams; and ongoing coaching and support to behavior change teams to implement their action plans.
 - WI-HER will travel twice monthly to Nakapiripirit and WI-HER staff will travel every other month to Buliisa. During these visits they will coach and follow-up with BCTs and the district team. WI-HER will also translate GESI materials into the local languages of Buliisa. In both districts, WI-HER will hold debrief meetings with district technical and political teams to share tested solutions.
- **Integrate GESI into facial cleanliness–environmental improvements (F&E) interventions (StC, WI-HER):** In several Karamoja subcounties, StC and WI-HER work with the same community-based stakeholders to initiate behavior change, and increase awareness of the ‘F’ and ‘E’ components of the SAFE strategy, through SAFE social and behavior change communications (SBCC) materials. To build on these efforts, in instances where their GESI and SAFE SBCC work overlaps, StC will hold community meetings that include and actively engage influencers from the GESI behavior change activities (root agents and other BCT members), to then support those influencers to incorporate learning from meetings and materials into their own solutions in the community. The WI-HER team, together with the district GESI teams, will continue to share with StC the GESI related barriers to adopting optimal ‘F’ and ‘E’ practices (identified during the root cause analysis and the behavior change activity implementation). The WI-HER team will also continue to review StC’s materials with a GESI-sensitive lens to optimize their responsiveness to the GESI realities of the

primary audiences. This will support efforts to integrate GESI interventions into StC's ongoing F&E interventions. This synergy started in FY22 and will be continued into FY23.

- **SAFE SBCC messages for nomadic populations (StC):** To reach nomadic populations, StC will continue to develop and adapt key SBCC messages based on feedback from community dialogues. Throughout FY23, StC will disseminate these messages through local radio stations (one in Moroto, one in Nakapiripirit/Nabilatuk, and one in Amudat/Kenya) using radio spot messages and talk shows. The radio spot messages will be aired daily (at least one spot message per day, an increase from five per week in FY22) for 10 months, totaling 600 airings. A total of 30 radio talk shows will be aired. StC will collaborate with WI-HER to integrate GESI-related topics as needed. The Kenyan-based station targets cross-border audiences among the Pokot communities in both Uganda and Kenya. During MDA, SBCC messages will focus on community compliance to MDA, and outside MDA, messages will focus on the F&E components of the broader SAFE strategy, promoting uptake of key F&E behaviors. Responding to a lesson learned in FY22 that there is low radio ownership among nomadic communities, especially by women, StC will add audio recordings, which will be aired during community gatherings and community drives (vehicles with speakers playing messages) to ensure broader and more inclusive reach for the F&E behavior messages.
- **Clean Household Approach (StC):** In FY22, drawing from experiences of supporting water, sanitation, and hygiene (WASH) interventions in Karamoja, 240 VHTs and 40 community leaders were selected and trained to roll out the Clean Household Approach (CHA) in Moroto and Nabilatuk Districts. In FY23, the trained community resource persons will be provided with SBCC materials and logistical support for home visits to promote F&E. Implementation of CHA during FY22 was delayed by late approval of the activity and a shift in plans for monitoring and evaluation activities (including the baseline assessment), which delayed implementation by nine months. Therefore, this activity will need to be continued for at least nine months in FY23 before the endline assessment, which will take place in FY23 Q3–Q4.
- **Enhanced MDA supervision (RTI):** Act | East has developed supportive supervision checklists, data verification guides, and an MDA coverage rapid assessment guide, all of which are being used to enhance supervision and reporting. These tools are used during MDA to review subdistrict coverage data in the field and organize mop up in areas that register low coverage. Due to the remote nature of the pastoralists' settlements, Act | East has allocated additional time and personnel for enhanced MDA supervision, data collection, and reporting in these areas. This strategy is also intended to address the issue of slow reporting of MDA coverage. Act | East will support transport, communication, fuel, and per diem costs for sub district participants, budgeted under MDA coverage, and per diem, vehicle, fuel, and communication costs for RTI and MOH participants, budgeted under MDA supervision. The three tools that will be used to enhance supervision are:
 - **Supervision checklist:** The supervision checklist guides the supervisor to follow the MDA implementation process and ensure the stipulated MDA implementation guidelines are followed and timely remedial actions are taken where required.
 - **Supervisors' MDA coverage rapid assessment guide:** Supervisors will use this guide to identify areas with low MDA coverage and reasons for the low coverage to target communities for mop-up. Feedback from the coverage evaluation survey (CES), especially GESI-related factors influencing MDA coverage, will be incorporated into this guide in FY23. Training on this tool is integrated into the Trachoma MDA training of central trainers and supervisors.

- **Data verification guide:** Act | East (RTI) and NTDCP adapted this guide from the data quality assessment (DQA)-Supervision form. It will be used by supervisors to validate submitted data and, where necessary, address data errors identified in randomly sampled parishes.
- **Progress meetings during MDA (RTI):** Act | East will provide funding for MOH MDA supportive supervision teams to hold two meetings including district and subcounty supervisors, during MDA implementation to review progress in their supervisory areas. These meetings will be an opportunity for first-level supervisors to report on challenges they experience and document how they address them. The meetings will be used to understand the performance of the VHTs, data quality by VHTs, and with an additional focus on GESI issues. Lastly, staff will assess participation of local leaders in MDA activities and occurrence and management of serious adverse events (SAEs).

Table 1. Summary of Karamoja strategy activities, target populations, and expected outcomes

Activity	Target populations	Expected outcome
Synchronized MDA with Kenya	Karamoja: nomadic pastoralists migrating across the border	Higher coverage by reaching nomadic pastoralists during the same time period whether in Uganda or Kenya
Targeted microplanning	Karamoja: pastoralist communities Buliisa: fishing and mobile communities	Community leaders identify best timing and location to reach targeted mobile population groups
Registration/treatments of kraals/new settlements	Karamoja: pastoralist communities	Higher coverage through treatment of nomadic communities in Napak, Kween, and Bulambuli
Sensitization of kraals, community, and cultural leaders as social mobilizers	Karamoja: pastoralist communities: <i>kraal</i> and cultural leaders	<i>Kraal</i> /community leaders promote MDA attendance and compliance
Community dialogues in Karamoja (StC)	Karamoja (Amudat, Moroto, Nabilatuk, and Nakapiripirit): key community influencers, local sanitation committees, natural leaders, household heads, and women	Increase MDA participation among pastoralist populations
GESI Social Behavior Change (SBC) Activity (WI-HER, StC, and RTI)	Karamoja, Buliisa: never-treated individuals, BCTs	Increase MDA participation, particularly among never-treated or hard-to-treat individuals
Integrate GESI into F&E interventions (StC and WI-HER)	Karamoja: community influencers	Integration of GESI interventions into ongoing F&E activities
SBCB materials for nomadic populations (StC)	Karamoja: nomadic pastoralist populations	Increase MDA participation and improve hygiene practices among nomadic pastoralists
School-based BCC (StC)	Karamoja: primary school-aged children	Schools trained to educate primary students about trachoma infection and F&E prevention activities

Activity	Target populations	Expected outcome
District coordination meetings (StC)	Karamoja: district health management team and other stakeholders	Advocate for district support in MDA implementation
CHA	Karamoja: communities	Promote F&E
Enhanced MDA supervision	5 districts: supervisors	Improve the speed of MDA reporting and organize mop-up where needed
MDA progress meetings	5 districts: first-level supervisors	Address, in real-time, issues and challenges reported by first-level supervisors to improve MDA coverage

- **MDA review meetings (RTI):** Act | East (RTI) will provide funding for MOH MDA supportive supervision teams to hold regular meetings at district and subcounty levels during implementation to review MDA progress in their supervisory areas. These meetings will be an opportunity for first-level supervisors to report on the issues and challenges they see and experience and document how they address them. The meetings will be used to understand the performance of the VHTs, especially the house-to-house strategy and ability to reach 30 homes, and data quality by VHTs, with an additional focus on GESI issues. Lastly, staff will assess participation of local leaders in MDA activities and occurrence and management of serious adverse events (SAEs).

Monitoring and Evaluation (M&E) Activities

- **Routine monitoring of StC activities (StC):** StC will continue routine monitoring of activities to improve accountability and quality through community response and feedback mechanisms. In FY23, StC will conduct routine monitoring of activities to track progress of project deliverables, hold feedback and reflection meetings with stakeholders, and document success stories to generate lessons.
- **DQA in Buliisa District (RTI):** Act | East will provide support to conduct a DQA in Buliisa in FY23. The DQA will be done in 12 sub counties that will be purposively selected from the district NTD database based on urban/rural villages. VHTs, parish supervisors, and subcounty supervisors will be interviewed to assess their ability to complete the registers and summarize the data accurately. The outcomes will be shared during feedback and action planning meetings at all levels to determine actions to strengthen data quality during the next MDA.
- **Targeted follow-up investigation in the two districts of Nabilatuk and Buliisa (RTI):** Act | East will provide support to conduct targeted follow-up investigations in Nabilatuk and Buliisa. The investigations will target communities with high TF prevalence and/or low MDA coverage and knowledge gaps identified in previous investigations. In Nabilatuk, RTI completed a desk review in FY22, and in FY23 priority will be given to hard-to-reach communities with mobile or migratory populations and any communities that may have never received MDA. In Buliisa, where RTI conducted a disease specific assessment (DSA) failure investigation in 2019, the follow-up investigation will target fishing and cattle keeping communities in addition to communities along the border with the Democratic Republic of Congo. The investigation will help Act | East understand factors contributing to persistently high TF so that interventions can be appropriately tailored. Additionally, StC staff will hold an activity feedback and reflection meeting with stakeholders in the district.
- **Trachoma Surveillance Survey-plus testing for ocular chlamydia and chlamydial serology (TSS+) in two EUs (RTI):** Act | East will provide support to conduct TSS+ in Nebbi one and Nebbi two. The

surveys will be conducted in June 2023 using the Tropical Data platform. The surveyors will be trained and sensitized to gender, equity, and social inclusion issues. A local Tropical Data certified master trainer and ophthalmologist will be engaged as a consultant to ensure quality of the trachoma surveys and provide technical support for training graders and recorders. An additional component will be the collection of ocular swabs for testing *Chlamydia trachomatis* infection and dried blood spots for testing pgp3 serology. TSS+ will provide alternative indicators for decision making given that this district has had two previous failed surveys with TF=6.0% (2015) and TF=7.2% (2016); thus, determining if there is on-going transmission of ocular chlamydia will be an important indicator at the next TSS. The TSS+ process, data, results, and lessons learned will be documented and shared with the district stakeholders.

- **Confirmatory mapping in Kween and Bulambuli districts (RTI):** In 2017, the ENVISON project, supported trachoma rapid assessments (TRA) in 19 previously unmapped districts that bordered formerly endemic districts, including Kween and Bulambuli. Based on the results, eight districts (10 EUs) were selected for confirmatory mapping in 2018. The MoH has compiled data on historical mapping decisions and evidence to support trachoma was not suspected to be endemic in the unmapped districts. However, Kween and Bulambuli both of which were not mapped in 2018 because the TRA results showed that trachoma was not suspected to be endemic present an unusual epidemiological setting. Recent evidence from FY21 MDA showed that Kween and Bulambuli host nomadic pastoralists from the endemic areas of Amudat, Nakapiripirit, and West Pokot (Kenya) for more than 6 months each year. Given this evidence, mapping of trachoma in the settled and pastoralist communities will be important to inform if more widespread MDA interventions are needed. Act | East will support population-based surveys/mapping in Kween and Bulambuli in FY23. As part of the planning for these surveys, Act | East will work closely with district authorities and kraal leaders to time the surveys for when the nomadic population are in residence, rather than in Amudat or West Pokot, Kenya. The mapping surveys will include oversampling to provide prevalence estimates for the settled communities and pastoralist communities. In addition, a comprehensive review of the unmapped districts will be undertaken, and results will be shared with the district stakeholders and documented in the draft dossier. A feedback, reflection, and action planning meeting will be held with district stakeholders.

Other Activities

Act | East has planned the additional FY23 activities below to accelerate progress toward trachoma elimination.

- **Trachoma quarterly review meeting (RTI):** The Trachoma Elimination Program (TEP) holds quarterly meetings to review progress toward trachoma elimination and discuss reports and plans for all the components in the SAFE strategy. The meetings are attended by NTDCP and senior management staff, district-level staff, and TEP partners and consultants supporting SAFE strategy activities.
- **Trachoma dossier review meetings (RTI):** Act | East has been supporting Uganda's MOH for several years to document its elimination journey and draft its dossier. During the last dossier review, all aspects of SAFE were discussed and the dossier was updated accordingly. Data on MDA and surveys were reviewed and included. Data from the refugee camps were also reviewed and no gaps were reported. Trachomatous trichiasis (TT) surgeries were put on hold following FCDO funding cuts but resumed in 2022 with support from Sightsavers to do sweeps in districts where surgery was pending. Data from this activity will be reviewed in the next meeting and the dossier will be updated accordingly.
The fourth draft of the dossier is awaiting submission to the MOH's technical working group and

the NTD Expert Advisory Committee. Following feedback from these two teams, two retreats will be held with the writing team in FY23 to consider the feedback and to incorporate new information from the MDA and surveys.

- **National trachoma stakeholders meeting (RTI):** The annual national trachoma stakeholders meeting brings together all SAFE implementing partners to take stock of the previous year and plan for the next year's activities. It also serves as a platform to study and customize the updates from WHO and the Trachoma Expert Committee. This meeting brings together political, administrative, and technical leaders from endemic districts, SAFE strategy partners, WASH partners, and the non-governmental organization sector. The recommendations from the national trachoma stakeholders meeting will inform the planning for the next financial year.
- **Karamoja trachoma stakeholders' meeting (RTI):** This 2-day meeting will be held in Moroto for approximately 30 participants, including Members of Parliament, the Minister of State for Karamoja, senior MOH officials, district and cultural leaders, and key SAFE stakeholders from border districts. This meeting will be a follow-on meeting to assess progress toward commitments made in the FY21 Karamoja trachoma stakeholders meeting and identify actions for FY23.
- **Trachoma transition and sustainability planning for SAFE in three districts (RTI):** Sustaining the gains made in trachoma elimination will partly rely on the districts taking ownership of the SAFE strategy. The engagement of the district and subcounty technical planning committees is vital to this effort. Nakapiripirit, Amudat, and Buliisa all had TF of 5-9.9% in their most recent survey and are undergoing a modified MDA strategy of three annual MDAs prior to their next TIS. The third of three annual MDAs will take place in FY23, and then hopefully all will pass TIS in FY24. In order to prepare these districts for the transition to stopping MDA, in FY23, Act | East will provide assistance to the NTDCP to conduct sustainability planning and transition sessions on the SAFE strategy. This transition planning meeting will be multisectoral, including WASH partners, community-based organizations involved in community mobilization for other health programs, the education sector, and the community development sector. At the end of the meeting, each district will come up with a transition/sustainability plan detailing how SAFE activities will be carried out post-MDA.
- **Training health workers on SAFE and simple trachoma diagnosis (RTI):** As part of health system strengthening and to encourage post-MDA surveillance, Act | East will train health workers in the five districts of Moroto, Amudat, Nakapiripirit, Nabilatuk, and Buliisa on the SAFE strategy and simple trachoma diagnosis. Training health workers in endemic areas to recognize, diagnose, treat, and report instances of TT and TF is considered vital in strengthening the surveillance system to detect and report disease incidence. Sustainability of the gains made in trachoma elimination in Uganda will partly rely on the districts fully implementing the SAFE strategy.
- **Integrated finance supervision (RTI):** Act | East will support integrated finance supervision throughout the year to minimize risk and support successful implementation.



This year Act | East Uganda will ask the learning question “How does strengthening key activities in the Karamoja Strategy like microplanning, registration of key populations (kraals, settlements) through CES data and MDA review meetings support improvements in MDA coverage?” Learning in FY22 documented various successes and challenges from the Karamoja MDA strategy. In FY23, Act | East will focus on understanding how to improve activities within the Karamoja Strategy that were identified for strengthening in an after-action review from the last MDA. This question

aligns with the program’s learning priority, “What are effective strategies for planning, implementing, and monitoring high quality MDA?”. Act | East will use after-action reviews, as well as data synthesis from documentation after these activities to identify key learnings. These will be shared through the learning and dissemination activity on MDA strengthening and DSA outcomes activity at the program level. In Uganda, the team will leverage the MDA review meetings themselves to document learning from the MOH.

Onchocerciasis

In FY23, Uganda’s plans include bi-annual MDA in 12 OV-endemic districts: 11 districts in the Madi-mid North focus, and Kasese District in the Lhubiriha focus. Act | East, through The Carter Center, will fund and provide technical support in 11 districts of the Madi-mid North focus; The Carter Center will provide support to Lhubiriha focus and for entomological and epidemiological surveys with other funds.

Proposed FY23 Activities

- **Bi-annual MDA (The Carter Center [TCC]):** Act | East will conduct bi-annual treatment in 11 districts Madi-mid North focus. The expected time for stopping MDA in Madi Mid North focus is at the end of 2025. This is ample time for Republic of South Sudan and Uganda to interrupt transmission of onchocerciasis in the area adjacent to the border with Uganda. If there are communities in a district that are below the 90% MDA coverage threshold, Act | East will support mop-up treatments.
- **Training of health workers, parish supervisors, community supervisors, and community drug distributors (TCC):** Drug distributors are members of the communities they serve. They are selected by their community members in a general meeting and work within their kinship zones, i.e., people who are related by blood or marriage. Training will be done in a cascade manner - district, subcounty, parish, community, zone. Health workers who receive the community-directed intervention training are often transferred to non-OV-endemic areas, with the original position filled by health workers who have not received the training. New training is necessary when community drug distributors (CDDs) and parish and community supervisors drop out of the program, and when new administrative units are created. Refresher training is also required for those who have remained in the program. Therefore, Act | East will support trainings for health workers, parish supervisors, community supervisors, and CDDs in the 11 districts in Madi-mid North focus.
- **Supervision (TCC):** Act | East will provide support for supervision of pre-MDA activities in five problematic districts in Madi-Mid North focus. Criteria for deeming these districts as problematic include large coverage areas with smaller amounts of CDDs and migratory issues with people leaving their districts to farm. Act | East will also support MDA supervision/validation in all districts to ascertain data quality and make the necessary corrective measures in a timely manner. The supervision will be done at all levels by different stakeholders, including the MOH and district health services from the national district teams, subcounty, parish, and community levels.
- **Health education (TCC):** Health education about OV risks and transmission will continue with the aim of creating awareness among the affected communities, which translates into higher ivermectin uptake and distribution.
- **Uganda Onchocerciasis Elimination Expert Advisory Committee (TCC, RTI):** Through Act | East funding, The Carter Center will assist the MOH with the annual 3-day committee meeting to review Uganda’s progress toward OV elimination.

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

Improving Core NTD Program Functions

Data Security and Management: Proposed FY23 Activities

- **USAID NTD Information System (NIS) Database Training:** The USAID NIS should have at least some priority functionalities of the Minimum Viable Product ready for initial training for in-country staff during FY23. Training plans were being finalized at the time of work plan development, but Act | East anticipates training will require several days of level of effort by multiple MERLA staff. Act | East's Headquarters (HQ)-based MERLA team will work closely with the in-country MERLA staff to plan in-person and virtual trainings with the targeted end-user groups identified through the database development process. This will ensure the correct people are trained and the training is comprehensive to facilitate data analysis and use through the NIS.

Drug Management: Proposed FY23 Activities

- **HQ Drug Procurement (RTI):** Act | East will procure tetracycline eye ointment (TEO) for use in MDA and surveys. The program also will procure FTS for use in TAS. In FY23, Act | East and the NTD Secretariat will closely follow up with WHO and RTI HQ regarding drug procurement and shipping processes to avoid delays. Act | East uses NTDeliver and the Zithromax® tracker to track quantities and shipment status and supports the MOH to address any challenges that may arise.
- **Routine drug transport and storage activities (RTI):** In FY23, Act | East will support drug storage and repackaging, as well as drug transport from the national warehouse to the districts, and from districts to the distribution points for Zithromax® and TEO for use during trachoma MDA.
- **Reverse logistics (RTI):** Act | East will support reverse logistics for trachoma MDA in Moroto and Nabilatuk in FY23 Q1 immediately following MDA. Act | East will also support reverse logistics for the FY23 trachoma MDA in Amudat, Buliisa, Nakapiripirit, Moroto, and Nabilatuk in FY23 Q3. MOH and RTI staff will travel to each of the districts to take stock and confirm the Zithromax® and TEO balance available for the next MDA.
- **District monitoring and reporting of SAEs (RTI):** Act | East will provide on-the-job training to five trachoma MDA districts to properly report SAEs. Additionally, Act | East will support two medical and surveillance officers in Moroto and Nabilatuk to monitor, report, and facilitate the management of SAEs.
- **High-quality submission of the Joint Application Package (JAP) and Trachoma Elimination Monitoring Form (TEMF) (RTI):** Act | East will continue to provide technical support through its Uganda-based RTI Monitoring, Evaluation, Research, Learning and Adapting (MERLA) Specialist and program team in the preparation of high-quality JAP and TEMF. This will include review of the database to ensure accurate data. In FY23, Act | East will support a one-day meeting to review program data and ensure data used for JAP reflects updated and approved data in the national database.
- **High-level follow-up meeting on mainstreaming NTD drugs (RTI):** In FY23, Act | East will provide support to the NTD Technical Advisory Committee to conduct a high-level meeting involving the MOH Pharmacy Department, National Medical Stores (NMS), National Drug Authority, The Carter Center, and NTD stakeholders. This meeting will discuss opportunities for mainstreaming NTD drugs and diagnostics into the national drug quantification system and the alignment of NMS delivery schedules for health facilities with NTD MDA.

Achieving Sustainability: Mainstreaming & HSS

Proposed FY23 Activities:

- **World NTD Day (RTI):** RTI will begin working with the NTDCP in early Q1 to prepare for a country-owned and led World NTD event and will assist NTDCP to collaborate with the MOH Strategic Health Communication Division on the event.
- **Targeted Advocacy Session (RTI):** RTI will conduct one national advocacy meeting, audience to be determined following several weeks of engaging with NTDCP and MOH Department of Planning, Financing, and Policy to determine the audience to make this meeting most impactful.
- **Attend district level planning and budgeting meetings (RTI, R4D):** RTI will send NTDCP and RTI staff and the R4D consultant to attend district-level planning and budgeting sessions in five districts as an opportunity to educate local government staff to use NTD financial and epidemiological data to inform the planning process to work, as an opportunity to provide data and inputs to the planning process to work towards increased district-level NTD funding.
- **Meeting(s) to facilitate bilateral agreement between USAID and Government of Uganda (RTI):** Pending a call between the Uganda Minister of Health and Act | East's AOR, Act | East proposes to support a series of two meetings during the year involving MOH leadership, the NTDCP, USAID Uganda 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 Uganda for the NTD program, either by updating existing agreements between USAID and the Government of Uganda or drafting new agreements.

GESI

- **Continue and expand GESI behavior change (RTI, WI-HER):** As described in the Karamoja strategy above, RTI and WI-HER will continue GESI behavior change activities in three trachoma MDA districts (Amudat, Moroto, and Nabilatuk) and expand to two additional districts (Nakapiripirit, Buliisa).
- **Finalize integration of GESI into MOH-led SBC packages to support scale-up (RTI):** In FY22, Act | East expanded the GESI behavior change activities in Moroto to two additional districts (Amudat and Nabilatuk). This expansion incorporated periodic learning and reflection on solutions implemented by community based BCTs. Subsequently, NTDCP, with Act | East support, collaborated with the MOH Health Promotion, Education and Strategic Communication Department funded through a USAID/Uganda-funded SBC activity to prepare GESI packages for inclusion in the national SBC standards. This initiative included NTDs and GESI into MOH-led SBC packages to improve health outcomes nationwide. In FY23, Act | East will support NTDCP to finalize these SBC-packages, including new learnings from Moroto, Amudat, and Nabilatuk.
- **District-specific transition plans:** Act | East will support districts to prepare and cost district specific transition plans (WI-HER, RTI). These plans will incorporate GESI content in the training and capacity strengthening of five districts in NTD program planning and budgeting. The plans will also support those five districts to incorporate GESI into this process to further reach Uganda Equal Opportunities Commission requirements.
- **Finalize and institutionalize GESI MDA training curriculum (RTI):** Act | East will print manuals of the GESI MDA training curriculum for use in MDA training.



In FY23, Act | East will seek to answer the country-specific learning question, “How is targeted capacity strengthening of district and community stakeholders (district health officials, health facility staff [root agents] and community influencers [BCT]) to apply GESI-sensitive and locally-driven solutions addressing identified barriers to NTD program success identified through the root cause analysis? Are the district GESI teams applying the GESI-training in other health areas outside of NTDs?”

This question falls under the program’s learning priorities: Ensuring Effective MDA and Sustainability. Act | East will seek to answer this question as outlined below.

1. Support collection of learnings and experiences of BCT teams to understand the ripple effects of GESI training and capacity development across NTD work, including understanding how GESI root agents and influencers provide leadership in other health promotion activities.
2. Understand how GESI factors in Buliisa are similar or different to those in Karamoja by comparing key populations and successful SBC messaging after MDA.
3. Document the identified adaptations to the behavior change activity and approaches to improve MDA coverage in two new districts, as well as how the three previous districts continue to scale their work.

These learnings will be used to build on the success of GESI interventions in Uganda by adapting annual and bi-annual MDA. Act | East will share lessons on integration and capacity development across the program’s portfolio and with the larger development community, in conjunction with the dissemination of GESI work in the program work plan.

4. IR3 PLANNED ACTIVITIES: SCH AND STH

Proposed FY23 Activities

- **SCH/STH Expert Committee (RTI, StC):** In FY23, Act | East will provide support for two, one-day SCH/STH Expert Committee meetings. Act | East has four members on this committee with the second vice chairperson being Act | East’s Technical Director. With Act| East representatives, there will be an opportunity to influence the agenda of the committee to meet expected deliverables. As a part of the meeting, StC will disseminate the results of the partner mapping exercise conducted in FY21 to the subnational level and recommendations for engaging with these partners. StC will also disseminate success stories on multisectoral collaboration at the district level.