Uganda Work Plan

FY 2024
Program Year 6

October 2023–September 2024

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 Uganda, Act | East Program activities are implemented by RTI, Results for Development, Save the Children, The Carter Center, and WI-HER.

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ACRONYMS LIST

Act | East	Act to End Neglected Tropical Diseases | East
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCT	Behavior Change Team
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CHA	Clean Household Approach
CMD	Community Medicine Distributor
DHIS2	District Health Information System 2
DQA	Data Quality Assessment
DRC	Democratic Republic of Congo
eLMIS	Electronic Logistics Management and Information System
EU	Evaluation Unit
F&E	Facial Cleanliness–Environmental Improvement
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GOU	Government of Uganda
HIS	Health Information System
HMIS	Health Information Management System
HQ	Headquarters
HSS	Health Systems Strengthening
ICCM	Integrated Community Case Management
IEC	Information, Education, and Communication
IR	Intermediate Result
IU	Implementation Unit
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MEAL	Monitoring, Evaluation, Accountability, and Learning
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NDA	National Drug Authority
NHIS	National Health Insurance Scheme
NIS	(USAID) NTD Information System
NMS	National Medical Stores
NTD	Neglected Tropical Disease
NTDCP	Neglected Tropical Diseases Control Program
OV	Onchocerciasis
PC	Preventive Chemotherapy
PELF	Programme for the Elimination of Lymphatic Filariasis
PTS	Post-Treatment Surveillance
R4D	Results for Development

RTI	RTI International
RSS	Republic of South Sudan
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SBCC	Social and Behavior Change Communication
SC	Save the Children
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
SITES	Strategic Information Technical Support
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEMF	Trachoma Elimination Monitoring Form
TEP	Trachoma Elimination Program
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TOT	Training of Trainers
TWG	Technical Working Group
UOEEAC	Uganda Onchocerciasis Elimination Expert Advisory Committee
USAID	United States Agency for International Development
USG	U.S. Government
VB&NTDCD	Vector Borne and Neglected Tropical Diseases Control Division
VHT	Village Health Team
VSC	Village Sanitation Committees
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

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), which is one of two divisions[1] under the Environmental Health Department of the Ministry of Health (MOH). In 2007, the onchocerciasis (OV), lymphatic filariasis (LF), trachoma, schistosomiasis (SCH), and soil-transmitted helminths (STH) programs 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 neglected tropical diseases (NTDs), the NTDCP also coordinates activities for the innovative and intensified disease management NTDs. Additionally, the NTDCP has a health system strengthening (HSS) focal person who coordinates the HSS activities. Currently the person assigned to this role is a senior medical officer who also supports the SCH/STH program.

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 Environmental Health Department provides a coordination and oversight structure for the VB&NTDCD. In collaboration with the Department of Pharmacy, the Act to End NTDs | East (Act | East) Program is taking part in high-level advocacy meetings on mainstreaming the supply chain structure for NTD medicines and supplies into the MOH routine supply chain system. Act | East is also taking part in ongoing discussions with the Department of Health Information and Management Systems on NTD data review and incorporation of key performance indicators into the District Health Information Software 2 (DHIS2).

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.

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[1] Division of Inspection, Sanitation and Hygiene and VB&NTDCP (formerly called VCDs).

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

Lymphatic Filariasis

Proposed FY24 Activities

In FY24, Act | East proposes to conduct the following LF activities:

- **TAS3 in One District (Two EUs) (RTI):** Act | East will provide funding and technical support to PELF to conduct TAS in one district, grouped into two EUs, each with a population of <500,000. (M&E, Supervision of M&E). This is Tororo District (Tororo and West Budama EUs). This will be preceded by a pre-visit to the district to plan the survey with the district teams. The details of the planning during the pre-visit include the following:
    - discussing the survey (timing and target group) with the district political and technical officials
    - obtaining lists of schools and enrollment areas (communities) and locally drawn maps of the EU
    - establishing the school absenteeism rate
    - assessing the availability of district staff who will be part of the team during TAS. The teams usually work with the NTD district focal persons, subcounty supervisors who are often health assistants and Village Health Teams (VHTs)/Local Council 1 chairpersons at the community level.

- **MMDP Patient Estimate (RTI):** The program, with support from Act | East, will carry out MMDP patient estimates in five of the districts (IUs) in Teso sub-regions that were not supported by ASCEND: Bukedea, Katakwi, Kumi, Ngora, and Serere.

    Patient identification will be built within community systems that revolve around integrated community case management (ICCM). Working within the community systems aligns well with sustainability plan priorities such as improving operational capacity, service delivery, information systems (community surveillance), coordination, and cross-cutting focus. ICCM is built on the national VHT strategy, and it involves training, supporting, and supplying VHTs to respond to community cases of common illnesses, specifically pneumonia, diarrheal diseases, malaria, and malnutrition. In addition, VHTs engage in health promotion and hygiene activities such as health education of communities on net use, mobilization, registration, and distribution of long-lasting insecticide-treated nets to communities. VHTs are also a critical pillar in data collection and surveillance with their catchment community households. They usually perform their duties from their homes but occasionally move out to the homes of the patients they have treated for follow-up. The VHTs are supervised by parish VHT coordinators and health assistants. They report on a quarterly basis but go to the health facilities every month for stock refill. The data reported by the VHTs are entered into DHIS2 on a quarterly basis by records personnel.

    The parish VHT coordinators will work closely with the VHTs to identify suspected and confirmed cases of lymphedema and hydrocele within their communities. This will be done during ICCM household visits. The suspected cases will be referred to the health facilities for confirmation and reporting. Data of the confirmed cases will be aggregated and entered in DHIS2 by the district biostatisticians.

Act | East will support a training of health workers, parish VHT coordinators, and VHTs at the central and district levels. The program also will facilitate central and district teams to supervise the identification and registration of cases and preparation of reports.

Trachoma

Proposed FY24 Activities

In FY24, Act | East proposes to conduct the following activities:

- **Bi-annual MDA in Two Districts for All Pre-MDA, MDA and Post-MDA Activities (RTI):** Act | East will provide support for bi-annual MDA as part of the modified MDA strategy in Moroto and Nabilatuk in November to December 2023 and May to June 2024. This activity includes treatment of the Turkana population living in Uganda. The plan is to coordinate the MDA with Kenya's MDA in Turkana County. Kenya conducted TIS in May 2023 in Turkana County, and some districts neighboring Uganda failed, hence the need for the continued coordinated effort. Act | East plans to include all aspects of the Karamoja strategy listed below.

- **MDA Outreach in Napak and Katakwi Districts (RTI):** During dry season, populations of people who are mobile and migratory in Nabilatuk and Moroto Districts move to the neighboring districts of Katakwi (one outreach attempt in one round of MDA) and Napak (two outreach attempts in both rounds of MDA) in search of pasture and water for their animals. Act | East will support the program to follow up these pastoralists and treat them for trachoma during the dry season in December. This will include a training of subcounty supervisors, health workers, parish supervisors, teachers, VHTs, CMDs and LCs for Napak and Katakwi.

- **Training of Trainers (TOT) (RTI):** Act | East will provide support to train 10 trainers in each of the 2 districts of Nabilatuk and Moroto for 2 days on MDA implementation and related resources. The NTD integrated training materials are currently undergoing review and will be ready in November for the TOT. The trainers will train subcounty supervisors and health workers. The trainers will then support and supervise the cascaded training of the lower levels.

- **National and District Micro-planning Training for Two Districts (Two EUs) (RTI)**: Act | East will provide support to train national NTD program managers and officers and district health teams in micro-planning for MDA, based on the WHO Micro-planning manual training held in Arusha, Tanzania. This training will consist of 2 days in class and 1 day for the practicum. The emphasis will be on the need for a bottom-up approach during micro-planning and the need to take into consideration the local context while planning.

- **District Micro-planning Meetings (RTI):** Act | East will provide support for two meetings per district in Nabilatuk and Moroto (30 participants per meeting). Micro-planning 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 upon and supervision mechanisms defined. The draft WHO micro-planning manual will be used to make estimates of the IUs and their populations. This will help to better plan for the medicines and MDA materials needed for implementation. Karamoja Strategy

- **Sensitization of Kraal Communities, Registration, and Treatment (RTI):**

- *Targeted Micro-planning with Pastoralist Communities in Karamoja.* The Act | East supervisory team, including representatives from WI-HER, will support targeted micro-planning meetings in Moroto, and in Nabilatuk prior to the MDA, emphasizing a community-led and participatory approach to MDA planning. These meetings will take place within identified kraals and will be integrated with sensitization of kraal leaders. Influential community leaders, including VHTs in the pastoralist and other identified mobile communities, will participate in the planning and implementation process. 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 micro-planning manual, meeting participants will develop micro-plans that include population estimates in each kraal, the number of VHTs required, a clear map indicating movement patterns of pastoralists, and an indication of social-cultural activities such as the annual Karamoja cultural gala that attracts the entire Ateker community and also other activities like marriage rites including dowry negotiations 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*. Mobile populations and new settlements can easily be missed during MDA without proper resources allocated to locating and treating them. In FY24, 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–FY23. The MOH typically requests a buffer stock of Zithromax 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.* Kraal and cultural leaders in the four Karamoja Districts have been identified as influential leaders during community dialogues. Equipping them with knowledge of trachoma will help them advocate for MDA uptake and coverage. 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.

- *Integration of Trachoma MDA with the One Health Approach* (RTI). Act | East will support districts to involve the veterinary department together with other key departments in the district during MDA implementation. During micro-planning, key veterinary-related activities will be identified, and their schedules discussed and incorporated within the MDA schedule. Additionally, the location of kraals and water points will be identified and mapped for planning to ensure that all kraals are reached with MDA. The voluntary veterinary assistants will be trained and assigned to work with VHTs and health workers to provide both veterinary services and MDA.

Learning Question 1: "What stakeholders, from One Health, are reaching Turkana and Pokot, as well as farmers throughout the region? How are they reaching them especially?"

> Activity 1.1. Mapping of One Health Network in Karamoja: Leverage participatory mapping to understand the stakeholder network in Karamoja, especially those accessing the Turkana and Pokot peoples regularly.

Learning Question 2: "How can coordinating or integrating services from One Health partners improve access to farmers and pastoralists, especially the Turkana and Pokot peoples?

> Activity 2.1. Evaluation of activities with One Health partners: Include quantitative and qualitative data collection during MDA to understand the reach of MDA coordinated with other services, especially to Turkana and Pokot peoples.

How will the evidence support the country to overcome specific, contextual, and implementation change?

Based on information from MDA registration, to be correlated with information from an adaptive CES in FY23, the program has missed Turkana and Pokot populations with the previous rounds of MDA. Information from previous MDAs shows that the program also has missed farmers, who are not ethnic pastoralists, but nonetheless move based on time of day and year. By mapping stakeholders, using questions regarding who is reaching these specific groups effectively, the program will be able to design an MDA strengthening activity that attempts coordination or collaboration with these stakeholders. Additionally, Act | East partner WI-HER will co-develop research tools and interventions that align with GESI program learning and social inclusion assessments.

The program will then conduct an evaluation to quantitatively show MDA results and assess whether there was improved access to MDA among these groups, and to the coordinated services being offered.

The idea that migratory groups have been missed in MDA continues to be the main hypothesis of what is driving persistent and recrudescent trachoma, within the scope of MDA. Tailoring and evaluating interventions to address specific ethnicities and other sub-populations that have been missed, based on adaptive CES and previous after-action reviews, might help increase uptake of MDA.

- **MDA Supervision (RTI)**: As a part of the program's enhanced supervision strategy, Act | East has developed supportive supervision checklists, an FAA monitoring tool, and a survey coverage tool (SCT), to enhance supervision, learning, and reporting. The program uses these tools during MDA to review subdistrict coverage data in the field and then determine how to act, as necessary. This includes organizing mop-up in areas that register low coverage. The SCT is administered electronically, which has helped with timely decision making. Because pastoralists' settlements are remote, 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. 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.

  - **FAA monitoring guide:** This will be used to assess whether activities are being implemented according to the implementation guidelines and whether the FAA deliverables are being prepared and readied for reporting.

- – **SCT:** This will be used to validate coverage in communities that previously registered low coverage and to provide remedial action in case the coverage is low.
- ● **Progress Meetings During MDA (RTI):** Act | East will provide support for MOH MDA supportive supervision teams (including district and subcounty supervisors) to hold progress meetings during MDA to review progress in the teams' supervisory areas. These meetings will be an opportunity for first-level supervisors to report on challenges and document how they address them. The meetings will be used to determine the performance of the VHTs and the quality of data collected by VHTs, and will have an additional focus on GESI issues. Lastly, staff will assess the participation of local leaders in MDA activities and occurrence and in management of serious adverse events (SAEs). Challenges and successes of implementing the above MDA strengthening approaches will be captured through after-action reviews within 1 month of completing MDA.

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 at the same time in Uganda and Kenya
Targeted micro-planning	**Karamoja:** pastoralist communities	Community leaders identify best timing and location to reach targeted mobile population groups
Registration, treatment of kraals, new settlements	**Karamoja:** pastoralist communities	Higher coverage through treatment of nomadic communities in Napak and Katakwi
Sensitization of kraals, community, and cultural leaders as social mobilizers	**Karamoja:** pastoralist communities: *kraal* and cultural leaders	Kraal and community leaders promote MDA attendance and compliance
Community dialogues in Karamoja Save the Children (SC)	**Moroto and Nabilatuk:** key community influencers, local sanitation committees, natural leaders, household heads, and women	Increase MDA participation among pastoralist populations
GESI Social and Behavior Change Activity (WI-HER, SC, and RTI)	**Karamoja:** never-treated individuals, behavior change teams	Increase MDA participation, particularly among never-treated or hard-to-treat individuals
Integrate GESI into interventions to promote facial cleanliness and environmental improvements (SC and WI-HER)	**Karamoja:** community influencers	Integration of GESI interventions into ongoing F activities to promote facial cleanliness and environmental improvements
Surgery-Antibiotics-Facial Cleanliness-Environmental Improvements (SAFE) and social and behavior change communication message development for nomadic populations (SC)	**Karamoja:** nomadic pastoralist populations	Increase MDA participation and improve hygiene practices among nomadic pastoralists
Pre-test, print, and redistribute information, education, and communication materials	**Karamoja:** nomadic pastoralist populations and primary school-aged children	Increase MDA participation and improve hygiene practices among

Activity	Target populations	Expected outcome
		nomadic pastoralists and school-aged children
School-based behavior change communication (SC)	**Karamoja:** primary school-aged children	Schools trained to educate primary students about trachoma infection and activities to promote facial cleanliness and environmental improvements
District coordination meetings (SC)	**Karamoja:** district health management team and other stakeholders	Advocate for district support in MDA implementation
Community household approach	**Karamoja:** communities	Promote facial cleanliness and environmental improvements
Enhanced MDA supervision	**Moroto and Nabilatuk:** supervisors	Improve the timeliness and quality in MDA reporting including drug management and inventory reporting and organize mop-up where needed
MDA progress meetings	**Moroto and Nabilatuk:** first-level supervisors	Address, in a timely manner, issues and challenges reported by first-level supervisors to improve MDA coverage, medicine usage and reporting

- **Conduct Monthly Community Dialogues (SC):** As part of the trachoma elimination work in Karamoja, SC carries out SBCC activities in the region. Recrudescence of trachoma is associated with poor F&E behaviors in communities. For this reason, Act | East (through SC) will continue to provide technical assistance and financial support to district local government, health, and community development staff in Moroto and Nabilatuk, where MDA is ongoing, and in Amudat and Nakapiripirit, where TIS+ is planned. In Moroto and Nabilatuk, Act | East will coordinate with district NTD focal persons to expand to an additional 20 villages (10 per district). With this expansion, Act | East will cover a total of 140 villages in FY24 (vs. 120 in FY23) and conduct 280 community dialogue sessions and follow-ups for promotion of F&E and MDA messaging.

  – SC will collaborate with partners by participating in routine quarterly meetings (four per year). It will collaborate closely with Act | East partner WI-HER in Karamoja and hold monthly coordination meetings to address any GESI-related gaps affecting service delivery. In overlapping villages, SC and WI-HER will share village-level GESI-related barriers and insights to adopting optimal F&E practices and will link WI-HER's village BCT members with SC to inform and participate in SC's community dialogues. SC will also continue to coordinate regularly with RTI and district counterparts during planning and review meetings. These meetings will be used to advocate for increased access to safe water, to promote uptake of F&E behaviors and share progress results.

  – SC will support staff, district government officers, and partners to participate in four relevant global NTD and WASH events (including Sanitation Week, World Water Day, World Toilet and Hand Washing Day, etc.).

- **Broadcast 30 SAFE SBCC Radio Spot Messages on Three Local Stations (SC):** SC will continue to provide support to three radio stations to develop and air 210 radio spot messages for promotion

of positive F&E behaviors and increased MDA uptake, reaching a listenership of at least 251,704 people.

- **Broadcast Three Radio Talk Shows on Three Local Stations (SC):** SC will continue to provide support for the district local government health staff, political and religious leaders, and elders to participate in 21 radio talk shows to discuss myth busting and promote positive F&E behaviors and improved MDA participation. The talk shows will also include an opportunity for community members to call in to ask questions.

- **Community Promotion of SC's Clean Household Approach (CHA) (SC).** SC will continue to provide support to district local government health and community development staff to mobilize village sanitation committees (VSCs) in 80 communities twice a year. The VSCs will engage community members in F&E sensitization and a review of the necessary follow-up actions to promote SC's CHA for F&E in their respective communities. CHA includes sensitizing the community and households on personal and environmental sanitation and hygiene, including regular hand washing, boiling drinking water, protection of prepared food, managing water storage facilities, ending open defecation, and separation of animals from the household (keeping animals at a safe distance from children's play or family sleeping area, and removing feces from the household area).

- **Pre-Test, Print, and Redistribute Information, Education, and Communication (IEC) Materials (SC):** SC will coordinate with RTI to print, laminate, and redistribute revised trachoma-focused IEC materials. SC will also prepare booklets presenting the IEC materials for distribution to four districts in Karamoja with a total of 280 VHTs and 80 teachers, to facilitate their engagement in the communities and schools.

- **Conduct Routine Monitoring, Evaluation, Accountability, and Learning (MEAL) Monitoring (SC):** SC will continue routine MEAL activities through contributions to global events by preparing messages including success stories, lessons learned, results, and/or photos to celebrate events such as World NTD Day. Participation in global NTD days and national WASH events will enable SC to promote trachoma prevention and control through the F&E strategy and advocate for increased support for NTDs in Karamoja.

  - Four quarterly **community response and feedback mechanisms to improve accountability**, as well as ensuring the quality of project activities by tracking progress of project deliverables.

  - Hold **four joint monitoring visits and feedback/reflection meetings** with national and district stakeholders and use the visit to identify success stories to document shared lessons learned.

  - Conduct **four quarterly data entry updates** for NTD beneficiary's data and WASH facilities data in villages in for intervention districts.

  - Hold **four quarterly staff reflection meetings** to assess activity and budget performance, share lessons and best practices.

- **Train teachers on F&E Strategy, support school health visits and school to community outreaches to promote uptake of F&E and MDA (SC).**

  - SC will leverage existing education activities to target behavior change among children in schools in the four districts. SC will use updated NTD training materials, including a teachers' manual with integrated GESI and SAFE components, to train 40 teachers

(already trained by RTI to administer medicines during MDA) to disseminate key SBCC on F&E to children in 20 schools.

- SC will provide technical and financial support to health assistants and school inspectors to conduct 80 supervision and monitoring visits in schools to see how trained teachers are conducting behavior change activities, including trachoma education and hygiene competitions in 40 schools.

- SC will provide technical and financial support to health assistants and school health patrons to mobilize school children (usually members of the school health club) to conduct 80 community outreach events in targeted villages to promote hygiene improvement and MDA uptake through songs, drama etc.

Other Activities

Act | East has planned the FY24 activities below to accelerate progress toward trachoma elimination.

- **Annual Trachoma Review Meeting (RTI):** The Trachoma Elimination Program (TEP) will hold an annual meeting to review progress toward trachoma elimination and discuss reports and plans for all the components in the Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements, known as SAFE strategy.

GESI Activities

Building on the FY21–23 behavior change activities, in FY24, Act | East (WI-HER) will:

- **Continue GESI Behavior Change in Two Districts—Moroto and Nabilatuk (WI-HER) (GESI):** Act | East will continue to support GESI behavior change activities in Moroto and Nabilatuk, among nomadic pastoralists, youth, children, and parents. To expand this approach in FY24:

  - Moroto and Nabilatuk will continue to implement successful behavior change solutions, monitor behavior change teams (BCTs) using a coaching tool, and facilitate the sharing of successful approaches with district technical teams through technical and political district leadership debrief meetings. In FY24, Act | East will support the district GESI teams to expand to an additional eight villages (four per district) with low FY23 MDA coverage through register review, root cause analysis, and BCT training.

  - WI-HER staff and STTA will facilitate coaching visits at the village level in concert with district officials in the two districts, to strengthen the capacity of district stakeholders to apply GESI-sensitive and locally driven solutions more independently to identified barriers to NTD program success. In the three districts with pending TIS results, Amudat, Buliisa, and Nakapiripirit, WI-HER will hold one check-in meeting per district with the previously established district GESI teams to maintain their progress with community influencer engagement on GESI issues in FY24.

- **Organize Coaching/Check-In Meetings with BCTs Including Supporting District Dissemination of the Orientation Video, and GESI/ F&E Integration. (WI-HER) (GESI)**

- **Organize Debrief Meetings with Political and Technical teams (WI-HER) (GESI):** In FY23 Q4, Act | East developed a video featuring testimonials from national, local, and community stakeholders that support and implement Act | East's GESI behavior change activities, as a tool for district officials from Moroto and Nabilatuk to facilitate the expansion of the GESI behavior change activities to new villages and influencers in the future. In FY24, Act | East will support the district GESI teams in using the video to expand GESI behavior change activities to new villages through

BCT training with local and subdistrict leadership, health workers, community leaders, and influencers. The video will be shared via smartphones, laptops, and TV screens in health facilities, districts, and subcounty headquarters.

- **Continue to integrate GESI into facial cleanliness–environmental improvements (F&E) intervention (WI-HER, SC) (LOE only):** In FY24, WI-HER and SC will continue to collaborate in Karamoja and hold monthly coordination meetings. In overlapping villages, WI-HER will continue to share village-level GESI-related barriers and insights to adopting optimal F&E practices and will link village BCT members with SC to inform and participate in SC's community dialogues. In villages where community leaders are not yet supporting GESI behavior change, SC will help identify and engage community influencers in its activities, and in villages where it is not working, WI-HER will support BCTs to define water, sanitation, and hygiene (WASH) goals and adapt their solutions or devise new ones to address WASH barriers, such as social norms to promote positive F&E practices.

- **Continue to Inform Tailored SAFE Social and Behavior Change Communication (SBCC) Message Development for Nomadic Populations (WI-HER, SC) (LOE only):** In FY24, SC in coordination with WI-HER, will continue to develop and adapt key SBCC messages for nomadic populations based on community feedback and WI-HER input. These messages will be disseminated through local radio stations, with daily airings of radio spot messages and the hosting of talk shows. During MDA, the focus will be on community compliance, while outside MDA, the messages will promote key F&E behaviors. To ensure broader reach, audio recordings will be added and aired during community gatherings and drives. The program will leverage lessons learned from FY23 to further enhance the impact of SBCC messages among nomadic communities.

- **Rollout of GESI Integrated MDA Curriculum (WI-HER, GESI):** In FY24, Act | East will support the rollout and training of the GESI-integrated national MDA training curriculum. This includes the MOH trainer's manual on integrated control of NTDs, field guide for supervisors and teachers, and guide for VHTs. Act | East will support trainings of trainers and supervise and support quality implementation.

- **GESI-Responsive District Budgeting (R4D, WI-HER) (LOE Only):** With the coordination of both Act | East and MOH HSS focal points, WI-HER will collaborate with R4D to support training for districts to prepare and cost GESI-responsive district-specific transition plans to reach Uganda Equal Opportunities Commission requirements. This includes incorporating GESI content in the training and capacity strengthening of five districts in GESI-responsive NTD program planning and budgeting.

M&E Activities

- **Data quality Assessment (DQA) in Nabilatuk District (RTI) (M&E, M&E Supervision):** Act | East will provide financial support to conduct a DQA in Nabilatuk, a district with substantial numbers of mobile and migratory populations and where MDA coverage has been low despite ongoing MDA strengthening efforts. Act | East will support NTDCP to conduct the DQA in three sub counties that will be purposively selected from the district NTD database. Criteria for the selection will include urban/rural status, mobile and migratory populations, hard-to-reach villages, and low/high MDA coverage. Surveyors will interview VHTs, parish supervisors, and subcounty supervisors to assess their ability to complete the registers and summarize the data accurately. To support stakeholder learning, NTDCP and Act | East will share the DQA outcome during feedback and action planning meetings to jointly interpret findings and determine adaptations to strengthen data quality during

the next MDA. Costs for per diem, transport and airtime for district level participants, and materials and supplies for seven days are budgeted under M&E. Costs for per diem fuel and communication for RTI and MOH officials are budgeted under M&E supervision.

Onchocerciasis

Proposed FY24 Activities:

In FY24, Act | East proposes to conduct the following activities:

- **National Stakeholder Meeting: UOEEAC (TCC) (RTI):** The UOEEAC ensures that elimination decisions are substantiated by scientific and technical guidance. Through Act | East funding, TCC will assist the MOH with the annual meeting, reduced from 3 to 2 days with 75 participants.

- **Training of Supervisors, Health Workers, and Community Drug Distributors (CDDs) (TCC):** The OV program would not be successful without the leadership of CDDs, community supervisors, health workers, and parish supervisors. 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 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.

- **Health Education and CDD Selection (TCC):** Health education and community mobilization are methods used to inform and prepare the communities for MDA to create awareness among the affected communities, translating into higher IVM uptake and distribution. In FY24, to optimize the participation of community members in areas affected by low turnout, use of Bolicup saving groups meetings (where people in the communities save money collectively and meet weekly for discussion), mobile road drives, and sensitization of community members at community social centers will be started.

- **MDA Supervision (TCC):** TCC support for supervising pre-MDA activities in five problematic districts in the MMN focus. This includes large coverage areas with low numbers of CDDs and areas where people migrate to farms during MDA. MDA supervision and validation also will be supported in all districts to ascertain data quality and apply corrections. The supervision will be done at all levels by different stakeholders, including the MOH and district health services from the national and district teams, subcounty, parish, and community levels.

- **MDA Coverage (TCC):** Act | East will provide reporting forms for community supervisors to sum the treatment data from the community registers. Data summary forms will report unused drugs. This activity will introduce the use of this tool. MDA data collection tools are used at community, parish, and subcounty levels.

- **Stop MDA Entomology (TCC):** In nine districts of MMN focus (Adjumani, Amuru, Gulu, Kitgum, Lamwo, Moyo, Nwoya, Omoro, and Pader), the NTDCP will conduct entomological collections in selected sites. With Act | East funding, NTDCP and TCC will train and deploy local people as vector collectors. Entomological assistants will closely supervise the vector collectors within the vector collection areas. The district vector control officers will supervise all vector collection activities within the district and identify the collected flies before sending them to the molecular lab for analysis.

- **Post Treatment Surveillance (PTS) (TCC):** PTS is a critical component to ensuring sustained program success in interruption of OV transmission. As a part of PTS implementation, and with Act | East funding and technical support, NTDCP and TCC staff will conduct advocacy and sensitization meetings at district, subcounty, and community levels to educate communities about the PTS phase.

- **Support Supervision of Pre-MDA, MDA and Post-MDA Activities in Palabek, Palorinya, and Pagirinya Refugee Settlements (RTI):** Communities in these refugee camps come from OV-endemic areas of the Republic of South Sudan (RSS) (Jongolei, Western Equatorial, and Kajokeji) where there is active transmission and no ongoing MDA. TCC supports delivery of IVM and other supplies to host districts, while the United Nations High Commissioner for Refugees and partners such as Medical Teams International and American Refugee Council take on the trainings and distribution of medicines in refugee camps.

- **Attend Annual National OV Elimination Meetings in RSS and Democratic Republic of Congo (DRC) (RTI):** Neighboring OV-endemic countries, RSS and the DRC, hold annual OV elimination committee meetings to help MOHs verify whether elimination has been achieved, as per WHO guidelines. Given Uganda's shared borders and OV foci with both countries, and Uganda's support for refugees from both RSS and DRC, some of whom receive OV MDA, it is important that Uganda's MOH and partners attend OV expert committee meetings in these countries.

- **Support for Dossier Development (RTI):** Of the 17 OV-endemic foci in Uganda, only 2 are currently carrying out MDA and related vector control and elimination activities. These are Madi-mid North and Lhubiriha. The rest are either in PTS or post-elimination surveillance. There is a need for the country to begin preparing focus-specific dossiers that will be based on verifying elimination. Act | East will support meeting costs to prepare dossiers for three foci, Victoria Nile, Mpamba-Nkusi, and Itwara, that have achieved elimination status. OV was eliminated by 1974 in the Victoria Nile focus, in 2001 in Itwara focus, and a few years later in Mpamba-Nkusi focus. For the preparation of dossiers, epidemiology and entomology data of *O. volvulus* infection (mapping, coverage, M&E, surveillance) are critical as are clinical data. WHO advises countries not to wait until elimination has been achieved to begin preparing dossiers. It has been years since transmission was interrupted in these foci. Support for vector elimination and MDA was provided through the Government of Uganda (GOU) and African Programme for Onchocerciasis Control.

3. **IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES**

Improving Core NTD Program Functions

Data Security and Management

Data Security and Management: Proposed FY24 Activities

In FY24, Act | East plans to conduct the following data security and management activities:

- **Review and Update of Routine NTD MDA and Surveillance Data Tools and DHIS2 (RTI, Data Security and Management):** In FY22, MOH and RTI Act | East reviewed trachoma indicators and tools based on the then-new treatment dosages for Zithromax® (ZTH) for different age groups. RTI supported the update and printing of the new data collection and reporting tools, including NTD integrated registers. However, NTDs do not have any key performance indicators in the MOH league table, which is the annual assessment tool for district performance. Therefore, there is a need to assess the reporting requirements for all NTDs, identify indicator gaps, and propose changes and updates. There is also a need to include a key performance indicator for NTDs. In

FY24, Act | East (RTI) will work closely with the U.S. Government-funded Strategic Information Technical Support (SITES) project to support the incorporation of selected indicators (from entire pool of all NTD indicators) within the health management information system (HMIS). Its purpose is to facilitate, promote, and enhance evidence-based programming and reporting in Uganda's health system, particularly its response against the HIV/AIDS pandemic. The SITES project supports the Health Information Management Division to review and monitor all indicator performance across districts monthly.

The process of indicator selection will be led by NTDCP in partnership with all NTD implementing partners. This process will include review of all NTD MDA and surveillance data tools to enhance data use and meet national, donor, and partner reporting requirements. In addition, the program will ensure documentation of the indicator gaps for incorporation in the HMIS. The process will include development of indicator definitions, indicator reference sheets and standard operating procedures, and incorporation in the HMIS.

- **Participation in National Technical Working Group (TWG) Meetings (RTI):** Starting in FY23, RTI Act | East has been represented at the national TWG meetings – Health Information, Innovation, and Research (HIIRE TWG). HIIRE TWG meetings are broad and attended by all disease program managers and departments feeding off health information system including NTDCP. Attendance at these meetings has helped to fast track the guidelines for mainstreaming NTDs into district planning and budgeting. It has also kickstarted discussions on mainstreaming NTD medicines and supplies into the MOH routine supply chain system. In FY24, Act | East plans to participate in the routine technical support TWG meetings to increase NTD visibility and influence within the group. The meetings will be used to (1) share updates on NTD surveillance data; (2) update NTD dossiers; (3) plan for NTD management transitions; (4) share results from NTD DSAs, surveys, and conference presentations; and (5) propose policy and guidelines updates and changes, etc.

- **Support MOH Health Information System (HIS) Team to Roll Out NTD Data Management Training (RTI):** In FY22, Act | East supported the training of district biostatisticians and NTD focal persons from five districts of Amudat, Buliisa, Moroto, Nabilatuk, and Nakapiripirit on the revised NTD tools and data entry of MDA data using proxy indicators in the DHIS2. In FY23, the RTI Act | East in-country MERLA team with support from the headquarters (HQ) team developed an electronic MDA tally sheet that captures data using ODK. The district health team members were trained as trainers in data entry of PC data for trachoma using ODK. However, the tool and training are not comprehensive for all NTDs. The Act I East team will link up with the SITES team to ensure that all future technical assistance at both national and subnational levels include comprehensive coverage of all the 16 NTDs. The expectation is that all the SITES technical assistance through the MOH HIS department will be maintained as part of their routine work.

  In FY24, Act | East plans to support 3-day training of district biostatisticians and NTD focal persons in the planned new and updated NTD indicators, HMIS tools, and customized national indicators in the DHIS2. In FY24, 7 districts (2 trachoma and 5 SCH) will be trained. Under the supervision of the NTDCP program, the NTD technical team will tag along with the MOH HIS training team to cover all NTDs in all their respective districts. Training district biostatisticians and NTD focal persons will be critical at the frontline to ensure sustainability.

- **Support two Trachoma Endemic Districts to Roll Out NTD Data Management Training (RTI):** In FY23, RTI Act | East supported district health teams to train subdistrict PC supervisors in data capture using the electronic trachoma MDA tally sheet. The district biostatisticians coordinate data entry by the subdistrict supervisors. As a result, the timeliness, completeness, and overall quality of data from the Act | East-supported districts have greatly improved, feeding into the

national-level integrated database and providing useful data for micro-planning at the district level as well as for Trachoma Elimination Monitoring Form (TEMF), International Trachoma Initiative, and the JAP. In FY24, Act | East will support the same category of people to capture MDA data electronically in one district.

The planned district training for Trachoma Elimination Monitoring Form (TEMF), International Trachoma Initiative, and the JAP will be used as an entry point to share requisite technical assistance beyond the diseases being supported by the project. The training will include relevant skills that build a systems approach towards all NTDs data management rather than specific diseases.

4. DRUG MANAGEMENT

Mainstreaming NTD Drugs and Diagnostics into the National Drug Quantification System

Drug Management Proposed FY24 Activities

In FY24, Act | East plans to conduct the following drug management activities:

- **High-Quality Submission of the JAP and TEMF (RTI, IR2 Drug Management; TCC, LOE Only):** in line with Priority 5 of Pillar 1 (Uganda NTD Master Plan, 2023–2027), Act | East will continue to provide technical support through its Uganda-based RTI MERLA Specialist and program team in the preparation of the high-quality JAP and TEMF. The support will include review of the database to ensure accurate data. In FY24, Act I East will support a 1-day meeting to review program data and ensure data used for the JAP reflect updated and approved data in the national database. The meeting will be held at the NTD Secretariat; Act | East will cover refreshment costs for 15 people.

- **Roll out implementation guidelines for mainstreaming NTD medicines (RTI):** At the back end FY23, several activities have been undertaken to mainstream NTD medicines with the national supply chain system. The activities include:

  - Conducted high-level follow-on meetings involving the MOH Pharmacy Department, NMS, NDA, Uganda Revenue Authority, NTDCP, WHO, and implementing partners. These meetings reviewed a concept paper drawn by MOH/QPPU to discuss opportunities for mainstreaming NTD drugs and diagnostics into the national drug quantification system.
  - The meetings agreed to align the NMS delivery schedules for health facilities with NTD MDA.
  - The meetings also agreed to mainstream NTD medicines at the community level (had been left out for fear of antibiotic abuse leading to potential drug resistance)

  - In FY24, Act | East will provide support to hold a meeting led by MOH Commodity Security TWG to lay out an implementation roadmap on how to streamline the NTD medicines at both national and subnational levels.

- **Amend National SCM Guidelines to Streamline Systems to Handle NTD Drug Donations (RTI)** Although NTD activities have been implemented for a long time in Uganda, the support has been heavily donor driven and outside the national supply chain system. It is only recently that the MOH Quantification Planning and Procurement Unit has been involved in forecasting and quantification of NTD drugs. Act | East will work closely with the NTDCP, NMS, NDA, WHO, and MOH Pharmacy Division to align all donor supplied NTD commodities within the existing national SCM guidelines. The support will include a consultant to develop the guidelines and a day workshop to review the guidelines prior to approval.

- **Support Inclusion of all NTD Commodities and Diagnostics in National Electronic Logistics Management and Information System (eLMIS) (RTI):** The NTDCP plans to focus on two sustainability plan priorities—improving operational capacity and information systems. The Act I East team will facilitate the meeting between the NTDCP and U.S. Government- (USG-) supported implementing partners SITES and the Uganda Strengthening Supply Chain Systems (SSCS) Activity (both supporting eLMIS development and roll out), and the MOH/HIS team to review existing information within the eLMIS to establish potential inclusion points for NTDs. Once the entry points have been determined by the eLMIS team, critical next steps should include a MOH/NTDCP-led process to phase in NTDs inclusion in the eLMIS and align existing eLMIS tools (with NTD data) that are inter-operable to the recently rolled out USG-supported Enterprise Resource Planning System (NMS, Quantification Planning and Procurement Unit, and all health facilities). Act | East will also facilitate NTDCP to work closely with MOH/HIS eLMIS team to develop and include a national standardized coding for all NTD health commodities. A well-functioning eLMIS is expected to improve accountability and traceability of NTD health commodities within the national system at all levels.

- **Drug transport and reverse logistics (RTI):** Support will be provided for one trip to transport drugs from national warehouse to regions and then to each district for trachoma MDA. The other MDA round is expected to be covered under NMS transportation schedule. 2 trips for delivery of MDA materials and drugs from district stores to health facilities and 2 trips for reverse supply chain for trachoma MDA will also be supported.

- **Diagnostics Procurement:** RTI will procure a total of 173 FTS kits for use in the TAS 2 and 3.

Achieving Sustainability: Mainstreaming and HSS

Governance Activities

Proposed FY24 Activities

In FY24, Act | East plans to conduct the following governance activities:

- **High-Level Advocacy Session (National) (RTI)**: Act | East will work closely with the NTDCP and MOH to advocate to the budget committee of parliament, parliamentary health committee, and parliamentary committee on malaria and NTDs for a specific funding allocation for all NTD control and elimination. The NTDCP will also take advantage of this meeting to advocate for the NTD cabinet memo budget as well as inform the highest level of MOH on the status of NTDs in Uganda.

- **Training of MOH and District Communication Officers on NTD Content Reporting (RTI):** Experience from other disease efforts (President's Emergency Plan for AIDS Relief, malaria and the President's Malaria Initiative, and family planning) shows that deliberate efforts to train newspaper reporters who cover health, district communication officers, and the MOH public relations team improve disease-specific content reporting. The training is intended to improve understanding of NTDs and their social and economic burdens. Improved NTD reporting will provide a platform for enhanced community advocacy for government support toward NTD services within the essential medical services. The Health Promotion and Education Division and VB&NTDCD will organize a 1–day meeting to sensitize and train health newspaper reporters, district communication officers, and the MOH public relations team on NTD content creation and reporting. The training will implement Priority 2 of Pillar 4 of the Uganda NTD Master Plan 2023–2027, which provides for training media personnel on NTDs for accurate reporting.

- **NTD Inclusion in the National Health Insurance Scheme (NHIS) (Results for Development [R4D], RTI)**: R4D and the RTI HSS Advisor will engage with the MOH Planning Department to encourage the inclusion of all NTDs in the NHIS. Specifically, R4D will conduct a rapid scoping and desk review of the national minimum health care package and health insurance benefits package in Uganda to determine the clinical care services for LF, trachoma, OV, SCH, and STH at the level of health systems where services are provided. The focus on 5 supported NTDs (currently covered in the guidelines) will only serve as an entry point to undertake a rapid scoping for all 16 active NTDs in Uganda. Results from the review will inform the program and advocacy efforts for the inclusion of all NTDs in the current NHIS draft bill. With the results of the desk review, R4D and RTI will advocate for the NTD services and benefits packages to be included in the NHIS bill that is back at MOH from parliament for review (schedule 4 covering the service health care benefits package). The NHIS service health care benefits package and any other innovative financing schemes (such as special funds or health taxes) should prioritize all NTDs inclusion with an open exemption from any potential conditionality. Given the considerable number of all NTDs (16) in Uganda, inclusion should focus on both prevention and treatment preferably using a combination of both whenever need arises.

- **Support the Approval of NTD Planning and Budget Mainstreaming Guidelines for Local Governments (RTI, R4D)** In 2020, experts convened by the MOH prioritized key gaps and developed solutions for sustainable NTD programming. One of the identified obstacles was the limited use of data in planning, budgeting, advocacy, and resource tracking, which resulted in insufficient funding for all NTD efforts. To address this challenge, in FY22/23, the NTDCP, in collaboration with Act | East, developed a comprehensive guide for mainstreaming all NTDs in the local government planning and budgeting processes. This guide provides an evidence-based approach for district local governments to prioritize all NTD planning and budgeting based on available epidemiological and financial data. Act | East will support the efforts to ensure the approval and adoption of this guide by local governments during the upcoming planning and budgeting cycle. The implementation of the planning and budget mainstreaming guidelines roadmap will be a comprehensive approach led by NTDCP in partnership with MOH Planning Department, NTD implementing partners, and the USG funded Uganda Health Activity that supports the HSS linkages at both national and subnational levels. RTI and R4D will do this through the following activity:

  - **Roll Out of NTD Planning and Budget Mainstreaming Guidelines for Local Governments:** Act | East plans to support the MOH to provide hands-on assistance to a total of 6 districts (2 districts currently supported by Act | East and an additional 4). The objective is to expand the reach of health financing activities, including the distribution and familiarization of the guide to districts and facilitation of its application in the upcoming government planning and budgeting cycle. One 2-day workshop in each of the 6 districts will be conducted. These workshops will focus on practical implementation of the NTD planning and budgeting mainstreaming guide. The aim is for the supported districts to gain a comprehensive understanding of how to develop evidence-based NTD budgets and effectively advocate for resource allocation during the planning and budgeting cycles. These workshops will bring together representatives from the executive and political wings of each district, including the district health officer, NTD focal person, accountant–health, chief finance officer, planner, chief administrative officer, Local Council V chairperson, secretary for health, and secretary for finance.

- **Continued On-Site Support for Inclusion of NTDs in the Local Government Budget Cycle**: In FY24, Act | East will continue to support the 2 districts that have benefited from the capacity building on planning and budgeting for NTDs in local governments through on-site workshops. This will be expanded to the 4 new districts during the planning and budgeting cycle to influence the stakeholders in allocating funds toward NTDs. The 4 new districts will be selected based on available data covering NTD burden. The workshop will be facilitated by Act I East and the MOH. Act | East will support each district in identifying NTD activities to be prioritized for funding, estimating specific NTD financial need and gaps, and exploring potential sources of NTD funding. At the end of this activity, the 6 districts should be able to prepare and present their disease-specific work plans and budgets and enhance their skills in extracting, generating, and analyzing NTD-specific data for effective advocacy.

- **Provide Technical Support and Coordination for Country Mid-Term Review of NTD Sustainability Plan (2020–2025) and NTD Strategies (RTI):** To address the obstacles identified in Functional Area 4 (Policy and Planning) as provided for in Pillar 2 of the National NTD Master Plan 2023–2027, Act |East will support the NTDCP in the mid-term review of the NTD sustainability plan and identify issues affecting the achievement of its objectives. Under the oversight of the Commissioner of Health Services/Environmental Health (NTDCP supervisory commissioner), the NTDCP team along with other NTD implementing partners will review the sustainability plan focusing on establishing the next steps along a few themes that align with the MOH's priorities. The results of the review will also be useful to the MOH and USAID bilateral agreement discussions. Ongoing efforts to map out progress on sustainability plan indicators and milestones will feed into the mid-term review process.

- **Health Policy Advisory Committee (RTI)**: Act | East will support NTDCP team to effectively participate in the Health Policy Advisory Committee (HPAC). HPAC is the highest MOH policy making and oversight body, consisting of both MOH senior management and development partner representatives. Participation in committee meetings is intended to improve NTD visibility and influence at the highest policy decision making platform at the MOH. The Act I East support will include periodic check-ins with the NTDCP technical staff (prior to HPAC meetings) to provide the necessary technical assistance in producing a succinct presentation that shares both NTD story line and serves as an advocacy platform for accountability and increased funding justification.

- **Initiating Bilateral Engagements (RTI)**: Act | East will engage NTDCP and MOH leadership to hear out their critical NTD technical priorities that the government is ready to adopt and make a formal commitment to. Once established, the government priorities will be shared with both the USAID Uganda Mission and HQ (NTD Division) teams to ensure USG alignment. Thereafter, the program will begin formal engagement at the technical level upward toward the MOH top leadership to initiate bilateral arrangement in a format to be determined. The intent of the arrangement is to consolidate a formal engagement with a focus to improve GOU leadership, ownership, coordination, accountability, and increased NTD visibility as a critical foundation for a sustained program.