

Mozambique Work Plan

FY 2022

Program Year 4

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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 also provides critical support to countries on their journey to self-reliance, helping them create sustainable programming for NTD control within robust and resilient health systems. The Act | East Program is being implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation; Light for the World; Results for Development; Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WI-HER).

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

COVID-19 PANDEMIC IMPACT ON ACT TO END NTDs | EAST (ACT | EAST) ACTIVITIES AND WORK PLANS

The coronavirus disease 2019 (COVID-19) pandemic continues to impact neglected tropical disease (NTD) programs. On April 1, 2020, the World Health Organization (WHO) issued guidance to NTD programs, recommending that almost all in-person activities be postponed until further notice. With the support of USAID, Act | East stopped all activities that matched the criteria outlined.

On July 27, 2020, WHO issued further guidance on assessing whether NTD activities could restart safely. Act | East, in collaboration with Act | West and the U.S. Agency for International Development (USAID), developed activity restart guidance and resource documents to support each country to adapt activities appropriately.

Decisions on all supported activities continue to be made in close coordination with ministries of health and are context-specific, varying by country, region, and activity type, and are subject to changes in COVID-19 dynamics. Act | East continues to provide regular updates to USAID on the plans for specific activities through the submission of monthly updates.

Unless noted, work plans for fiscal year 2022 assume a full year of activities and are written with the best information available at the time of submission. Nevertheless, the situation may change in some countries and will result in adjustments to work plans. Act | East will continue to communicate with USAID to discuss these changes as the situation evolves.

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FY22 Learning Activities are marked with this icon throughout the narrative.

ACRONYMS LIST

APOC	African Programme for Onchocerciasis Control
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BMGF	Bill & Melinda Gates Foundation
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CIND	Country Integrated NTD Database
COP	Chief of Party
CMAM	<i>Central de Medicamentos e Artigos Médicos</i> (Center for Drugs and Medical Supplies)
COVID-19	Coronavirus Disease 2019
DIS	<i>Departamento de Informação para a Saúde</i> (Department of Health Information)
DQA-S	Data Quality Assessment for Supervision
DSA	Disease-Specific Assessment
EU	Evaluation Unit
FCDO	Foreign, Commonwealth and Development Office
HMIS	Health Management Information System
HQ	Headquarters
HSS	health systems strengthening
INS	<i>Instituto Nacional de Saúde</i> (National Institute of Health)
IR	intermediate result
ITI	International Trachoma Initiative
IU	Implementation Unit
JAP	Joint Application Package
LF	lymphatic filariasis
M&E	monitoring and evaluation
MDA	mass drug administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MISAU	<i>Ministério de Saúde</i> (Ministry of Health)
NGO	nongovernmental organization
NSC	National Steering Committee
NTD	Neglected Tropical Diseases
OV	onchocerciasis
PC	preventive chemotherapy
REMO	Rapid Epidemiological Mapping of Onchocerciasis
RTI	RTI International
SCH	schistosomiasis
SCM	supply chain management
SOP	Standard Operating Procedure
STH	soil-transmitted helminths
TAS	Transmission Assessment Survey
TEMF	Trachoma Elimination Monitoring Form
TF	Trachomatous Inflammation–Follicular
TIS	trachoma impact surveys
TSS	trachoma surveillance surveys
TT	trachomatous trichiasis
USAID	U.S. Agency for International Development
WHO	World Health Organization

IV. NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Mozambique is divided into 161 districts¹ across 11 provinces, with an estimated 2022 population of 30.9 million (projected from 2017 census). Currently, 24 districts are endemic for trachoma (above TF elimination threshold ($\geq 5\%$)), 96 are endemic for lymphatic filariasis (LF), 159 for schistosomiasis (SCH), and 153 for soil-transmitted helminths (STHs). Mapping has been completed for all five NTDs that are treatable through preventive chemotherapy (PC), although uncertainty remains about the hypoendemic status of onchocerciasis (OV) in some districts.

Under the coordination of the National Directorate of Public Health, each province is responsible for planning and coordinating NTD activities in each implementation unit (IU). The provincial representatives coordinate activities at the provincial level, act as an intermediary body between the district and national levels, and report to both provincial and national bodies.

At the central level, the *Ministério de Saúde* (Ministry of Health [MISAU]) is organized into two arms: (1) the National Directorate of Public Health, under which the National NTD Program operates; and (2) the National Directorate of Medical Assistance, within which is the Ophthalmology Department. Under both of these arms, the provincial and district directorates of health operate throughout the country. The National NTD Program and the Ophthalmology Department collaborate closely. The National NTD Program maintains responsibility for managing mass drug administration (MDA) campaigns for trachoma, LF, SCH, and STH, and the Ophthalmology Department manages trichiasis surgeries. Disease-Specific Assessments (DSAs) for all NTDs are led by the National NTD Program, except for trachoma impact surveys (TISs), trachoma surveillance surveys (TSSs), and trachomatous trichiasis (TT)-only surveys, which are jointly managed between the two arms. In 2019, MISAU restructured, combining the National NTD Program with the National Non-Communicable Disease Program, under the leadership of the current NTD Coordinator, who became Head of the Department of Disease Prevention and Control and is still very involved with NTD management. The individual in charge of vector-borne diseases is also serving as the NTD Coordinator. Any operational research is typically handled by the *Instituto Nacional de Saúde* (National Institute of Health [INS]), which also sits in MISAU at the national level.

The National NTD Program in Mozambique is fortunate to have committed partners collaborating with each other and MISAU.

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

Trachoma

In FY22, Act | East will continue to support the trachoma program through MDA, surveys, and dossier development. Act | East will also continue to support central MISAU in national-level coordination of activities. Specific activities in support of trachoma elimination in Mozambique are listed below.

¹ At the start of ENVISION support in FY13, Mozambique was composed of 142 districts. Redistricting in the provinces of Maputo, Manica, Nampula, Tete, and Zambézia in 2015 and further redistricting in Gaza province in 2019 resulted in the current demarcation of 161 districts.

-  **Trachoma DSA Outcome Investigations:** Since FY20, Act | East has supported MISAU to investigate five districts with results above threshold: four in FY20 and one in FY21.

For the eight districts that had results above the threshold in the April–June 2021 surveys, the team started with a desk review examining historical survey data, information on water and sanitation coverage at the subdistrict and district level, and MDA supervision reports.

After the activity, Act | East will support the MISAU team to organize a debriefing at each level and share the report with provincial health management teams to ensure findings are incorporated into the planned re-MDA described below.

-  **Trachoma re-MDA in eight districts:** Act | East will support re-MDA in eight districts (Macossa, Tambara, Guro, Erati, Liupo, Ilha de Mogincual, Moma, and Membra) in Q1 of FY22. Based on the DSA investigations conducted in FY20 and FY21, Act | East, in partnership with MISAU, will reinforce the MDA preparation, implementation, and supervision. Please note, specific support may be adjusted based on findings from the outcome investigations mentioned above. Act | East will support all components of MDA through FAAs to the Provincial Health Directorates of Nampula (five districts) and Manica (three districts). These FAAs will include funding for district-level training; social mobilization; drug transportation, management, and reverse supply chain activities; and drug distribution to approximately 1.3 million beneficiaries. They will also include specific deliverables (population adjusted microplans, sub-district level coverage data, pre- and post- test results, etc.)

Planning: The Provincial health office will conduct all planning together with the district health management teams which know the on-the-ground reality of MDA implementation within their administrative areas. This will include compiling population estimates at the community level to ensure appropriate drug supply and accurate coverage figures. A microplanning table at the provincial and district level are required deliverables. The Provincial health office will also place greater emphasis on the quality of MDA training by applying pre- and post-tests for supervisor trainings and utilizing practical simulations.

Social mobilization: Social mobilization will take place over 10 days, including 5 days of activities one week in advance of drug distribution. This will continue during MDA to mobilize communities to address identified barriers to compliance with MDA and increase demand for PC by the target population. Because of the refusal of populations to be vaccinated against coronavirus disease 2019 (COVID-19), it will be important to convey messages that clearly specify this is a campaign against trachoma. The social mobilization strategy will rely on the dissemination of information tailored to the communities' needs, with the objective of having active participation from the entire population. Social mobilization will be conducted by local volunteers or community leaders and will be overseen by district and provincial supervisors. The MISAU central-level team will ensure that mobilization activities are supervised by the communications department of the provinces.

The supervisors will ensure an adequate number of volunteers are recruited and that posters, flyers, and radio messages are disseminated and transmitted. Volunteers and community leaders will use megaphones to disseminate information in the communities, as well as go door-to-door. MISAU all uses community and provincial radio stations to distribute MDA

campaign information throughout Nampula in Portuguese, and via the local dialect of Macua. Radio messaging will follow through each phase of the MDA, as community radio (as well as provincial radio) is a widely used form of communication in Mozambique and is more accessible than other means of communication. District radio messages are aired six times per day the week prior to MDA and continue airing the week of the MDA. They include the dates and location of MDA, emphasize the safety of the medicines, and encourage participation. Provincial radio messages are aired six times a day for seven days prior to MDA.

Delivery: Because of COVID-19, the door-to-door strategy will be used instead of the mixed strategy, which included door-to-door and fixed distribution points. Each team will be composed of two volunteers, who will distribute the drugs and complete the tally sheets, and a mobilizer, who is generally a community leader that will sensitize the households to trachoma.

Supervision: The re-MDA will enhance supportive supervision by using the supervision checklist and DQA-S, which includes a review of completeness and quality of data, as well as volunteers' knowledge of NTDs and the proper dosing technique. The daily reporting form will compare subdistrict-level treatment data to targets during the MDA and then tailor treatment strategies based on results.

After MDA review: After the re-MDA, Act | East will support MISAU to use the post-MDA provincial review meetings to discuss how the MDA went, whether targets were met, what went well in the re-MDA, and what could be improved. An after-action review report will document the primary discussion points and recommendations. Lessons learned will be applied to adjusting next year's re-MDA strategy, should additional MDA be needed.

-  **Coverage Evaluation Survey (CES) in 1 district:** Act | East will contract with a local evaluation firm to conduct a CES in one district following FY22, Q1 re-MDA. Act | East will support MISAU to select the district based on previous survey results and MDA data. The findings will be presented and discussed with all parties supporting MDA and will enable MISAU to develop recommendations and an action plan.



Mozambique will seek to answer the learning question, “Are adaptations identified through the DSA outcomes investigations improving MDA coverage in complex districts?” under the prioritized program learning agenda question, “What are the reasons for DSA outcomes above threshold?”. Mozambique will do this through various activities, which are identified with lightbulbs above, including (1) DSA outcome investigations, (2) re-MDA after-action review meetings, and (3) CES. As discussed earlier, the adaptations identified by the outcome investigation will be shared with MISAU at various levels of the health system, and the review meetings conducted with districts.

- **TIS:** Act | East will support TIS implementation in six districts (six EUs). These districts are scheduled for their only round of re-MDA in FY21, Q4.

An additional eight districts, all of which had survey outcomes above threshold in FY21, will have their single round of re-MDA in FY22, Q1. The subsequent TIS will take place in early FY23.
- **Training for TIS:** Act | East will work together with MISAU to organize trainings, including identifying certified instructors and providing quality training materials. A certified recorder and grader trainer will provide the training based on the Tropical Data protocol,

clinical grading, and electronic data capture. This will be a refresher training for the returning graders and many of the recorders.

- **Trachoma Dossier Review Meetings:** The quarterly dossier review meetings will continue in FY22, including financial and technical support for one in-person workshop outside Maputo with 21 participants to review the completed draft. Participants will include representatives from MISAU, Act | East, WHO, and other trachoma partners and stakeholders. The remaining three meetings will be shorter and held at no-cost, i.e., conducted either virtually or combined with another planned meeting, such as the NTD Steering Committee Meeting.

With the discontinuation of Accelerating Sustainable Control and Elimination of NTDs (ASCEND) funding, the management of morbidity cases (2,981 TT surgeries) is postponed until another donor can be identified. Until such a donor is found, unaddressed TT surgeries will remain an obstacle to the goal of achieving elimination of trachoma as a public health problem.

Lymphatic Filariasis

In FY22, Act | East will support the following LF activity:

- **LF Dossier Introductory Meeting:** To date, MISAU has not yet started to draft the narrative part of the dossier. MISAU has mainly focused on the MDA coverage and assessment data. Act | East is encouraging MISAU to start the process as early as possible. To that end, Act | East will fund and provide technical assistance for a two-day LF Elimination Dossier meeting for 14 participants with the goal of updating the LF data, sensitizing stakeholders to the dossier template, and reviewing data currently compiled in the Integrated NTD Database. Participants will include representatives from MISAU, Act | East, WHO, and other LF stakeholders. The Act | East Chief of Party (COP) will co-facilitate the meeting with the National NTD Coordinator after adapting the standardized Act | East LF elimination dossier introductory meeting agenda and PowerPoint to reflect Mozambique's context.

Onchocerciasis

USAID does not currently support OV activities in Mozambique.

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

a. Improving Core NTD Program Functions

Data Security and Management

In FY22, the Act | East M&E Officer will have regular sessions with MISAU staff and assist them in safeguarding NTD files. The archiving process and file organization will be presented regularly during the biweekly technical staff meeting.

Drug Management

In FY22, Act | East will continue to support routine supply chain management activities for the planned trachoma MDA and review the JAP. Drug management support will include transportation, supervision, and reverse supply chain oversight for trachoma medicines.

b. Achieving Sustainability: Mainstreaming & HSS

Planned activities

Prioritized Functions Activities

- **HMIS provincial-level training:** The HMIS training for the 11 provincial NTD focal points will take place in Maputo over five days. It will be facilitated by central-level staff who were trained in FY21, under the supervision of the DIS. The methodology will consist of reviewing and understanding the platform, carrying out practical simulations and, above all, in making it possible to control and follow data entry at the district level.

Other Activities

Act | East HSS support will continue to focus on providing technical assistance. Activities include:

- Providing technical support to MISAU in the form of staff time for M&E, supply chain, and strategic planning activities.
- Providing financial support for Steering Committee Meetings.
- **Master Plan Development:** Act | East will engage a consultant to develop the second National NTD Master Plan (2021-2025). The Act | East COP and NTD coordinator will orient the consultant on the updated WHO guidelines. This consultant will regularly meet with MISAU and Act | East staff to debrief and review the contents of the document.
- **Master Plan Review Meeting:** Following the completion of the consultant's work to draft the second National NTD Master Plan, MISAU, Act | East and other partner staff (WHO, USAID, Crown Agents, Sightsavers) will gather for a one-day (20 participants) meeting where the consultant will present the document.



Planning for Surveys in Conflict Areas: Conflict in Cabo Delgado Province presents a barrier to the achievement of trachoma elimination in Mozambique. As Mozambique's trachoma program progresses toward surveillance in other provinces, Cabo Delgado still needs surveys (10 TISs and 2 TSSs), and potential re-MDA may also be required. Using a conflict sensitivity toolkit developed by RTI, Act | East will work with MISAU, the USAID Mission and relevant stakeholders to integrate conflict sensitivity into operational planning, implementing, and monitoring, including:

- Define current and potential security-related barriers to program activities.

- Categorize or otherwise define what strategies and specific actions Act | East and MISAU can undertake to mitigate the impact of security-related issues.
- Understand which communities, populations, groups, and areas are most impacted by insecurity.
- Determine and integrate means for the timely detection of security-related issues into program work.

Act | East and MISAU staff will travel to Pemba, the capital of Cabo Delgado, for a three-day meeting with provincial teams and local authorities. Objectives of the meeting include understanding the present operational context and sketching out safe alternative approaches to implement needed DSAs.

4. IR3 PLANNED ACTIVITIES: SCH AND STH

Schistosomiasis

USAID does not support SCH MDA or surveys in Mozambique.

Soil -Transmitted Helminths

USAID does not support STH MDA in Mozambique.