

Tanzania Work Plan

FY 2024

Program Year 6

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

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ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East Program
ALB	Albendazole
ARISE NTDs	Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCC	Behavior Change Communication
CAC	Community Action Cycle
CCHP	Comprehensive Council Health Plan
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CHA	Clean Household Approach
CHMT	Council Health Management Team
Ct	<i>Chlamydia trachomatis</i>
DBS	Dried Blood Spot
DC	District Council
DHIS2	District Health Information System-2
DSA	Disease-Specific Assessment
ELISA	Enzyme-Linked Immunosorbent Assay
EU	Evaluation Unit
F&E	Facial and Environmental
FLHW	Frontline Health Worker
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GPSA	Government Procurement Services Agency
HMIS	Health Management Information System
HSS	Health Systems Strengthening
IEC	Information, Education, and Communication
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MC	Municipal Council
MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
MOU	Memorandum of Understanding
NIMR	National Institute for Medical Research
NSMIS	National Sanitation Management Information System
NTD	Neglected Tropical Disease
OV	Onchocerciasis
PC	Preventive Chemotherapy
PCR	Polymerase Chain Reaction
PO-RALG	President's Office, Regional Administration and Local Governance
PPFP	Postpartum Family Planning

PZQ	Praziquantel
RHMT	Regional Health Management Team
RWSSP	Rural Water Supply and Sanitation Program
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SBCC	Social Behavior Change Communication
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SCT	Supervisor's Coverage Tool
STH	Soil-Transmitted Helminths
TA	Technical Assistance
TAS	Transmission Assessment Survey
TEMF	Trachoma Epidemiological Monitoring Form
TF	Trachomatous Inflammation–Follicular
TOEAC	Tanzania Onchocerciasis Elimination Expert Advisory Committee
TOT	Training of Trainers
TWG	Technical Working Group
TZNTDCP	Tanzania Neglected Tropical Disease Control Program
USAID	United States Agency for International Development
VEO	Village Executive Officer
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
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 located in the capital city of Dodoma. The National NTD Program Manager is responsible for coordination at the national level and offers technical assistance (TA) and supportive supervision for NTD activities 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). Districts in Tanzania are also referred to as councils.

The TZNTDCP works through the regional health management teams (RHMTs), council health management teams (CHMTs), and local communities to plan and implement NTD activities and is led by national, regional, and district coordinators at each level. District-level NTD teams provide training and supportive supervision to frontline health workers (FLHWs) 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 supervises 15–20 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 focusing on 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 (PC) 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 2009 through the African Program for Onchocerciasis Control (APOC) (2009-2015), 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 September 2021 through January 2023, 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 the Dar es Salaam Region and school-based MDA for 45 district councils (DCs) in the Lake Zone. ARISE NTDs funding began in September 2021 and ended in January 2023 for Tanzania.

The Unlimit Health, formerly the Schistosomiasis Control Initiative (SCI) supports SCH and STH MDA and disease-specific assessment (DSA) activities in approximately 93 districts and 15 regions and supports seconded staff to the TZNTDCP, including finance personnel, SCH Focal Officer, and Data Manager. Act | East coordinates closely with Unlimit Health 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 FY24 Activities

Act | East proposes to support the TZNTDCP to conduct the following LF activities in FY24, incorporating best-known practices and lessons learned from FY23.

- **Urban MDA in Kinondoni District, Dar es Salaam Region:** Act | East will support the TZNTDCP to conduct LF MDA in Kinondoni MC1, the EU in Dar es Salaam region that failed re-pre-TAS in FY23. Act | East will also use this MDA as an opportunity to answer the question: “What are effective approaches for LF MDA in Urban areas?” Act | East is supporting TZNTDCP to improve MDA coverage, building on lessons learned from previous years and findings from coverage evaluation surveys (CESs) and DSA outcome investigations, including:
 - As 2021 CES data showed some clusters with low or no coverage, ensuring appropriate numbers of CDDs in hard-to-reach areas and appropriate budgets for accessing those areas.
 - As the DSA outcome investigation showed that fishing communities are being missed by MDA and have higher rates of infection, implementing tailored MDA strategy for fishery communities.
 - As the DSA outcome investigation showed that people were absent or not at home during MDA, revising the MDA timing and CDDs to revisit households where people were missed during MDA.
 - As qualitative data collection in 2020 showed misconceptions about MDA causing people not to participate, printing and distribution of materials and information, education, and communication (IEC)/behavior change communication (BCC) materials and messages to respond to common issues in knowledge gaps and responding to rumors that drugs affect sexual performance and inhibit and destroy pregnancies.

“How effective are alternative distribution approaches for LF MDA in Urban Areas?”

DSA Outcome Investigation (WI-HER STTA, RTI GESI): WI-HER will work to identify the barriers to MDA uptake and inequities in coverage in urban areas in Kinondoni MC. As part of the DSA Outcome Investigation, WI-HER will conduct a rapid GESI assessment through FGDs and KIIs to assess risk perception, health-seeking behavior, economic, sociocultural, and migratory patterns of urban populations vulnerable to missing MDA. This assessment will assist Act | East to tailor MDA strengthening approaches to better reach urban populations with LF MDA. WI-HER will develop a questionnaire and implementation plan, conduct the qualitative data collection, and support dissemination of the findings in the LF review and planning meeting and microplanning.

These activities together will provide evidence to better understand how to implement MDA in urban areas, specifically within Kinondoni MC1. The evidence will be used to scale up or strike new distribution strategies for use in the urban MDA. MOH and Act | East team have gathered several approaches from other health programs like polio.

- **Continue Gender Equity and Social Inclusion (GESI) iDARE/Behavior Change Activity in One LF Council through Post-MDA Data Review, and GESI Intervention Action Planning:** In FY23, Act | East in collaboration with TZNTDCP expanded village-level coaching, community and traditional leader meetings, and community health education among fisher communities in Kilwa DC ahead of MDA. In FY24, TZNTDCP and Act | East will continue providing support to Kilwa DC’s GESI council team to identify locations of high MDA refusal by reviewing previous MDA registers. Through a series of action planning meetings with FLHWs, CHWs, Village Executive Officers (VEOs), CDDs and community leaders on the Identify, Design, Apply/Assess, Record, Expand (iDARE) teams, participants will plan implementation of pre-tested GESI social mobilization and behavior change approaches to address the high refusal areas. Act | East also will support the council teams in their use of the FY23-developed iDARE Scale Up Guidance package to increase their capacity to manage the GESI interventions.
- **TAS2 in four EUs:** Act | East will support the TZNTDCP to conduct TAS2 in two MCs in the Dar es Salaam region: Ubungo MC (3 EUs) and Kigamboni MC (1 EU).
- **TAS3 in two EUs:** Act | East will support the TZNTDCP to conduct TAS3 in the 2 DCs in Lindi Region: Nachingwea DC and Ruangwa DC. Both EUs have a population of less 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; as a result, in FY23 Act | East planned to 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. This survey could not be completed before the end of FY23, and so we have added it to the FY24 work plan. The survey 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.

Dossier Status for LF Elimination

Tanzania mainland's final TAS3 are expected to be completed in 2029. LF data are secured in the NTD database housed at the National Institute for Medical Research (NIMR) Mwanza office and managed by the TZNTDCP Data Manager and M&E team. The TZNTDCP began LF dossier development in 2018 with the introduction of WHO's LF dossier guidance and templates. A dossier development meeting will be held in Q4 of FY23, in which the narrative and data template will be updated to reflect the LF elimination status.

Trachoma: Proposed FY24 Activities

Act | East proposes to support the TZNTDCP to conduct the below trachoma activities in FY24, incorporating best-known practices and lessons learned from FY23.

- **Trachoma MDA:** In FY24 (Q1), Act | East will support the TZNTDCP to conduct MDA in the 10 EUs (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). This MDA was delayed from FY23 due to the global ZTH shortage. Act | East will support the TZNTDCP to improve MDA planning and implementation based on results of previous DSA failure investigations and outputs from the FY23 Trachoma Pause and Reflect meeting to ensure high coverage.
- **Continue GESI iDARE/Behavior Change Activity in Four Trachoma Councils through Post-MDA Data Review, and GESI Intervention Action Planning:** In FY23, Act | East in collaboration with TZNTDCP conducted village-level coaching, community and traditional leader meetings, and community health education ahead of MDA in three councils: Monduli DC, Kiteto DC, and Simanjiro DC. In FY24, TZNTDCP and Act | East will support these three GESI council teams, along with that of Longido DC (where GESI was introduced in FY22) to identify locations of high MDA refusal. Through a series of action planning meetings with FLHWs, CHWs, VEOs, CDDs and community leaders on the iDARE teams, participants will plan implementation of pre-tested GESI social mobilization and behavior change approaches to address the high refusal areas. Act | East will support the council teams in their use of the FY23-developed iDARE Scale Up Guidance package to increase their capacity to manage the GESI interventions.
- **Operationalize CDD Training Curriculum Addendum in Nine Trachoma Councils:** In FY23, Act | East finalized a CDD training package addendum that includes guidance to CDDs on addressing GESI-related gaps, challenges, and missed opportunities identified through the iDARE/behavior change activities. The GESI training addendum includes content that prepares CDDs to engage with influential community leaders more effectively to help them dispel common misconceptions about MDA. TZNTDCP, with support from Act | East, will incorporate the addendum material into regional review and planning meetings and cascade MDA trainings. The CDD Training curriculum addendum will be implemented in the nine trachoma councils of Monduli DC, Longido DC, and Ngorongoro DC in Arusha Region; Simanjiro DC and Kiteto DC in Manyara Region; Mpwapwa DC, Kongwa DC, and Chamwino DC in Dodoma Region; and Kalambo DC in Rukwa Region. WI-HER will support the regional teams to integrate the addendum's content into the training agenda and will

monitor the initial facilitation of the new training material at the FY24 trachoma regional review and planning meeting.

- **Health Promotion Training for 75 FLHWs/CDDs in Kongwa DC:** Save the Children (SC) in collaboration with the MOH (NTD and Health Promotion Section), will organize one district-level, 14-day training for 75 FLHWs/CDDs in Kongwa DC, Dodoma Region, using the Basics of Health Promotion Training Module 1 and Basics of Prevention of Communicable Diseases for Community Health Workers (CHWs) Training Module 3 to build/reinforce knowledge and skills to conduct group sessions and home visits. Once trained, these 75 FLHWs/CDDs will implement NTD prevention and treatment activities.
- **Behavioral prioritization workshop:** SC will conduct a behavioral prioritization workshop with the MOH, RTI and other implementing partners, where SC will share SBCC findings and recommendations from the FY23 formative assessment. This workshop will include a review of behaviors identified during the formative assessment and RTI program implementation, to ascertain the key health behaviors of focus. SC will use this workshop to examine Tanzania's NTD context, outline stakeholder objectives, synthesize the information, and come to a consensus on priority behaviors to inform other project activities. Following the workshop, SC will update, print, and disseminate materials developed in FY23 to emphasize NTD prevention and control messages to increase reach and recall in focus communities.
- **FLHW/CDD Community Counseling in Morogoro DC and Kongwa DC:** Through Act | East, SC will support 171 FLHWs/CDDs (96 in Morogoro DC [please see OV section] and 75 in Kongwa DC) to conduct household visits that include one-on-one integrated counseling for the heads of households, decision makers and those who communicate on behalf of the family, and women/caregivers. The counseling will focus on SC's Clean Household Approach (CHA) to promote the F&E components of the WHO SAFE Strategy, including WASH infection prevention and control messages. CHA includes sensitizing the community and households on personal and environmental sanitation and hygiene, including regular hand washing, boiling drinking water, food hygiene, safe storage of drinking water, ending open defecation, and separation of animals from the household (keeping animals at a safe distance from children's play or the family's sleeping area, and removing feces from the household area).
- **Conduct Community-Integrated Outreach in hard-to-reach areas with MDA:** During FY24, the program will continue to support community-based NTD interventions to address myths and misconceptions on trachoma, promote positive behavior change for utilization of NTD services, mobilize communities for outreach services. Act | East will also support District Health Management Teams in Kongwa and Morogoro DCs to integrate NTD services in the existing immunization outreach services, to improve uptake of MDA.
- **Implement Community Score Card (CSC)/Community Action Cycle in Kongwa DC and Morogoro DC:** In FY24, SC will implement CSC in Kongwa DC (trachoma) and Morogoro DC (OV). Until the MOH tool is available, SC will use its agency-wide, comparable Community Action Cycle (CAC) tools, which include a CSC for accountability at the community level to oversee improvement in provision of quality MDA. SC will use the CAC score card in low MDA uptake villages, identified in collaboration with the MOH, by conducting one-day meetings to plan and act together, to reach 12 villages (60 participants per village) and draft an action plan to improve community participation in MDA. As soon as the MOH

guidelines on the CSC are released, Act | East will adjust the approach to be streamlined with the national effort.

- **Review Implementation Status of CSC/CAC Action Plans in Kongwa DC and Morogoro DC:** SC will support Kongwa DC (trachoma) and Morogoro DC (OV) to review the implementation of the CSC/CAC action plan. Act | East will facilitate councils to conduct a one-day quarterly meeting of 9-15 participants per village for 12 villages, including representatives from the following six groups: (1) health care providers; (2) village health committees and village leaders; (3) older women; (4) older men/influential people; (5) younger men/influential people; and (6) younger men and women of reproductive age (e.g., parents of young children under two that attended CSC events during the quarter).

Trachoma M&E Activities

- **Data Quality Mentoring in Kongwa and Morogoro DC:** Act | East will strengthen data quality and data management by mentoring the FLHWs/CDD to ensure quality data collection, filling, interpretation, and use of data for decision-making. The data, collected through health management information system (HMIS) registers, intends to track how many people participate in MDA based on FLHW's guidance. Data quality assurance will be done by CHMTs and Act | East staff, and findings will inform learnings/program planning and will be shared with the respective districts for further support. Act | East staff will review FLHWs/CDDs to ensure their ability to correctly complete registers, summarize data on a tally sheet and subsequently submit to their supervisor on time. The outcomes will be shared during feedback meetings to determine actions to strengthen data quality during the next MDA.

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.

OV: Proposed FY24 Activities

Act | East proposes to support the TZNTDCP to conduct the following OV activities in FY24, incorporating best-known practices and lessons learned from FY23.

- **Biannual MDA in 14 Districts:** Act | East will continue to support 14 districts to conduct biannual MDA in February and August 2024. These are the same districts with ongoing OV transmission that are already receiving biannual MDA in FY23.
- **Annual MDA in 11 Districts:** Eleven districts will continue with annual MDA in August 2024. In FY23, TZNTDCP is conducting a stop MDA survey in Tunduru focus (Tunduru DC) and will continue collecting black flies through FY24. Tunduru DC will conduct OV MDA in November 2023, and black fly collection until April 2024. Tunduru will continue treating once a year until the completion of the ongoing stop MDA survey and TOEAC decision if it has qualified to stop MDA. The four districts from Tukuyu focus (Busokelo DC, Ileje DC, Kyela DC, and Rungwe DC) are not included as they are still under the CDC/MOH study on OV elimination thresholds.
- **FLHW/CDD Community Counseling in Morogoro DC:** As discussed more fully in the trachoma section, SC will support 171 FLHWs/CDDs (96 in Morogoro DC and 75 in Kongwa

DC) to conduct household visits that include one-on-one integrated counseling, focusing on the heads of households, decision-makers and those who communicate on behalf of the family, and women/caregivers. The counseling will focus on SC's SBCC experience and lessons learned from the formative research conducted in FY23 and early FY24 (see Trachoma section) to create demand for OV MDA services, particularly in front line and least performing villages.

- **Quarterly Supervision of FLHW/CDD Counseling in Morogoro DC:** Regional/District Community Health Promotion Coordinators, Health Officers, and SC team staff will conduct quarterly supportive supervision and mentorship visits to CDDs/FLHWs to address any identified gaps and ensure that information is delivered according to national and Act | East's standards, looking specifically at documentation, including referrals, coverage of 1:1 counseling, frequency, and quality. FLHW supervisors manage the FLHWs in their villages at a ratio of 1 FLHW Supervisor: 2 FLHWs. SC will work with 85 FLHW Supervisors across Kongwa DC (trachoma) and Morogoro DC (OV), designing the visit schedule per district per quarter in collaboration with the MOH.
- **Conduct Community-Integrated Outreach in Hard-to-Reach Areas with MDA:** As described in the trachoma section, during FY24, Act | East will continue to support community based NTD interventions to address myths and misconceptions on OV, promote positive behavior change for utilization of NTD services, mobilize communities for outreach services. The project will also support District Health Management Teams in Kongwa and Morogoro DC to integrate NTD services in the existing immunization outreach services, to improve uptake of MDA.
- **Implement CSC/Community Action Cycle in Morogoro DC:** In FY24, SC will implement CSC using its agency-wide, comparable CAC tools in Kongwa DC (trachoma) and Morogoro DC (OV). SC will use the CAC score card in low MDA uptake villages, identified in collaboration with the MOH, by conducting one-day meetings to plan and act together, to reach 12 villages (60 participants per village) and draft an action plan focused on efforts to improve community participation in MDA and drug intake by community members. As soon as the MOH's guidelines on the CSC are released, SC will adjust the approach to align with the national effort.
- **Review Implementation Status of CSC/CAC Action Plans in Morogoro DC:** SC will collaborate with Morogoro DC (OV) and Kongwa DC (trachoma) to review the implementation status of the CSC/CAC action plan. The Act | East Program will support councils (CHMTs) to conduct one-day quarterly meetings of 9–15 participants per village for 12 villages to include representatives from the following six groups: (1) health care providers; (2) village health committees and village leaders; (3) older women; (4) older men/influential people; (5) younger men/influential people; and (6) younger men and women of reproductive age (e.g., parents of young children under two years) that attended CSC events during the quarter.
- **Data Quality Mentoring in Morogoro DC:** Act | East will strengthen data quality and data management by mentoring the FLHWs/CDD to ensure quality data collection, filling, interpretation, and use of data for decision-making. The data, collected through health management information system (HMIS) registers, intends to track how many people participate in MDA based on FLHW's guidance. Data quality assurance will be done by CHMTs and Act | East staff, and findings will inform learnings/program planning and will be shared with the respective districts for further support. Act | East staff will review

FLHWs/CDDs to ensure their ability to correctly complete registers, summarize data on a tally sheet and subsequently submit to their supervisor on time. The outcomes will be shared during feedback meetings to determine actions to strengthen data quality during the next MDA.

- **OV Entomological Surveillance Training for 13 District Entomology Assistants:** Based on TOEAC recommendations, Act | East will provide technical and financial support for a seven-day training to assistant entomologists to act as district supervisors to blackfly catchers during entomological surveys and as pre-visitors during M&E surveys in endemic councils. In FY23, TZNTDCP trained and certified 16 entomology assistants.¹ The entomologists will focus on identifying breeding sites based on river prospection in their resident districts. In FY24, Act | East proposes to train an additional 13 entomology assistants selected from the remaining OV endemic councils.² The training will involve three days in the classroom covering theory and four days of on-site work for hands-on learning and practice. Through this training, the entomology assistants will manage entomological operations in their respective resident foci. For FY24, they will concentrate on river prospection and identifying vector breeding sites, identifying the species that are involved in transmission, and implementing any other relevant entomological activities as recommended by TOEAC.

The following OV M&E activities are planned in FY24:

- **Complete Stop MDA Survey in Tunduru Focus:** At the TOEAC 2022, Tunduru participants recommended to conduct a stop MDA survey after passing a pre-stop survey in FY22. The survey was conducted from May 2023 starting with entomology survey catching blackflies from six sites in the first line villages. The survey will continue to April 2024 to make a complete period of 12 months as required for entomology surveys. Act | East will support the program to complete the seven months left for this survey and the results for both entomology and serology will be presented during the TOEAC 2024 meeting in FY24.
- **OV laboratory analysis (M&E):** 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 operating costs for DBS analysis. The FY24 lab analysis plan includes the following:
 - 6,000 samples for OV16 RDT analysis
 - 3,000 samples enhanced pre-stop MDA survey in Makete DC
 - 3,000 samples elimination mapping (OEM) in Kigoma DC
 - A minimum of 18,000 *Simulium* vectors for O150 PCR analysis or a minimum of the following will be collected from the following foci:
 - 6,000 monitoring surveys in Mahenge focus.
 - 6,000 monitoring survey in Mufindi – Njombe focus.
 - 6,000 monitoring surveys in Njombe TC

¹ From Muheza DC, Mufindi DC, Njombe TC, Busokelo DC, Tunduru DC, Kilosa DC, Gairo DC, Lushoto DC, Ileje DC, Rungwe DC, Mvomero DC, Mkinga DC, Bumbuli DC, Morogoro DC, Korogwe DC, and Rungwe DC

² Mkinga DC, Ludewa DC, Mbinga TC, Mbinga DC, Nyasa DC, Namtumbo DC, Songea MC, Songea DC, Madaba DC, Ifakara TC, Malinyi DC, Ulanga DC, and Mlimba DC

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

Proposed FY24 Activities for Data Management

- **Conduct Two Meetings with the Directorate of Policy and Planning's (DPP's) M&E Department to Integrate NTD Indicators into DHIS2:** The TZNTDCP is continuing its efforts to support the integration of NTD indicators into the national HMIS. Act | East will support the TZNTDCP to conduct two meetings in Morogoro Region with the HMIS/M&E department from the DPP. The first three-day meeting will be conducted in February 2024 to review and redefine available NTD indicators into the DHIS2. Redefining the indicators will directly include updating the data collection tools. A second three-day follow-up meeting will be conducted in June 2024 with the HMIS/M&E team from the DPP department to track and share progress and finalize the work of integrating indicators into the DHIS2. This second meeting will ensure that all the inputs, recommendations, and gaps resulting from the first meeting are implemented and all the NTD indicators available in the DHIS2 are well defined. The meetings will involve a total of 24 participants from MOH, PO-RALG, and Act | East, including disease specific focal points, as well as focal points for DHIS2, HSS, and HMIS. In addition, a selection of regional and district NTD coordinators and Frontline Health Workers will participate to represent data users.

4. DRUG MANAGEMENT

Proposed FY24 Activities for Drug Management

- **Clearance of Donated Shipments:** Act | East seconds a Drug Logistics Officer who will support the process of obtaining customs clearance for donated health commodities, including the global donation of ZTH and diagnostics donated by Act | East. Customs clearance of donated medicines takes up to four weeks and depends on the availability of funds for the donations whose custom clearing costs are covered by the government. The process involves submitting documents to different offices (the Government Procurement Services Agency [GPSA] and Tanzania Revenue Authority) located in different regions. To make sure the clearance documents are submitted on time, Act | East will support travel between Dodoma and Dar es Salaam where the GPSA and Tanzania Revenue Authority offices are located. While in Dar es Salaam, the staff will work closely with GPSA at the port of entry to ensure a seamless customs clearance process.
- **Transport from Regions to Distribution Points:** District medical officers normally transport medicines from the regions and districts to communities using district vehicles. Act | East will support vehicle hire to transport drugs in the case that it is needed.
- **Joint Application Package (JAP) and TEMF Preparation Meeting:** Act | East, in collaboration with MOH and PO-RALG, will conduct a meeting to discuss and compile JAP and TEMF forms for requesting NTD medicines for FY25 MDA. This meeting will consist of TZNTDCP staff, a Pharmacist from the Pharmaceutical Services Unit, PO-RALG, and regional secretariat. The JAP forms include the JRSM, Epidemiological Data Reporting Form, Work Plan, and Joint Reporting Form. TZNTDCP will submit the completed forms to WHO-AFRO for review. Likewise, the team will work on the TEMF, and other ZTH reporting and requesting tools. Act | East will provide funding and technical support to the MOH to organize and coordinate this meeting in Dodoma to ensure that the TZNTDCP's FY25 drug needs are accurately captured in these tools.

- **Inventory Management of Health Commodities at All Levels:** The TZNTDCP supply chain team of the Pharmacist assigned to TZNTDCP by the Pharmaceutical Services Unit and the seconded Drug Logistics Officer will participate in the stock-taking activity twice per year at Medical Store Department. This will happen after distribution of NTD medicines to the councils and at the end of the government’s financial year (June). The routine support from the TZNTDCP is expected to improve NTD health commodities reporting within the e-logistics management and information system at all health facilities.
- **Reverse Supply Chain:** Reverse logistics are an integral part of the supply chain and a successful MDA. In FY24, Act | East will provide support to the councils implementing MDA for reverse supply chain activities. With funding for reverse logistics, the district medical officers will ensure that all unused drugs are safely returned to the district councils stores to be stored for future MDA campaigns or redistributed to other councils. Act | East will review the quality and completeness of district inventory reports as part of council’s deliverables. This information will then feed into the JAP submission for the next year.

Achieving Sustainability: Mainstreaming and HSS

Proposed FY24 Activities

Governance Activities (Policy, Financing, Coordination)

- **Scale-up Comprehensive Council Health Plans (CCHP) Support:** In FY23, Act | East supported 15 councils to plan and budget for NTD activities in CCHP using PlanRep. Of these 15 councils, 9 are supported by Act | East and 6 are not. In FY24, Act | East will extend CCHP support to an additional 48 councils to reach all 57 of the Act | East-supported councils. To complete this ambitious scale-up, Act | East will conduct two activities:
 - To ensure ownership and effective scale up of the CCHP capacity, Act | East will support a three-day pre-planning meeting in Q1 aligning with the CCHP pre-planning stage. This meeting will bring together CCHP facilitators, MOH, and Act | East to jointly plan and prepare materials for facilitation of the councils. The pre-planning meeting will also involve the translation of the pocket guide into Swahili language.
 - Following the pre-planning meeting, during the disease-specific review and planning meetings Act | East will support the MOH to **train the 48 new councils** and distribute the pocket guide to all 57 councils. This training will involve key council planners such as District Planning Officers, District Health Secretaries, and District NTD team (health and education), pharmacist, and accountant who are responsible for planning and budgeting as well as other key stakeholders relevant to NTD activities. R4D’s local consultant will work with Act | East and the MOH to develop a training plan that will include capacity on CCHP and budgeting, use of DHIS2 and PlanRep focusing on the newly integrated NTD indicators, budget allocations, and disbursements through the government’s expenditure tracking system (MUSE) based on the template provided in the pocket guide.

As a cost-effective approach, Act | East will use the annual NTD review and planning meetings as a platform for scale-up, adding two additional days to these existing meetings. The activity will also provide TA, mentoring, and peer-to-peer learning support from the 15 initial councils to the newly onboarded councils as they plan and budget for

NTDs. In addition, WI-HER staff will participate in the meeting to present key takeaways to integrate GESI into the council budgeting.

- **Review of CCHP guideline to incorporate NTD assessment criteria and review of resource allocation formula:** In FY23, Act | East supported development of NTD specific assessment criteria and tables to be incorporated into PlanRep. The final step to complete this process is to incorporate the changes into the CCHP guidelines to make the changes sustainable for use by all NTD endemic councils in Tanzania. In this meeting, the resource allocation formula for NTDs will be adapted to ensure NTDs are prioritized at council level.
- **Complete NTD Planning and Budgeting Module for e-Learning Platform:** In collaboration with NTDCP and PO-RALG, Act | East will support several activities to complete the NTD planning and budgeting e-learning module in FY24:
 - First, Act | East will provide financial and technical support for a three-day adaptation meeting on the development of comprehensive NTD e-learning modules using existing MOH planning, budgeting, and NTD disease specific modules. The meeting will employ a participatory approach to engage all participants through presentations and group discussions on the structure, content, and expected outcomes of the modules. Act | East will also collaborate with the Directorate of Human Resource and Development (DHRD) to explore certification of the NTD course to provide successful learners with continuing professional development credits.
 - Once the modules have been created, Act | East will support a three-day in-person piloting workshop of the comprehensive NTD module NTD implementers from approximately 30 selected councils (excluding the 15 councils supported in FY23) and a team of facilitators and assessors from PO-RALG, DHRD, and Centre of Distance learning (e-learning).
 - Finally, in collaboration with the MOH, Act | East will support a three-day workshop of accreditation and approval of the reviewed modules by the respective professional council. The following steps will be accomplished beyond FY24; conversion into e-learning format, submission to the MOH Permanent Secretary, uploading the modules into e-learning platform, and final reviews of the modules to address challenges raised after use.

What are the gaps and entry points for facilitating availability of adequate NTD data in DHIS2 for CCHP planning and decision-making at the council level?

Needs Assessment: Act | East will conduct a mixed methods needs assessment to identify entry points and needs for improving data availability and use in National Health Information Systems. A two-day meeting will be held to conduct KIIs and FGDs with the team from NTDCP, PO-RALG, and Regional and Council Health teams. Data collection will leverage existing platforms including other HSS activities planned for FY24 where intended participants will be part of. Review of previous activity reports will also feed into what will be collected as primary data.

Through the needs assessment, key entry points will be identified to obtain adequate NTD data in DHIS2 to inform planning and budgeting as well as CCHP assessment in the PlanRep system. This will increase NTD visibility in both systems and provide evidence to influence increased domestic financing of NTD programming.

- **Development of a Sustainable Financing Strategy:** In FY23, as part of the situation analysis ahead of NTD financing strategy development, Act | East supported a wide NTD financial analysis that included all NTD endemic councils in Tanzania. This analysis was done over a 14-day meeting in Arusha. The aim was to assess NTD funding at the district level and then develop a strategy to attain the 60% domestic funding goal in Tanzania's NTD Sustainability Plan. In FY24 Q1, results from the financial analysis and other qualitative findings collected by the MOH Taskforce and R4D consultant will be disseminated in a three-day meeting to inform development of the financing strategy.
- **Finalization of the NTD Financial Strategy:** Act | East, through R4D, will provide technical support to the TZNTDCP to finalize the domestic resource mobilization strategy for NTDs started in FY23 to advance priorities established in the NTD Master Plan 2021–2026. Act | East will support the MOH to organize two workshops (a two-day review and validation meeting to discuss the draft strategy and a two-day high-level workshop to validate and finalize the strategy). Participants will include representatives from MOH, NTDCP, PO-RALG, Ministry of Finance, and selected NTD partners, including NHIF and the WHO.

As part of reforming the health financing sector via a comprehensive social health protection system, Tanzania envisages an expansion and consolidation of existing fragmented social health insurance schemes into a mandatory Single National Health Insurance (SNHI). The objective of this unification is to ensure risk pooling across individuals with varying financial and illness risks and also reduce inequities in access to health care benefits that exist across different insurance schemes in the current health financing/insurance system. The SNHI will define a standard minimum benefit package (MBP) that will be accessed by all Tanzanian residents. The unified pool will put together public and private fund sources from cooperate social responsibility hence ensuring availability of enough resources to ensure effective funding of needed health care services, for the whole population, including the poor. It is envisaged that the harmonization of health sector funding resources will help to improve efficiency in allocation and use of funds. The introduction of this insurance will not start from scratch but rather build on the current structures and realign with existing health financing interventions.

Act | East will support the TZNTDCP to work closely with SNHI to identify key entry points related to the proposed Single National Health Insurance Fund as well as develop core messaging pertaining to sustainable domestic financing for all NTDs as part of government responsibility. As an initial step, Act | East will support the TZNTDCP to ensure that the sustainable financing strategy for all NTDs is aligned with the government's health financing strategy and universal health care goals. All TZNTDCP financial traction efforts should ensure that they align with SNHI consolidated focus on covering all NTDs as part of the benefits package.

- **Meetings to Facilitate MOU between USAID and Government of Tanzania:** From the FY23 USAID visit, the parties agreed on holding a series of meetings to map out bilateral agreement requirements, format, and content. This will entail review and identification of sustainability priorities drawing from the sustainability plan and other related documents. In FY24, Act | East will support coordination of subsequent meetings to follow up on agreed priorities between USAID and Government of Tanzania leading to the development

of a bilateral agreement document, possibly in the form of a memorandum of understanding.

- **Sharing of 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 had planned to disseminate the sustainability plan's key priority areas to regions and districts through the RMO/DMO annual meeting, but the meeting was cancelled. In FY24, Act | East will support TZNTDCP and MOH to disseminate the sustainability plan's key priority areas within the health strategic framework, sharing the current NTDCP directions based on the ongoing government sustainability efforts.
- **Support NTDCP to Follow-up on Collaboration Commitments in TWG 6:** In FY24, Act | East will maintain support to TZNTDCP to participate in the TWG 6 meetings to track progress on the established collaborations.
- **Attend WATSAN Technical Committee "Sanitation and Hygiene Thematic Working Group:** In FY23, Act | East work related to the learning question on NTD cross-sector engagement showed that NTDCP engagement with the NTD WASH forum is coordinated by Helen Keller International. This forum brings together experts from different sectors, including PO-RALG, water (Rural Water Supply and Sanitation [RUWASA], Ministry of Education (School WASH-SWASH), MOH (Units: Environmental Health Services-WASH, Health Promotion, Nutrition, and NTDCP). Other partners include Sightsavers, Water for People, Kilimanjaro Centre for Community Ophthalmology, and IMA World Health.

TZNTDCP is expected to stay engaged with the Sanitation and Hygiene TWG, a government-coordinated WASH forum that is housed in the Ministry of Water. Participants in the TWG include the Ministry of Education, PO-RALG, and the MOH Directorate of Preventive Services. TZNTDCP's participation in this WASH forum allows the program to leverage WASH resources as needed for NTD control and elimination.

GESI

- **iDARE Scale Up Guidance Package Validation Workshop:** In FY23 Q4, Act | East will finalize a package in Swahili and English that guides councils on how to scale-up tested GESI interventions in low MDA uptake villages. The package will include all previously developed iDARE tools (Root Cause Analysis tool, iDARE guide, GESI coaching tool, health education guide, post-MDA learning tool), and an iDARE implementation guide that details how councils can implement community-driven social mobilization and behavior change interventions to improve MDA outcomes. In FY24 Q1, Act | East will support a workshop with TZNTDCP, PO-RALG, regional officials, and GESI council officials to review the package. After incorporating the inputs and feedback from the meeting participants, WI-HER will finalize the package and support the council GESI teams in using the package during their management of the iDARE interventions in FY24.
- **Community Score Card Activity:** Act | East will invite six national-level Health Promotion Unit officers from the Tanzania MOH to discuss the NTD questions in the national CSC in late FY23 Q4, so that Act | East can assist in integrating GESI learning and questions into the CSC. In FY24, Act | East will provide GESI-supported councils with guidance to understand and use the national CSC in their facilities to enable effective community and facility linkages and feedback to improve NTD program management.

5. IR3 PLANNED ACTIVITIES: SCH, STH

SCH: Proposed FY24 Activities

- **School-based MDA:** Act | East will support school-based MDA with PZQ in 33 district councils. The school-based MDA will be based on the subdistrict MDA approach at ward level using the baseline survey data. Six districts of Arusha Region will conduct MDA in all wards and the remaining 27 districts will conduct MDA in some wards. Act | East will support a total of 296 wards for MDA. Among the 296 wards, 153 are of high endemicity and 143 are of moderate endemicity. The school-based SCH MDA will be integrated with STH MDA focusing on all SAC in the respective wards.

The following SCH M&E activities are planned in FY24:

- **SCH and STH Impact Assessments in Five Districts:** The TZNTDCP plans to shift to community-based MDA for SAC and adults in high endemic wards. This move will only be possible by having the most recent SCH prevalence data at the ward level from impact assessment surveys. TZNTDCP have identified five Act | East-supported districts that have conducted five rounds of SCH MDA and where impact assessments are warranted. Act | East will support SCH impact assessments at the ward level in these five districts to collect up-to-date prevalence data for decision-making on MDA implementation. The survey will be integrated with an assessment of STH.

STH: Proposed FY24 Activities

Act | East, in collaboration with the MOH and partners, will conduct the following activities in FY24:

- **School-based MDA:** Act | East will support the implementation of school-based MDA with ALB in 36 DCs that are endemic for STH. In 296 wards of 33 DCs, STH MDA will be integrated with SCH MDA. In the remaining 3 DCs, schools will be treated with ALB only.
- **Community-based OV/STH MDA:** ALB MDA will be integrated with OV MDA in the 5 districts of Mlimba DC, Malinyi DC, Mbinga DC, Songea DC and Songea MC. ALB MDA will be integrated with OV MDA in February 2023 for 2 districts of Mlimba DC and Malinyi DC and OV MDA in August 2023 for 3 districts of Mbinga DC, Songea DC and Songea MC. Albendazole will be distributed to school-aged children while conducting community MDA with ivermectin for OV in house-to-house MDA.

The following STH M&E activities are planned in FY24:

- **SCH and STH Impact Assessments in Five Districts:** STH will be integrated with SCH impact assessments in 5 districts in FY24. Please see activity description above in the SCH section for more details.