

# Ethiopia Work Plan

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## ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development (USAID) 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 governments critical support 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 Ethiopia, Act | East Program activities are implemented by RTI International, Light for the World, and Fred Hollows Foundation.

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## ACRONYMS LIST

Act   East	Act to End Neglected Tropical Diseases   East Program
AE	Adverse Event
ALB	Albendazole
BCT	Behavior Change Team
CBHI	Community-Based Health Insurance
CES	Coverage Evaluation Survey
DBS	Dried Blood Spot
DHIS2	District Health Information System 2
DSA	Disease-Specific Assessment
EDC	Electronic Data Capture
EFDA	Ethiopian Food and Drug Administration
EHIS	Ethiopian Health Insurance Services
EHS	Exempted Health Service
END	End Neglected Tropical Diseases Fund
EPHI	Ethiopian Public Health Institute
EPSS	Ethiopian Pharmaceutical Supply Service
EU	Evaluation Unit
FAA	Fixed-Amount Award
FHF	Fred Hollows Foundation
GESI	Gender Equity and Social Inclusion
HDA	Health Development Army
HIBP	Health Insurance Benefit Package
HIT	Health Information Technician
HMIS	Health Management Information System
IEC	Information, Education, and Communication
IMDA	Integrated Mass Drug Administration
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
LFTW	Light for the World
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOF	Ministry of Finance
MOH	Ministry of Health
NTD	Neglected Tropical Disease
NTTF	National Trachoma Task Force
OEM	Onchocerciasis Elimination Mapping
OV	Onchocerciasis
PC	Preventive Chemotherapy
RHB	Regional Health Bureau
RTI	RTI International
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SAP	Sustainability Action Plan

SBCC	Social Behavior Change Communication
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
SNNPR	Southern Nations, Nationalities, and People's Region
SOP	Standard Operating Procedure
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEMF	Trachoma Elimination Monitoring Form
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TOR	Terms of Reference
TOT	Training of Trainers
TSS	Trachoma Surveillance Survey
TWG	Technical Working Group
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

## NARRATIVE

### 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

The Ministry of Health (MOH) is the coordinating body for health initiatives across all 11 regions in Ethiopia. Housed within the MOH is the Disease Prevention and Control Directorate, which oversees the Neglected Tropical Diseases (NTDs) team, among other programs. In June 2013, Ethiopia launched its National Master Plan for NTDs (2013–2015). This Master Plan was updated in 2018 (to cover 2016–2020) and provided the impetus for the inclusion of NTDs into the 2016–2020 Health Sector Transformation Plan. The MOH completed the Ethiopia Sustainability Action Plan for NTD Control, Elimination, and Eradication 2021–2025 in July 2021, with official endorsement from the State Minister of Health in June 2022. The third National Master Plan for NTDs (2021–2025), launched on January 27, 2022, includes NTD targets and reflects strategic directions outlined in the second Health Sector Transformation Plan (2021–2025). Activities from the Ethiopian NTD Sustainability Plan’s priority goals were also incorporated into the NTD Master Plan. The MOH focuses on nine priority NTDs (lymphatic filariasis [LF], onchocerciasis [OV], trachoma, soil-transmitted helminths [STH], schistosomiasis [SCH], podoconiosis, dracunculiasis, leishmaniasis, and scabies). Ethiopia has seen a scale up of NTD activities since the development of the initial Master Plan, including the establishment of the national NTD team. Currently, the team comprises a team leader and 17 disease experts, of whom 9 are salaried MOH employees and 8 are secondments supported by partners.

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

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

For NTDs, health care workers at the community level play a vital role in community ownership and access to preventive chemotherapy (PC)-NTD interventions. HEWs manage mass drug administration (MDA) registration and supervision, as well as administering Zithromax. HDA members administer albendazole (ALB) and ivermectin (IVM), and they assist with general MDA organization. Mebendazole and praziquantel are distributed by teachers via school-based distribution, except in woredas with high-risk groups or a prevalence over 50%. In these woredas, the HEWs lead community-wide distribution, which complements school-based deworming.

In addition to the structures mentioned above, the Ethiopian Public Health Institute (EPHI), a government entity that focuses on health initiatives and research, is involved in NTD-related activities. It has conducted NTD mapping and assists with DSAs. Specifically, EPHI completed the LF, STH, and SCH mapping for most of the country in 2014. In 2018, the MOH mandated that all coverage assessments and DSAs involve an independent research organization, separate from the organizations that implemented the MDA.

In FY18, the MOH circulated an integrated MDA (IMDA) annual calendar to the RHBs and implementing partners to plan and implement integration. The integrated NTD strategy looks to scale up access to NTD interventions, streamline NTD trainings for frontline health workers, avoid duplication of efforts, improve drug supply chain management, and harmonize monitoring and evaluation (M&E) activities. In May 2019, the MOH rolled out IMDA nationwide. To address IMDA financing and coordination challenges, the MOH created IMDA steering committees in each region. These committees are co-chaired by the RHB NTD focal person and an implementing partner. The committees specifically coordinate the required finances among all partners in a given region. For example, in Beneshangul-Gumuz, Act | East provides sufficient funding to the RHB to address OV, LF, and trachoma MDA in two zones while The Carter Center provides funding for OV MDA in one zone. The STH/SCH pooled fund provides funding for STH/SCH across all three zones. This approach addresses all the PC-NTD MDA requirements in the region. The partners then work together to implement the IMDA training and supportive supervision. Act | East is strongly represented on these steering committees, with RTI chairing committees together with the Gambella and Beneshangul-Gumuz RHBs, the Fred Hollows Foundation (FHF) chairing with the Oromia RHB, and Light for the World (LFTW) chairing with the Tigray RHB. In FY20, these committees worked well for planning purposes and for ensuring that there were no redundancies in support. However, the different funding schedules of the various implementing partners and donors continued to challenge the integrated rollout. In FY21-FY23, IMDA was not conducted because it was very challenging to align the funding schedules during the COVID-19 pandemic. In FY24, the MOH expects to continue independent MDA planning given ongoing insecurity.

## **2. INTERMEDIATE RESULT 1 (IR1) PLANNED ACTIVITIES: LF, TRACHOMA, OV**

### **Lymphatic Filariasis**

In FY24, Act | East will provide support for the LF activities detailed below.

- **LF MDA:** In FY24, Act | East will support MDA through FAAs in three woredas and one refugee camp.
  - **Beneshangul-Gumuz (RTI):** Act | East will support Beneshangul-Gumuz RHB to conduct MDA in one camp.
  - **Tigray (LFTW):** Act | East will support the Tigray RHB to conduct LF MDA in three woredas. These three woredas were originally one woreda but were split into three due to redistricting, each assuming the same LF prevalence of the original woreda. LF MDA was last conducted in these woredas in 2019.
- **LF TAS2 (RTI):** In FY24, one refugee camp is eligible for TAS2 in the Beneshangul-Gumuz Region. Act | East will support the MOH to conduct TAS2 in Sherkole refugee camp. This survey will be conducted using RTI's electronic data capture (EDC) system.
- **LF TAS3 (RTI):** In FY24, 5 woredas are eligible for TAS3 in the Beneshangul-Gumuz region. Act | East will support the MOH to conduct TAS3 in 5 woredas. These surveys will be conducted using RTI's EDC system.

- **Training for LF DSAs (RTI):** To conduct surveys in FY24, Act | East will support one training session in Beneshangul-Gumuz comprising 32 participants.
- **Dossier Support (RTI):** In FY23 Q4, Act | East will support the dossier development workshop and in FY24, Act | East will continue to provide technical support to the MOH focal point and LF TWG to regularly update the LF Dossier.

***“What are the barriers to morbidity management and disability prevention (MMDP) care?”***

The 2018 LF and Podoconiosis Elimination Action plan outlined activities and estimated costs to scale up preventive and morbidity management interventions (2018–2020). The action plan intended to provide the NTD program and stakeholders with a path to accelerating elimination efforts for both diseases. Although success has been realized in scale up of preventive measures through annual MDA in endemic areas, progress in access to lymphedema management and hydrocele surgery remains unrealized in many endemic areas. To understand the barriers to scaling up MMDP services, Act | East will implement a mixed-methods assessment, described below.

**1. Woreda-Level MMDP Assessment (RTI):** Act | East will conduct a lymphedema management availability assessment in six woredas that previously implemented MMDP projects supported by RTI and other partners. Results of the assessment will be disseminated to the LF TWG for further adaptation of the action plan. RTI will cover assessment costs, including transportation, supervision, and assessment tool development.

- **Patient Estimates:** Collection of lymphedema and hydrocele patient estimates will be integrated with ongoing activities associated with MDA like pre-MDA census in six districts, two per region (Oromia, Gambella, and Beneshangul-Gumuz). The identified patient list will be shared with the nearby health posts and health centers for verification, management, and referral, as necessary. Similarly, the patient estimate number will be shared with the National Trachoma Task Force (NTTF) and LF TWG to update the dossier.

**2. Tertiary Care Quantitative Review (RTI):** Act | East will review hydrocele surgery data in hospitals previously supported by MMDP projects. This review will include understanding the number of cases, referral systems, and who has paid for the surgeries.

**3. Qualitative Assessment at National Policy Level (RTI):** Act | East will conduct key informant interviews with the MOH and key stakeholders at the subnational level to understand barriers to operationalizing the national guidance that MMDP should be integrated into primary care settings.

These activities will provide needed evidence on LF MMDP barriers to care at the woreda level, information about who is funding surgery and other morbidity management activities, and knowledge of what policies are/are not working. Act | East will look to support the MOH in strengthening the plan to accommodate LF MMDP care within the health system.

**Trachoma**

In FY24, Act | East will provide support for the following trachoma activities:

- **Tigray Gender Equity and Social Inclusion (GESI) Analysis (WI-HER):** Act | East will conduct a disability inclusive rapid GESI analysis in three woredas of Tigray to inform the resumption of MDA. The analysis will identify the main barriers and facilitators to the access and acceptance of MDA among men, women, persons with disabilities, and internally displaced persons, with a focus on social inclusion challenges, health workforce changes, psychosocial impacts, and internal population movements that have emerged due to the recent insecurity in the region. The analysis will be informed by recent rapid assessments and experiences operating in Tigray post-



conflict and will fill relevant gaps in these other assessments. WI-HER will conduct focus group discussions and key informant interviews to inform MDA planning and implementation. The analysis tools used for the FY21 GESI assessment in Oromia and Gambella will be adapted for the Tigray context. WI-HER short-term technical assistance (STTA) will support qualitative data collection in communities with populations that are most affected by NTDs and will analyze and code collected data.

- **Trachoma MDA:** In FY24, 120 woredas and 6 refugee camps require MDA in the four Act | East-supported regions. In FY24, Act | East will support MDA in 61 woredas and 6 camps.
  - **Gambella (RTI):** Act | East will support the Gambella RHB to conduct MDA in one woreda and six refugee camps. All are re-MDA.
  - **Oromia (FHF):** Act | East will support the Oromia RHB to conduct MDA in 21 woredas. All are re-MDA.
  - **Tigray (LFTW):** Act | East will support the Tigray RHB to conduct MDA in 39 woredas. These 39 woredas were originally 22 woredas but were split into 39 endemic districts after redistricting, each assuming the same trachoma prevalence of the original woreda. Trachoma MDA was last conducted in these woredas in 2019.
- **Trachoma Child MDA (RTI):** In FY24, Act | East will support Child MDA, to take place 4–6 weeks after the community-wide MDA, in two woredas of Oromia.
- **Adaba and Sebeta Hawas BCTs Follow Up (FHF, WI-HER):** In FY24, Act | East will continue to support and monitor behavior change teams (BCT) in Adaba and Sebeta Hawas. Act | East will support the BCTs in developing and implementing simple behavior change interventions as part of their action plans that address their community’s WASH challenges (i.e., clan leaders reinforce the importance of using latrines in their clan management) in addition to MDA uptake barriers. The WI-HER GESI consultant will travel to kebeles within the two woredas to support activity coaching and supervision.
- **Establish BCTs in Gog Gambella (RTI, WI-HER):** Act | East will roll out the GESI behavior change activity in two kebeles of Gog Woreda to form influencer teams that, using their trust by and influence with the community, will address beliefs, misinformation, and other key barriers to MDA. This woreda was selected due to failing two impact assessments, demonstrating persistent active trachoma. Act | East will support training of BCT members and influencers in the two kebeles, woreda-level root cause agent trainings, woreda-level GESI stakeholders training, a root cause analysis result dissemination meeting, and HEWs’ BCT identification activities. The WI-HER GESI consultant will travel to kebeles within Gog to support activity set up, coaching, and supervision.
  - **GESI BCT Action Plan Development Meeting (RTI):** BCT members will develop the interventions they will implement to increase MDA uptake during a 2-day meeting (35 participants).
- **Gamifying Hygiene (RTI, WI-HER):** In FY24, three woredas in Oromia Region with TF >5% at TIS1 will be selected to implement the gamify activity. The intervention relays key trachoma messaging to promote prevention behaviors, such as face washing and proper sanitation. Two schools per woreda will be selected. Sebeta Hawas Woreda will be one of the woredas selected for this activity and will use BCTs to engage leaders in norm changes and habit formation. Act | East’s support for this activity includes printing and distributing materials, supervision trips, and the following meetings:

- **F&E Social Behavior Change Communication (SBCC) Consultative Meeting (RTI):** 1-day consultative meeting with regional, zonal, and woreda representatives (22 participants).
- **Regional-Level F&E SBCC Training (RTI):** 2-day training at the regional level for 12 participants.
- **Woreda-Level F&E SBCC Training (RTI):** 1-day teacher training for 22 participants.
- **Data Quality Assessment (FHF):** Act | East will support a data quality assessment in three trachoma MDA woredas to check data quality, in terms of timelines, completeness, reliability, and accuracy. Woredas with known or suspected data quality issues and those that either have persistent or recrudescing TF will be selected for this activity.
- **TIS:** In FY24, 117 woredas are eligible for TIS in the four Act | East regions. In FY24, Act | East will support the MOH to conduct TIS in 25 woredas. Act | East will use WHO's simplified trachoma grading system to identify and register trachoma cases and employ the Tropical Data service.
  - **Beneshangul-Gumuz (RTI):** Act | East will support the Beneshangul-Gumuz RHB to conduct TIS in two woredas (two EUs).
  - **Gambella (RTI):** Act | East will support the Gambella RHB to conduct TIS in three woredas (three EUs).
  - **Oromia (FHF):** Act | East will support the Oromia RHB to conduct TIS in 20 woredas (20 EUs).
- **TSS (RTI):** In FY24, 46 woredas are eligible for TSS in the four Act | East regions. In FY24, Act | East will support the MOH to conduct TSS in 1 woreda of Beneshangul-Gumuz. Act | East will use WHO's simplified trachoma grading system to identify and register trachoma cases and employ the Tropical Data service.
- **Training for Trachoma DSAs (RTI):** To conduct surveys in FY24, Act | East will support the MOH, RHB, and partners to organize training, including identifying certified instructors and providing high-quality training materials. A certified recorder and grader trainer will provide the training based on the Tropical Data methodology.
  - RTI will support Beneshangul-Gumuz RHB for training of 20 graders and 20 recorders based on the Tropical Data training manual.
  - RTI will support Gambella RHB for training of 20 graders and 20 recorders based on the Tropical Data training manual.
- **Dossier Support (RTI):** In FY24, Act | East will support the MOH to convene a 2-day Trachoma dossier preparation workshop for 26 participants from the MOH, RHBs, and implementing partners to review available data. Act | East will engage a consultant to refine national trachoma data who will be engaged during the preparation workshop. The MOH NTD team will lead the overall dossier development process, including the consultant's terms of reference development and selection, facilitation of the workshop, and review and approval of the draft. The Ministry focal person and monitoring, evaluation, and learning technical advisor will work closely with the consultant to ensure RHB and partner participation and will review available historical data on MDA coverage, CES, TIS, and TSS. After the workshop, the consultant will develop a draft dossier report on both the narrative and Excel woreda-level templates. The information presented in the dossier will help the NTTF understand trachoma program achievements by providing both epidemiological evidence and a broader context. The NTTF and M&E TWG will review the data and present it at the MOH annual review meeting. The NTTF and M&E TWG will subsequently update the dossier on an annual basis.

## Onchocerciasis

In FY24, Act | East will provide support for the following OV activities.

- **OV MDA:** In FY24, 103 woredas require MDA in Act | East-supported areas. Act | East will support one round of OV MDA in 94 woredas and 3 refugee camps.
  - **Beneshangul-Gumuz (RTI):** Act | East will support the RHB to conduct 1 round of MDA in 17 woredas and 3 refugee camps.
  - **Oromia (LFTW):** Act | East will support the Oromia RHB to conduct 1 round of MDA in 77 woredas of Western Oromia. Eight of these woredas are newly added, based on recent Onchocerciasis Elimination Mapping (OEM) findings. End Fund will support a second round of MDA in the eight newly endemic districts.
- **GESI After-Action Review Meetings (LFTW, WI-HER):** After MDA, WI-HER will review MDA data, and collate challenges and barriers, to inform the next MDA round in Western Oromia. WI-HER will lead partners and the Oromia RHB to consider the challenges and progress made toward addressing GESI and disability-related gaps in MDA access and acceptance. Reflections will be documented and integrated to improve MDA planning and training for the next rounds of MDA. This activity will be embedded into zonal post-MDA review meetings.

### “What are effective strategies for building regional lab capacity for OV surveys in collaboration with EPHI’s OV national reference laboratory?”

- **Adama Laboratory Capacity Assessment (RTI):** In FY24, Act | East will conduct an OV laboratory capacity assessment in the Adama regional laboratory. The assessment will be implemented in collaboration with MOH, EPHI, WHO, and END Fund. The assessment will include a 1-day lab visit and a 1-day meeting with relevant stakeholders. The assessment will review the following:
  - Needed supplies and equipment.
  - Needed human resources and training.
  - How EPHI can provide quality assurance and capacity building as the OV national reference laboratory.
  - Needed supply chain management of OV reagents and supplies (including quantification, shipment tracking, customs clearance, and distribution).

This assessment will help EPHI and MOH address the backlog of OV surveys and support their ability to make stop-MDA decisions for OV more effectively and efficiently. By working with the MOH to identify key barriers and entry points to improving laboratory capacity in Adama, Act | East (and other OV partners) may implement needed impact and entomology assessments in Act | East-supported woredas.

### 3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

#### Improving Core NTD Program Functions

##### *Data Security and Management*

In FY24, Act | East will support the following:

- **Include Woreda, Zonal, and RHB HITs Focal Points in MDA Trainings (RTI):** HITs have not been involved in MDA coordination activities in previous years as NTD focal points and MDA teams were the focus. RTI noted during FY23 MDA the importance of HITs for proper uploading of NTD data at the health office and facility levels. Including HITs will ensure MDA data are entered in a more complete manner and will reduce data discrepancies between HMIS and vertical reports.
- **National M&E TWG (RTI):** In FY24, Act | East will continue to support one of the quarterly 1-day national M&E TWG meetings for 40 participants, with other partners supporting the remaining three meetings. The TWG was re-established in FY22 and RTI serves as the secretariat. In FY24, Act | East will continue to participate and contribute to the M&E TWG at the national and regional levels. These meetings serve as opportunities to share experiences, update tools, and analyze data. Participants at the regional M&E TWGs will include two representatives from each zone and implementing partners. RHB and zonal health departments will provide feedback to woreda health offices. The major findings of the data use and data analysis will be presented during the regional-level review meetings.
  - **Beneshangul-Gumuz Regional M&E TWG (RTI):** Act | East will support a 1-day workshop for 31 participants.
  - **Gambella Regional M&E TWG (RTI):** Act | East will support a 1-day workshop for 27 participants.
- **Microplanning and EDC for SCT Training (RTI):** In FY24, the SCT EDC will be revised and Act | East will support a 1-day training for 21 participants, with a practical session provided to kebele-level supervisors, in Gog Woreda of Gambella Region, focusing on the revised SCT EDC for trachoma MDA. Supervisors with strong NTD background and smart phone skills will be selected for this training. Act | East and RHB supervisors will also be deployed during MDA to support the use of EDC by supervisors. In addition, the same woreda selected for SCT EDC will also be where Act | East implements microplanning in two kebeles, through a 1-day microplanning training and orientation (to be held directly after the SCT EDC training). Two HEWs per kebele, five kebele-level influencers per kebele, the kebele supervisor, and two woreda coordinators will work together to microplan. Microplanning training participants will travel to the selected kebeles the day after the training to continue refining their plans.
- **Rolling Out NTD Scorecard to Enhance Data Visibility for Evidence-Based Decision Making (RTI):** The MOH started rolling out the country-based NTD Scorecard management tool with a regional level training. The Scorecard incorporates NTD indicators for FY23 and is a country-owned management tool, used to track national- to woreda-level performance through a color-coded data visualization approach. It is used to enhance decision-making for action at different levels. In FY24, Act | East will provide orientation on the Scorecard for NTD focal points and HITs at the regional and woreda levels; it will be integrated with MDA training nationwide. Progress on Scorecard training and proper utilization of the HMIS will be monitored through a post-MDA supervisory visit. Act | East will prepare a checklist for these visits that can be used in a way that captures all necessary information on proper utilization of the Scorecard and HMIS.

## **Drug Management**

In FY24, Act | East will support the following:

- **Act | East EPSS Mentor Support (RTI):**
  - Work with the MOH to regularly support NTD drug quantification and compile central warehouse stock data required for the JAP application and inventory reconciliation, and work with regional hubs and RHBs to receive refined leftover medicine stock data that enables the MOH to prepare a response to nationwide queries from WHO on JAP submissions. This will help secure a quicker turnaround time of JAP approval.
  - Provide technical assistance in ensuring that the inventory of NTD drugs is reviewed as part of the MDA review meeting to improve inventory management and last-mile delivery.
  - Advocate for and invite MOH, EPSS, EFDA, Ethiopian Shipping and Logistics Service Enterprise, Freight Forwarders, and Ethiopian Airlines officials to the National NTD SCM TWG and to relevant meetings for discussions on reducing customs clearance delays.
  - With the MOH as the lead, the EPSS Mentor will technically support the operationalization of the National NTD SCM SOP advocating for implementation of the SOPs.
  - Advocate for and technically support EFDA/regulatory engagement at the national, regional, and woreda levels (Act | East-supported areas) during trainings and in-person visits, and for participation in TWG meetings, to improve SAE reporting, facilitate prompt pre-import letter issuing, and improve implementation of pharmacovigilance activities.
- **NTD SCM SOP Dissemination and JAP/Trachoma Elimination Monitoring Form (TEMF) Orientation Meeting (RTI):** The NTDs SCM SOP has been under revision for the last year by the SCM TWG. The document has been finalized and incorporates issues related to NTD supply chain management, reverse logistics, MDA safety, and supply chain management M&E indicators with responsible bodies. PC drug donation applications are done via the JAP and TEMF annually, with the process led by the MOH. However, getting previous JAP applications approved has taken longer than the expected 90 days. Supporting the NTD program in inventory reconciliation with treatment reports, improving visibility of leftover medication, and assisting with the early identification of gaps at the most decentralized level are expected to shorten the JAP approval process. To disseminate the revised NTD SCM SOP and orient stakeholders on the JAP and TEMF, Act | East will support four meetings in FY24.
  - **National NTD SCM SOP Dissemination Workshop:** Act | East will support a 2-day national NTD SCM SOP Dissemination workshop for 35 participants. This will include EPSS, EFDA, MOH, and RHBs.
  - **Regional NTD SCM SOP Dissemination Workshop and JAP/TEMF Meeting:** Act | East will support a 2-day NTD SCM SOP dissemination and JAP/TEMF orientation meeting in three regions. A total of 133 zonal and woreda NTD focal points (36 in Beneshangul-Gumuz, 32 in Gambella, and 65 Oromia) will attend the meetings.
- **Reverse Logistics and MDA Safety Supportive Supervision (RTI):** Act | East will conduct supportive supervision in Oromia, Beneshangul-Gumuz, and Gambella regions to support reverse logistics and MDA safety, improve the quality of district warehouse management, reiterate proper storage for drug safety, improve leftover medicine reporting, promote SAE reporting, and identify other gaps and provide feedback.

- **Coordination of shipments (RTI, LFTW):** Act | East will support MOH to coordinate shipments of NTD medicines for LF, OV, and trachoma MDA. Act | East will support costs for drug transportation from the national warehouse to regions.
- **Headquarters Drug Procurement (RTI):** In FY24, RTI will procure filariasis test strips for use in TAS and tetracycline eye ointment for trachoma MDA and surveys. Act | East will procure TEO locally in Ethiopia.

## **Achieving Sustainability: Mainstreaming & Health Systems Strengthening**

### **Governance Activities**

- **Revamp NTD Sustainability Action Plan (SAP) Oversight Mechanism (RTI):** Act | East will support the MOH in revising the NTD steering committee terms of reference (TOR) to revamp NTD SAP monitoring. The TOR will be revised to clearly show the role of the steering committee in providing coordination, oversight, and accountability of SAP priorities at national, regional, and woreda levels. In revising the TOR, Act | East will explore the possibilities of using NTD Scorecard reports as a monitoring tool to foster accountability. Act | East will technically support revision of the TOR and will use established strong partnerships with the MOH to ensure the first steering committee meeting is chaired by the State (deputy) Minister of Health or the Minister of Health to signal revitalization of the committee to focus on overseeing sustainability priorities.
- **Leverage NTD Meetings for NTD Sustainability Plan Sensitization (RTI):** Act | East will support the MOH to ensure MOH and RHBs' annual plans are prepared in line with priorities identified in the SAP and incorporate SAP priorities in MOH integrated supportive supervision checklists and NTD specific supportive supervision checklists to get sustainability on the agenda of high-level MOH forums, including the MOH's sector-wide annual review meeting, and incorporate sustainability gaps to be routinely identified and presented during NTD program annual and mid-year review meetings.
- **Inclusion of NTDs into National EHS and HIBP Workshops (RTI):** In FY24, Act | East will continue to support the MOH in (1) finalizing the development of the draft Exempted Health Service (EHS) interventions and legal framework and (2) advocating with top leaders and key decision makers of the federal and regional governments, including the MOF and Regional Finance Bureaus, for domestic resource allocation to support inclusion of the commodities needed for EHS and health insurance benefit packages (HIBP). If successful, this advocacy will result in an EHS and Community-Based Health Insurance (CBHI) benefit package that includes NTD interventions, which had previously been excluded, and develop a legal framework that guides the implementation and financing of the EHS at national and regional levels.
- **Quarterly National Health Care Financing TWG Meetings (RTI):** Act | East will support the MOH and the TWG to organize two of the quarterly TWG meetings, with other partners supporting the other two meetings. These will be 1-day workshops (23 participants) where participants will finalize the development of the EHS package and legal framework and align interventions between EHS and HIBP.
- **National Validation Workshop (R4D, RTI):** After the TWG finalizes the preparation of the documents, the 2-day validation workshop will mobilize a total of 63 participants from the MOH, MOF, EHIS, and all RHBs and Regional Finance Bureaus to validate the revised EHS and legal framework for their implementation.
- **Woreda NTD Budgeting Guidance Document Development & Workshop (R4D, RTI):** Act | East will support the MOH and Oromia RHB to develop a guide to provide an evidence-based

approach to woreda NTD coordinators on prioritizing and integrating NTDs into woreda-based planning and budgeting processes. The development of the guide will begin in Q1 FY24 and will require recruitment of a local consultant (R4D) to liaise with Act | East, MOH, and Oromia RHB to develop the guide. This activity will include reviewing the existing woreda-based planning and budgeting tool and adapting materials for inclusion of NTD activities in the woreda-level planning and budgeting processes.

Following development of the guidance document, a 3-day workshop will be held to orient 45 participants on the document and strengthen each woreda's capacity to prepare their NTD plan and budget using epidemiological and financial data. Participants will include the Woreda Health Head, NTD Coordinator, Planning Expert, WASH Expert, Health Center Head, Zonal Health Department staff, Oromia RHB staff, and the MOH. The meeting will be facilitated by Act | East, MOH, and Oromia RHB.

- **NTD Budget Allocation Workshops (R4D, RTI):** Act | East will support the MOH and Oromia RHB to organize 2-day sensitization/ advocacy workshops, with the goal of increasing budget allocation for NTDs and ensuring ownership of the program using evidence generated from the NTD financial assessments. Noting the data gaps raised in the NTD financial assessments, Act | East will support the MOH and Oromia RHB to generate actionable evidence and focus on advocacy messages for increased NTD funding and greater prioritization of NTDs within the woreda-based health sector planning and budgeting process. The advocacy workshop and the field visit will be organized in Q2 FY24 during the pre-planning period of the woreda-based annual work plan development, as this is the main entry point to influence the budget allocation. As part of the advocacy workshop, a 1-day field visit will be organized for woreda steering committee members to understand the barriers and enablers of NTD service provision at the health care facility level and to get testimony on MMDP services from patients at the facility level. The overall goal is to enhance the awareness of NTD burden in communities by the woreda budget decision makers to motivate them to increase NTD budget allocation from the woreda block grant, and to inform the integration of NTD interventions into the health and other sectors (e.g., education, water, one WASH, and others).

Act | East will support a total of three advocacy workshops, one for each zone (Jimma, Bale, and East Shewa). Each workshop will take two days: one day for the workshop and one day for a site visit. Approximately 96 participants will be mobilized for the 3 workshops (32 participants per workshop) from 7 woredas and 3 zones. This will include members of the woreda steering committee; woreda health, finance, water, and education heads of the seven woredas and three zones (health and finance heads) involved in NTD financial assessment; and officials from the federal and Oromia regional health, water, education, and finance sectors.

### **GESI Activities**

- **GESI Experience Sharing Meeting (RTI):** To simplify future GESI SCT integration into MDA, practical- and evidence-based learning and experience sharing in best performing woredas is planned for FY24. This will help NTD program managers to understand and include GESI perspectives and activities in the planning, implementation, and monitoring of NTD interventions. In FY24 Q1, Act | East will host a 1-day meeting for 39 people from Act | East-supported regions and MOH NTD staff. Experience from the Sebeta Hawas woreda GESI implementation will be documented and presented.
- **Mainstreaming GESI into the Oromia Regional NTD Framework (WI-HER, LFTW):** In FY23, LFTW and WI-HER led a GESI and Disability Inclusive MDA Sensitization and Planning meeting with the

Oromia RHB and other Oromia regional representatives from a variety of sectors, as well as RTI and FHF staff. The training participants developed an action plan that recommended (1) developing an implementation and monitoring guide on GESI and disability considerations during MDA in Oromia and (2) advocacy at the regional level to build momentum for a national policy and for curriculum adjustments to facilitate more inclusive MDA. Building on the momentum of the February 2023 training, Act | East partners will work with Oromia RHB to assess how existing learnings and recommendations for improving inclusivity of MDA may be operationalized.

#### **Other Activities**

- **Supporting Regional NTD Action Plan Preparation (RTI):** In line with the National NTD Strategic Plan, RHBs are expected to develop a regional NTD Action Plan. The Action Plan is an advocacy tool for resource mobilization, accountability, and ownership strengthening to track strategic goals and objectives of disease elimination. It is instrumental for planning and monitoring activities at the regional and woreda levels. In FY24, Act | East will support three regional meetings.
  - **Oromia:** Act | East will support a 1-day meeting for 54 participants to launch the region’s NTD Action Plan. The meeting will have participation from NTD and WASH RHB, Zonal Health Department, and MOH staff.
  - **Beneshangul-Gumuz:** Act | East will support a 2-day NTD Action Plan write up workshop for 14 participants (NTD/WASH RHB officers and NTD/WASH implementing partners).
  - **Gambella:** Act | East will support a 2-day NTD action plan write up workshop for 14 participants (NTD/WASH RHB officers and NTD/WASH implementing partners).

#### **4. IR3 PLANNED ACTIVITIES: SCH, STH**

Out of the two Act | East-supported LF MDA planned in FY24, neither are co-endemic for STH. Historically, 23 woredas that were “ever” treated for LF with USAID support and have now achieved stop MDA were co-endemic for STH. In terms of reporting, Act | East captures the entire target population treated for LF. This same population is captured for STH treatment but is further divided into school-aged children and high-risk adults. The MOH understands USAID’s support for STH MDA within these