

Tanzania 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 (R4D); Save the Children; Sightsavers; and Women Influencing Health, Education, and Rule of Law (WIHER).

In Tanzania, 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

AAR	After-Action Review
AE	Adverse Event
AFP	Advance Family Planning
ALB	Albendazole
APOC	African Programme for Onchocerciasis Control
ARISE NTDs	Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCC	Behavior Change Communication
CCHP	Comprehensive Council Health Plan
CDC	U.S. Centers for Disease Control and Prevention
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CNTD	Centre for Neglected Tropical Diseases
COR-NTD	Coalition for Operational Research on NTDs
COVID-19	Coronavirus Disease 2019
DBS	Dried Blood Spot
DC	District Council
DFID	U.K. Department for International Development
DHIS2	District Health Information System 2
DMO	District Medical Officer
DQA	Data Quality Assessment
DQA-S	Data Quality Assessment—Supervision (tool)
DSA	Disease-specific Assessment
ELISA	Enzyme-linked Immunosorbent Assay
EU	Evaluation Unit
FAA	Fixed Amount Award
FCDO	U.K. Foreign, Commonwealth and Development Office
FLHW	Frontline Health Worker
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
GIZ	German Agency for Technical Cooperation
GPSA	Government Procurement Services Agency
HMIS	Health Management Information System
HQ	Headquarters
HSS	Health Systems Strengthening
HSSP	Health Sector Strategic Plan
iDARE	Identify, Design, Apply/Assess, Record, Expand (methodology)
IEC	Information, Education, and Communication
IR	Intermediate Result
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint Application Package
JRSM	Joint Request for Selected Medicines
KII	Key Informant Interview
LF	Lymphatic Filariasis

LOE	Level of Effort
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
MOF	Ministry of Finance
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MSD	Medical Stores Department
NIMR	National Institute for Medical Research
NRD	Non responding district
NTD	Neglected Tropical Disease
ODK	Open Data Kit
OR	Operational Research
OV	Onchocerciasis
PO-RALG	President’s Office, Regional Administration and Local Governance
PZQ	Praziquantel
Q	Quarter
R4D	Results for Development
RDT	Rapid Diagnostic Test
RMO	Regional Medical Officer
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative
SMART	Specific, Measurable, Attainable, Relevant, and Time-bound (model)
SMS	Short Messaging Service
SOP	Standard Operating Procedure
SSTEAC	SCH/STH Technical Expert Advisory Committee
STH	Soil-Transmitted Helminths
SWAp	Sector-wide Approach
TAS	Transmission Assessment Survey
TC	Town Council
TF	Trachomatous Inflammation–Follicular
TFDA	Tanzania Food and Drug Administration
TIS	Trachoma Impact Survey
TOEAC	Tanzania Onchocerciasis Elimination Expert Advisory Committee
TOT	Training of Trainers
TSS	Trachoma Surveillance Survey
TT	Trachomatous Trichiasis
TWG	Technical Working Group
TZNTDCP	Tanzania Neglected Tropical Disease Control Program
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WI-HER	Women Influencing Health, Education, and Rule of Law
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, Community Development, Gender, Elderly and Children's (MOHCDGEC's) Office of the Chief Medical Officer, Directorate of Preventative Services, and is now housed at the University of Dodoma in the capital city of Dodoma. However, there is no direct relationship between the TZNTDCP and the university. The National Program Manager is responsible for coordination at the national level and offers technical assistance and supportive supervision 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 TZNTDCP works through the regional health management teams, council health management teams, and local communities to plan and implement NTD control activities and is led by national, regional, and district coordinators at each level. At the district level, there are cascade leaders and zonal managers who provide frontline health workers (FLHWs) with supportive supervision and aid in data collection. For mass drug administration (MDA) at the community level, community drug distributors (CDDs) are trained to distribute medicines to households and report accordingly. One FLHW is responsible for supervising 15 to 20 CDDs. MDA in the Dar es Salaam region takes place in a different format, where FLHWs work in coordination with Ward Executive Officers (WEOs) to distribute medicines. For school-based interventions, mainly targeting soil-transmitted helminths (STH) and schistosomiasis (SCH), primary school teachers help distribute the medicines and report to the health facilities. The TZNTDCP conducts disease control and elimination activities for the five preventive-chemotherapy NTDs: lymphatic filariasis (LF), trachoma, onchocerciasis (OV), STH, and SCH.

Partners Supporting the TZNTDCP

Several partners support NTD control and elimination activities in Tanzania. The primary support for MDA has been provided by the U.S. Agency for International Development (USAID) and the U.K. Department for International Development (DFID)—which as of September 2020, merged with the Foreign and Commonwealth Office and is now known as the Foreign, Commonwealth and Development Office (FCDO). USAID has funded and provided technical support for NTD programming in Tanzania since 2010 through the NTD Control Program (2010–2011), ENVISION (2011–2019), and currently through the Act to End NTDs | East (Act | East) program, managed by RTI International. Through March 2019, DFID funding for MDA was channeled through two partners: Centre for Neglected Tropical Diseases (CNTD) and Schistosomiasis Control Initiative (SCI). CNTD supported LF MDA in the Dar es Salaam Region, and SCI supported SCH and STH control activities in Dar es Salaam and 45 lake zone districts. In 2019, DFID funding was consolidated into one program, the Accelerating Sustainable Control and Elimination of NTDs (ASCEND) East consortium, led by Crown Agents. ASCEND was primarily supporting LF MDA in the Dar es Salaam Region, SCH and STH control activities in Dar es Salaam and 45 lake zone districts, morbidity management and disability prevention (MMDP) activities, and health systems strengthening (HSS). ASCEND funding ended in June 2021. As of September 1, the TZNTDCP confirms that a new project titled Accelerate Resilient, Innovative, and Sustainable Elimination of NTDs (ARISE NTDs), funded by the Children's Investment Fund Foundation (CIFF) has approved funding for MDA in the three remaining districts in Dar es Salaam Region in order to prevent

ivermectin (IVM) expiry. This funding is also available for MDA in 2022. As of September 1, 2021, no funding has been allocated for either SCH or STH MDA in areas previously supported by FCDO through ASCEND, nor has funding been allocated for LF surveys.

SCI, with IMA World Health as its implementing partner in Tanzania, supported SCH+STH MDA and disease-specific assessment (DSA) activities in the areas formerly supported by USAID (approximately 93 districts and 15 regions countrywide are supported through SCI) in fiscal year 2020 (FY20) and FY21. It is expected that SCI will provide a similar level of support in FY22, and funding will likely be provided directly to the TZNTDCP, rather than channeled through an implementing partner. Act | East will coordinate closely with SCI to leverage existing systems and infrastructure and prevent any duplication of efforts.

Through June 2021, ASCEND supported three seconded staff, all based in Dodoma: a Data Manager, Trachoma Program Officer, and Supply Chain Specialist. It is not yet clear whether any of these positions will be supported by other donors. SCI supports two secondments: the SCH Program Officer and Finance Manager. Funding for these two secondments is confirmed through 2021 but is unconfirmed for 2022. Act | East supports three Tanzanian staff seconded to the TZNTDCP: Senior Program Pharmacist; Finance, Compliance, and Administration Officer; and Monitoring, Evaluation, Research, Learning, and Adaptation (MERLA) Advisor.

2. IR1 PLANNED ACTIVITIES: LF, TRACHOMA, OV

LF: Proposed FY22 Activities

Based on the results of NTD and HSS activities conducted from FY19 through FY21, including lessons learned and best practices, Act | East will support the MOHCDGEC and partners to conduct the activities listed below in FY22.

- **LF Review and Planning Meeting:** This meeting is a disease-specific meeting that replaces the national zonal-level meeting Act | East supported in FY19–FY20. The purpose of this 2-day meeting will be to review LF activities in the districts where MDA is ongoing in order to discuss challenges related to ongoing endemicity and plan for FY22 MDA. A key meeting output will be regional and district FY22 plans and budgets. The meeting will also be an opportunity to review and sign the regional and district FAA packages, including orienting regional and district accountants on the FAA milestones and requirements.
- **MDA:** Act | East will support the TZNTDCP to conduct IVM+ALB MDA in August 2022 in four districts (representing three regions): Kilwa DC, Mtama DC, Mtwara-Mikindani MC, and Mafia DC. Act | East is providing support to TZNTDCP to improve MDA treatment coverage, building on lessons learned from previous years and DSA outcome investigations.
 - Act | East is optimistic that Pangani DC will pass re-pre-TAS in FY22 Quarter 2 (Q2), given the previous decrease in antigenemia from 74% at baseline to 2.63% in 2019 at re-pre-TAS. However, if does not, then funding for MDA for Pangani DC, as well as for a DSA outcome investigation and a coverage survey, will be identified as a priority should additional funding be available.
 - Act | East plans to support the TZNTDCP to undertake an information, education, and communication/behavior change communication (IEC/BCC) needs assessment and materials review for the trachoma and LF MDA rounds, which will incorporate lessons

learned from the DSA outcome investigations and KIIs, previous coverage evaluation surveys, the gender equality and social inclusion (GESI) assessment, and subsequent iDARE¹ activities.

- **Coverage evaluation survey (CES):** A CES was planned after re-MDA in four districts in FY21: Mtama DC, Kilwa DC, Mtwara-Mikindani MC, and Mafia DC. Unfortunately, this could not be completed in FY21, and so will be conducted in November 2021, following the August 2021 MDA. Data will be collected on smartphones using the Open Data Kit (ODK) system. Results will be reported through the CES report and used to understand the impact of improvements to 2021 MDA and to gain a deeper understanding on whether there are still missed and/or excluded populations and patterns within the respective populations, to improve re-MDA round 2 implementation.
- **Re-Pre-TAS in 1 district:** Act | East will support the TZNTDCP to conduct re-pre-TAS in Pangani DC, which will complete its second round of MDA in August 2021 following a re-pre-TAS failure. For all planned LF surveys, data will be collected electronically using the ODK system. Act | East will support refresher training for surveyors on the TAS protocol, electronic data capture, and quality of filariasis test strip (FTS) administration.
- **TAS1 in 1 EU:** Act | East will support the TZNTDCP to conduct TAS1 in Pangani DC (1 EU), which will undergo re-pre-TAS in February 2022. This district has a population greater than 500,000.
- **TAS3 in 24 EUs:** Act | East will support TAS3 in 24 districts (24 EUs). For all LF DSAs, staff will be trained or retrained prior to the surveys on FTS use and incorporating best practices into TASs, including COVID-19 prevention measures.
- **iTAS in 8 districts:** iTAS was planned in 8 districts (7 EUs) in FY21 but was not able to be completed. Act | East will support the TZNTDCP to conduct the iTAS in Q1 of FY22 in the following districts/EUs: Nachingwea DC, Ruangwa DC (integrated with TAS2 in 2 EUs); and Mpwawa DC, Liwale DC, Njombe TC, Bagamoyo and Chalinze DC, and Mpanda DC (integrated with TAS3 in 5 EUs).

Dossier Status for LF Elimination

Dossier development started in 2018 with the introduction of the World Health Organization (WHO) LF dossier guidelines and templates. Final TAS3s are currently expected to be implemented in 2027. Data are secured in the NTD database housed at the TZNTDCP office and managed by the TZNTDCP Data Manager and monitoring and evaluation (M&E) team.

- **Proposed FY22 LF dossier activities:** Act | East will provide financial and technical support to TZNTDCP for LF dossier development in FY22. Act | East will support one 3-day dossier development workshop combining both LF and trachoma dossiers. The workshop will convene experts and stakeholders to review current available information, including all surveys to date, the health management information system (HMIS), the status of the data repository, and the narrative write-up. The review will also indicate progress in MMDP data collection and will guide estimation of the number of persons in need of

¹ The iDARE (*identify, design, apply/assess, record, expand*) methodology, from Women Influencing Health, Education, and Rule of Law (WI-HER), includes various tools and resources for trainers to implement solutions to change behaviors and improve MDA access, acceptance, and uptake.

hydrocele surgery and lymphedema care. A consultant will provide technical assistance for updating the LF dossier.

Trachoma: Proposed FY22 Activities

- **Trachoma Review and Planning Meeting:** This meeting is a disease-specific meeting that replaces the national zonal-level meeting Act | East supported in FY19–FY20. The purpose of this 2-day meeting will be to review trachoma activities in the districts where MDA is ongoing and which recently completed MDA, in order to discuss challenges related to ongoing endemicity. A key meeting output will be regional and district FY22 plans and budgets, and the meeting will be followed by district- and subdistrict- specific microplanning and GESI behavior change activities. The meeting will also be an opportunity to review and sign the regional and district FAA packages, including orienting regional and district accountants on the FAA milestones and requirements. With support from WI-HER, four trachoma districts will also use this meeting to plan for the GESI behavior change activity.
- **DSA outcome investigation:** As described above, Kiteto DC South EU, Longido DC, Simanjiro DC, Monduli DC, and Mpwapwa DC North EU all failed a DSA in FY21. As a result, Act | East will support the TZNTDCP to update the desk review of information related to DSA outcomes, analyzing district and subdistrict MDA coverage and TF prevalence results by cluster in all failed TIS/TSS districts. In Kiteto DC South, Longido DC, and Simanjiro DC, the desk review will build on previous DSA outcome investigation findings. Where needed (e.g., Monduli DC and Mpwapwa DC North EU where DSA investigations have not been done previously), more data will be collected through field investigations using qualitative methods. Findings from the DSA outcome investigation will inform future MDA activities and strategies.
- **IEC/BCC Needs Assessment and Materials Review:** As noted in the LF section, Act | East plans to support the TZNTDCP to undertake an IEC/BCC needs assessment and materials review for the trachoma and LF MDA activities. The review will incorporate lessons learned from the DSA outcome investigations and KIIs, the GESI assessment, and subsequent iDARE activities.
- **MDA:** Act | East will support the TZNTDCP to conduct MDA in five districts (six EUs): Kiteto DC North EU (round 3 of 3), Kiteto DC South EU (round 1 of 1), Simanjiro DC (round 1 of 1), Monduli DC (round 1 of 1), Longido (round 1 of 3), and Mpwapwa DC North EU.

All five districts (6 EUs) targeted for MDA in FY22 have failed at least two DSAs and are considered “non-responding” districts. In these districts, Act | East will work closely with the TZNTDCP to improve MDA planning and implementation based on results of previous DSA failure investigations to ensure high coverage. In consultation with the NTDCP, Act | East is planning to implement the following package of interventions in each of the five districts to address the challenges noted above:

- **Microplanning in priority subdistricts:** Within each of the six EUs where MDA is planned in FY22, Act | East will support the TZNTDCP to select two priority subdistricts with previous low MDA coverage. Act | East is only able to support two priority subdistricts per district due to funding constraints. Microplanning will be conducted at the ward level² and

² A ward is an administrative structure. It can be a single town, a portion of a bigger town (urban wards), or composed of several villages (rural wards).

involve district, ward, and health facility staff; local community leaders; and CDDs. In addition, TZNTDCP and Act | East will engage district staff from the Ministry of Livestock and Fisheries, Ministry of Water, and local Veterinary/One Health officers. During microplanning, the following will be reviewed: population size to be served; household distribution within the village and hamlet; geographic features such as mountains, rivers, forests; cultural context; and optimal hours for CDDs to visit. The outcome will be a microplan for MDA that projects the required number of CDDs per hamlet (sub-village), considering the hamlet's target population and geographical setting; identifies hard-to-reach areas in which to focus and intensify supportive supervision; and ensures drugs and other resources are available in the right quantities, in the right place, and at the right time for MDA. CDDs and community leaders will help identify the opportune timing for MDA and the best distribution points to reach mobile populations considering the local context.

- **Coordination with One Health:** The trachoma deep-dive outlined challenges of implementing MDA among nomadic pastoralists communities, especially due to seasonal migration. Therefore in FY22, Veterinary/One Health officers will be invited to participate in microplanning meetings to help the NTD program identify the best strategies to reach pastoralists during MDA, identify where nomadic pastoralists are at different times of the year, and discuss whether social mobilization activities or MDA could be integrated with animal health activities.
- **Coordination with WASH:** TZNTDCP will advocate for a multi-sectoral approach by involving the Ministry of Water along with the MOHCDGEC's WASH section and Vector Control unit. This collaboration will aim to facilitate access to water supply (particularly for nomadic groups) and utilization of sanitation facilities.
- **Revamp Masaai BCC strategy and targeted social mobilization:** The Masaai BCC strategy was piloted in Longido District in FY17 and was partially scaled up in four districts in FY19. In FY22, this BCC strategy will be revamped during the IEC/BCC materials review, and then fully scaled up to cover all villages in the trachoma-endemic districts to reach nomadic pastoralists. Act | East will support the districts to carry out targeted social mobilization campaigns that involve folk media, village criers, hamlet-level meetings, public address systems, etc.
- **Expand GESI iDARE/behavior change activities:** In FY21, Act | East supported the development, rollout, and finalization of GESI training materials and tools in Tanzania, as part of the MDA training curriculum. In FY22, these training materials will be further adapted to include special attention to trachoma and reaching pastoralist groups, as well as leveraging the Maasai BCC strategy to inform the action plan and solutions of established behavior change teams. WI-HER will also use the iDARE model for community-based behavior change approaches in four of the five non-responding trachoma districts planned for MDA (Kiteto DC, Simanjiro DC, Monduli DC, and Longido DC). The approach will replicate the behavior change activity set up in Pangani District in FY21 and build on experience from Uganda, where the GESI behavior change activity is being carried out in a district with mobile pastoralist groups ahead of trachoma MDA.
- **Improved supervision:** Front line health workers and district-level supervisors will conduct daily calls/SMS with CDDs to obtain and review micro-level MDA coverage data. The trachoma deep-dive outlined challenges of implementing MDA among nomadic pastoralist communities, especially due to seasonal migration. These nomadic pastoralists have a

well-defined hierarchy of command among demographic groups (in terms of age and gender). The planned improved supervision is envisioned to make use of these social structures. Leaders in each social group will be linked to a team of first line supervisors and work together to closely follow-up with CDDs to help troubleshoot any challenges they are facing and ensure CDDs fulfill their responsibilities and report as required. The goal will be to ensure that all district sub-units that need coverage improvement reach the MDA coverage target. Act | East will fund mop-up activities as needed in those sub-units that do not reach the target.

- **District-level cross-border planning meeting:** Act | East will support a pre-MDA cross-border planning meeting in Longido DC and Monduli DC, which are NRDs bordering Kenya (Kajiado and Narok Counties) all of which are on the “maasai migration corridor”. The meeting will be an opportunity for district authorities and national-level disease focal points to plan jointly for synchronized MDA at the district level in FY22, with the aim of reaching migratory pastoralists on both sides of the border.
- **Advocacy meeting for four districts on trachoma elimination:** A meeting of district-level planners and decision makers, the district commissioners, district executive director, district treasurer, district medical officer, councilors, influential people at the district level, and community leaders will be conducted in trachoma-endemic districts. These districts are trachoma transmission hot spots and need a concerted effort, not only in MDA uptake but also WASH services (the entire SAFE strategy implementation). Getting leaders to understand the need for effective MDA and other SAFE interventions in non-responding districts is critical at this stage in the program. In previous years, these meetings brought about improvements for TT surgery and WASH service uptake, especially in the Maasai drylands. They have also helped to increase the visibility of and demand for community-based MDA among district and regional staff. For example, in FY21, district, political and community leaders in Ngorongoro showed increased leadership and commitment to making the MDA a success following this advocacy meeting. The meeting was an opportunity to orient these leaders on the trachoma transmission cycle, the role that MDA plays in breaking this cycle, and why community members need to take the drugs as recommended. NTDCP sees this activity as high priority to orient newly appointed district leadership on trachoma in these non-responding districts. In FY22, the program envisions trickling down these advocacy efforts to prominent, vocal community leaders to ensure they all understand and become part of the control efforts.
- **CES:** In FY22, Act | East will coordinate with the TZNTDCP to conduct a CES in Longido DC to better understand compliance and draw lessons to improve MDA uptake. Similar to the LF coverage surveys, data will be collected on smartphones using the ODK system, and RTI will liaise with WI-HER on integrating GESI questions into the CES questionnaire. In coordination with TZNTDCP and district authorities, RTI will also explore adding questions on migration patterns and previous MDA participation into the CES. Please see the learning activity description below.
- **TSS:** In FY22 Q1, Act | East will support TZNTDCP to conduct TSSs in two districts representing two EUs (Songwe DC and Kalambo DC). (Included in the M&E and M&E supervision budget sections). TSSs will be conducted using Tropical Data. RTI will work

with Tropical Data to add questions to the TSS in non-responding districts, as appropriate, on migration patterns, previous MDA participation, and GESI.

- **Confirmatory Mapping:** Tanzania completed the last phase of mapping in 2014 through the Global Trachoma Mapping Project. As TZNTDCP continues to prepare drafts of the trachoma elimination dossier, there is a need to review previous decisions on assessment of suspected trachoma endemicity and prioritization of mapping. In FY22, Act | East will support TZNTDCP to undertake a desk review of trachoma endemicity in districts not considered endemic: Mlele DC, Momba DC, Mbeya DC, Ulanga DC, Kilombero DC, and Malinyi DC. (Included in the STTA budget section). The desk review will involve a meeting at program level to review reports of previous mapping prioritization decisions done in 2011 and 2014 as well as data from HMIS to inform if the risk of trachoma in these districts warrants a population-based prevalence survey.



Learning Agenda Question #1: As Tanzania moves closer to eliminating trachoma as a public health problem, the “non-responding” districts, as discussed in the trachoma deep dive meeting, are faced with the challenge of identifying and targeting populations for MDA that are potentially responsible for transmission. The OV program will face similar challenges after the first stop-MDA surveys are implemented in this upcoming year (please see OV section below). To better understand which populations are not reached during MDA and how to reach those populations, Act | East is asking “How do you focus social mobilization and implementation for trachoma and OV MDA to reach key populations?” This falls under the prioritized Act | East learning agenda question, “What are effective strategies for reaching hard-to-reach and/or non-compliant populations?” Act | East will use the evidence from previous trachoma DSA outcome investigations and KIIs, along with data collected from the following activities, to answer this question:

- Institutionalization of GESI It would be training materials and GESI behavior change activities—to inform social mobilization and implementation strategies to target key populations
- Microplanning—review of proposed strategies and coordination with One Health
- MDA subdistrict-level data (FAA deliverable)—review of coverage data
- CES—will incorporate a GESI question, question on location of during MDA, explore migratory patterns and provide an evaluation of reported coverage
- TIS and TSS — will incorporate additional questions on migration patterns, previous MDA participation, and GESI.
- District-level after-action review (AAR) (incorporated into quarterly disease-specific meetings)—to provide qualitative information from stakeholders to determine if social mobilization, microplanning, and implementation were effective

Act | East will summarize findings for the AAR, as well as incorporate any new information following the AAR. Learnings will be used to inform future MDA rounds.



Learning Agenda Question #2: If Act | East conducts a survey in districts that are above threshold this year, the program will complete the Act | East DSA outcome investigation process.

Additionally, Act | East will investigate districts that had trachoma DSA outcomes above threshold in FY21. For both instances the program aims to answer the question, “What are the reasons for trachoma and OV survey outcomes above threshold?”, which is a prioritized question on the Act | East learning agenda. The following activities will gather evidence that will address the learning question if they occur:

1. DSA outcome investigation in Kiteto DC South, Longido DC, Simanjiro DC, Monduli DC, and Mpwapwa DC North.
2. Desk review of positive deviance for epidemiologically similar districts that have passed TIS/TSS
3. DSA outcome investigation for OV stop-MDA surveys (see OV section)

Act | East headquarters (HQ) and in-country teams will internally review the data using the DSA investigation template and target adaptations for re-MDA, which will be shared with the TZNTDCP for its inputs and feedback for future MDA rounds.

Dossier Status for Trachoma Elimination

Trachoma dossier development started in 2017 with support from ENVISION. The current validation timeline is expected to be 2025. Data are secured in the NTD database housed at the TZNTDCP office and managed by the TZNTDCP Data Manager and M&E team.

- **Proposed FY22 trachoma dossier activities:** As noted above, a joint 3-day LF and trachoma dossier development workshop will be conducted in FY22 with support from Act | East. The goal of the workshop will be to convene stakeholders to review trachoma and LF dossier development progress and update the dossiers with recent MMDP, DSA, and MDA data.

OV: FY21 Context and Background

The TZNTDCP’s goal is to eliminate OV by 2025, informed by the new WHO guidelines for OV elimination. OV is endemic in seven transmission foci across 28 districts in the seven regions of Mbeya, Morogoro, Njombe, Ruvuma, Iringa, Songwe, and Tanga.

OV: Proposed FY22 Activities

- **OV Review and Planning Meeting:** This meeting is a disease-specific meeting that replaces the national zonal-level meeting Act | East supported in FY19–FY20. The purpose of this 2-day meeting is to review OV activities in the districts where MDA is ongoing, in order to discuss challenges related to ongoing endemicity and plan for FY22 MDA. A key meeting output will be regional and district FY22 plans and budgets. In one district, the meeting will be followed by GESI behavior change activities. The meeting will also be an opportunity to review and sign the regional and district FAA packages, including orienting regional and district accountants on the FAA milestones and requirements. With support from WI-HER, one OV district will also use this meeting to plan for the GESI behavior change activity.
- **CES:** A CES is planned in four districts for OV in FY22, selected from the Mahenge focus—Ulanga DC, Ifakara TC, Malinyi DC, and Kilombero DC. Per TOEC recommendations, this will be an enhanced CES to determine hot spot areas where intensive social and community mobilization should be prioritized. None of these districts have gone through

CES before. The CES will be conducted in November 2021, following the recently completed August 2021 OV MDA. The CES will help the TZNTDCP better understand compliance and draw lessons to improve OV MDA uptake.

- **MDA:** Act | East will continue to support IVM MDA in all 28 OV-endemic districts. Nine districts will conduct twice annual MDA in February 2022 and all 28 districts will be treated alongside LF MDA in August 2022.

As Tanzania moves toward OV elimination, the OV program faces similar challenges to that of trachoma involving identifying and targeting populations for MDA that are potentially responsible for transmission. **Learning Agenda Question #1** will aim to better understand which populations have not been reached during MDA and how to reach those populations by asking, “How do you focus social mobilization and implementation for trachoma and OV MDA to reach key populations?” Please refer to the trachoma section for details.

- **Expand GESI iDARE/behavior change activities:** In FY22, similar to trachoma, Act | East will support the roll-out of WI-HER’s iDARE model for community-based behavior change approaches in one OV-endemic district. Please refer to the trachoma section and IR2 for details.
- **iTAS in 8 districts:** iTAS was planned in 8 districts (7 EUs) in FY21 but was not able to be completed. Act | East will support the TZNTDCP to conduct the iTAS in Q1 of FY22 in the following districts/EUs: Nachingwea DC, Ruangwa DC (integrated with TAS2 in 2 EUs); and Mpwapwa DC, Liwale DC, Njombe TC, Bagamoyo and Chalinze DC, and Mpanda DC (integrated with TAS3 in 5 EUs).
- **OV pre-stop MDA surveys:** Per TOEC recommendations, the TZNTDCP plans to conduct a pre-stop-MDA survey in Tunduru DC in Ruvuma Region (Tunduru focus) to decide whether to move to a full-stop MDA survey. Analysis of available samples (collected from 2017-18) from Ruvuma and Morogoro will also serve as pre-stop MDA data and results will be presented in the next TOEAC meeting.
- **OV Stop MDA survey:** Three districts (two foci: Morogoro and Tunduru) are planned for a full-stop MDA survey in FY22 (pending results from the pre-stop MDA survey in Tunduru and analysis of DBS for Morogoro). This will include epidemiological and entomological assessments in the three districts (two foci). (Included in the M&E and M&E supervision budget sections). In line with Learning Agenda Question #2, Act | East will support a DSA outcome investigation for OV stop-MDA surveys in FY22 as needed.
- **OV elimination mapping:** OV elimination mapping is proposed following the OV exclusion mapping desk review completed in FY21. The proposal is to conduct OV16-RDT surveys in Handeni DC and Kilindi DC. The first line villages were identified by Rapid Epidemiological Mapping of OV and thus there is no need for vector collection. OV elimination mapping is also proposed in Iringa DC and Kilolo DC following the vector breeding site check in both dry and rainy seasons.
- **OV Exclusion mapping:** This activity is proposed to be carried out in Newala DC and Newala TC, the aim being to confirm the presence of vector breeding sites. The most preferable time is after the rainy season. The budget covers travel and per diem costs for teams to travel to the districts (1 trip) to assess known or suspected breeding sites to see if black flies are present.

- **OV16 RDT analysis:** Similarly, Act | East will work with the TZNTDCP and CDC to provide funding and technical support to the NIMR Tanga laboratory to conduct OV16 RDT analysis. Based on the September 2021 TOEC recommendations, a total of 9,498 DBS samples will be analyzed by RDT, including:
 - Approximately 3998 of the DBS samples collected in 2017-2019
 - New samples to be collected in FY22 for RDT analysis include:
 - 500 (100 DBS in each of 5 villages) new samples to be collected in Tunduru focus during the pre-stop MDA survey and be analyzed by RDT. This will support the decision of whether to proceed to a full stop MDA survey.
 - 4,000 of the 24,000 DBS to be collected from eight integrated iTAS that will take place during FY22 Q1.
 - 1,000 samples from Handeni and Kilindi where OEM will be conducted.
- **OV16 ELISA training:** Training of the Tanga laboratory staff on OV16 ELISA analysis was originally planned as an FY21 activity in coordination with CDC. However, Act | East was unable to complete this before the end of FY21 due to scheduling conflicts between CDC and Tanga laboratory personnel, particularly given the challenges of travel during the COVID-19 pandemic. ELISA analysis lab training is planned for FY22 with CDC and will be in person.
- **OV16 ELISA analysis:** Act | East will work with the TZNTDCP and CDC to provide funding and technical support to the Tanga laboratory to conduct OV16 ELISA analysis on DBS samples collected between FY17 and FY22 during various OV monitoring activities (29,498 total DBS samples). These samples have been prioritized per the September 2021 TOEC recommendations. The TZNTDCP will develop a laboratory analysis plan that will detail a schedule timeline that will accommodate the following:
 - 1,633 DBS samples collected during OV monitoring in FY18–FY19 in the three foci (Morogoro, Ruvuma) and FY22 from Tunduru focus) are earmarked as *high priority* for a full stop-MDA epidemiological evaluation. Results from this analysis will act as TOEAC decision-making criteria on whether these districts can advance to stop-MDA surveys.
 - 24,000 DBS samples (3,000 per district in eight districts) are to be collected in FY22 stop-MDA surveys and will be analyzed to determine whether MDA can be stopped.
 - 6,000 samples from stop –MDA surveys (2 foci-Tunduru and Morogoro)
 - 3,865 DBS samples collected during OV monitoring in FY17 from Handeni, Kilindi, Mufundi, Njombe, Kilosa and Tanga foci are considered to be *normal priority* following RDT results.
- **TOEAC meeting:** In FY22, the TZNTDCP plans to convene an in-person 2-day TOEAC meeting for 30 participants in February 2022. Act | East will provide technical and financial support for this meeting. (See Appendix 2 for details, included in the strategic planning budget section). It is customary for the TOEAC to meet at least once a year in Tanzania to review OV elimination strategies, plans, and activities. The TOEAC provides recommendations to the MOHCDGEC on best practices for elimination. A TOEAC meeting was held virtually FY21 Q4. The Meeting reviewed data and progress made from 2018. Technical recommendations and other key OV implementation strategies were provided for all OV foci.

- **OV data review:** the TZNTDCP will conduct an in-depth review of existing OV data prior to the next TOEAC meeting. RTI will hire a consultant to support TZNTDCP to compile the relevant data and hold a virtual TOEC preparation meeting in collaboration with CDC who will be engaged at least one month prior to support data visualization.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

Improving Core NTD Program Functions

Proposed FY22 Activities for Data Management

- **Improve district capacity in data management using the country-specific NTD database:** In FY20, Act | East provided support to 76 districts to use the NTD database and continued that support to the 37 districts using the database in FY21. Act | East will continue to provide support to the 37 districts currently using the country-specific NTD database for MDA reporting, coverage analysis, and data use for community-based MDA.
- **Data quality assessment–supervision (DQA-S):** Act | East and the TZNTDCP will conduct DQAs of data collected during MDA using the DQA-S tool during supportive supervision. The activity will involve training the national team on the DQA-S tool and subsequently capacitating the supervisors on how to use the tool during MDA supportive supervision.

Proposed FY22 Activities for Drug Management

- **HQ Drug Procurement:** RTI HQ will procure FTS for use in pre-TAS and TAS, and OV16 RDT and OV16 ELISA products for use in OV surveys.
- **Support for drug storage, FTS/OV16 clearance, and local shipping:** As in prior years, in FY22 Act | East will support drug storage costs, as well as the costs for customs clearance for FTS kits and OV16 supplies. Act | East will also support the cost of shipping OV16 supplies to the laboratory in Tanga.
- **Drug transportation from the national warehouse to regions:** After clearance from the port, all drugs are stored at MSD and transported to the districts by MSD before MDA activities. MSD transport to districts can be delayed because of late arrival of drugs in country, changes in MOHCDGEC/TZNTDCP MDA planning, or general timing issues with MSD. The transportation of NTD drugs is usually combined with other non-NTD medicines, and MSD will often wait until the truck is full before shipping. In FY22, if there are delays in transport before MDA activities, Act | East will provide funds for drug transportation and hire private transporters to deliver the drugs to the districts in the 13 regions where Act | East is supporting MDA. This strategy will only be considered if there are delays in receiving the drugs from outside of Tanzania, or if customs clearance is slow and the drugs are released two weeks or less before the scheduled MDA campaigns.
- **Transport from regions to distribution points:** The transport of medicines from the regions and districts to community levels is normally conducted by district medical officers using district vehicles.
- **Reverse supply chain:** Experience in previous years has shown that after completing MDA, in most districts unused medicines are left at health facilities, sometimes in poor storage conditions; hence, a functioning reverse supply chain system is needed. The major challenge has been transportation for district pharmacists to travel to different health

facilities and gather all the unused drugs for proper storage at district health pharmacies. Based on previous experience, in FY22 Act | East will support reverse supply chain activities in eight districts conducting community-based MDA, collecting drugs from CDDs and having them transported to the health facility and then after to the district pharmacy.

- **JAP submission preparation meeting and technical support:** Act | East, through its Program Pharmacist and MERLA Advisor, supports the NTD Secretariat and TZNTDCP staff to prepare the JRSM and other WHO reporting tools, the annual work plan, the Joint Reporting Form, the Epidemiological Reporting Form, and the TAS eligibility forms. Act | East assists the MOHCDGEC to coordinate with other implementing partners to ensure that the TZNTDCP's requirements are included in these tools. For FY22 medicine needs, the JRSM was submitted in April 2021. It is expected that the next JAP will be submitted to WHO in April 2022. This submission will include the JRSM for 2023. In FY22, Act | East will convene a JAP preparation meeting to review the JAP prior to submission.
- **Mentorship on new WHO Supply Chain SOPs:** Act | East's seconded Senior Program Pharmacist will share the new WHO NTD Supply Chain SOPs with national, regional, and district-level pharmacists. Key SOPs, including those on storage and reverse supply chain, will be disseminated opportunistically through regular meetings and trainings.

Achieving Sustainability: Mainstreaming and HSS

Planned Activities

Governance Activities (policy, financing, coordination)

- **Develop M&E plan for the sustainability activities in the NTD Master Plan:** In FY21, Act | East supported the alignment of the NTD Master Plan, HSSP V, and Sustainability Plan (2021/22–2025/2026). In FY22, Act | East will fund an update to the M&E section of the NTD Master Plan to ensure the new sustainability activities and milestones are tracked. Costs include support for a three-day workshop for an estimated 24 participants.
- **Launch NTD Master Plan and Sustainability Plan:** Due to the COVID-19 pandemic and other delays, HSSP V was not launched in 2021; Act | East expects it will be launched in 2022. Once it is launched, Act | East will support the launch of the new NTD Master Plan and the Sustainability Plan, both of which support HSSP V. This will be done alongside recognizing achievements made toward reaching the "last mile" to LF and trachoma elimination. The launch will be an opportunity to garner political support and momentum toward reaching elimination targets in the remaining districts. The launch will be a one-day meeting for approximately 65 participants that will bring together MOHCDGEC; TZNTDCP; PO-RALG; MOF; Ministry of Education and Vocational Training; members of parliament; key regional and district staff; and other NTD key stakeholders, including senior U.S. Government officials in Tanzania.
- **Support TZNTDCP integration into the health sector planning SWAp TWG:** The Sector Wide Approach (SWAp) Secretariat consists of several technical working groups (TWGs) which bring together different health programs to ensure allocation and distribution of shared resources towards health sector priorities. In FY21, the TZNTDCP secured NTD membership in one TWG within the SWAp4 Secretariat: TWG Number 9 (Health Promotion and Health Protection). Membership in this TWG will ultimately increase the visibility of NTD interventions in the wider health community, leverage opportunities for coordination across broader health interventions, and better integrate NTD planning

within the health sector. In FY22, Act | East will continue to support the TZNTDCP to engage with the SWAp TWG by orienting the TZNTDCP on the SWAp mechanism, clarifying the objectives of SWAp TWG membership and discuss how best to participate within the mechanism. Act | East will continue to explore formal engagement with the SWAp TWG by supporting one SWAp meeting in FY22 and the subsequent participation of five people from the TZNTDCP and the Directorate of Policy and Planning office to attend these meetings. The cost includes travel and per diem. Act | East will also support the TZNTDCP to prepare and package data and programmatic insights to present at subsequent SWAp TWG 9 meetings.

- **Strengthen federal and district capacity for planning, budgeting, and resource mobilization:** Act | East will continue to support the MOHCDGEC and the TZNTDCP in generating actionable evidence and creating compelling messages to enhance domestic resource mobilization and prioritization of NTDs within integrated planning processes. This will include developing methods for improving the regular tracking of NTD expenditures. Act | East will coach district health authorities in two selected districts to prepare and negotiate health budgets utilizing NTD financial data, resource needs, and gaps, as part of the district-level budgeting and planning processes. Additionally, district health authorities will co-design and conduct a series of workshops to build local government staff capacity to gather, analyze, and use evidence on costs to support decision making. Act | East will support the costs of the workshops (budgeted under RTI) and STTA.
- **Support health financing analytics to estimate NTD financial gaps and needs:** Building on FY21 activities focused on NTD financial data assessment, Act | East will recruit a local consultant contracted through R4D to support the MOHCDGEC in conducting targeted cost analyses of relevant NTD interventions and activities for selected NTDs. These analyses will allow the MOHCDGEC to estimate financial gaps and needs considering disease elimination trajectories.
- **Expand GESI iDARE/behavior change pilot to additional districts:** In FY21, Act | East supported the development, rollout, and finalization of GESI training materials and tools, as part of the MDA training curriculum. This included behavior change tools and resources rooted in WI-HER's iDARE methodology, which were implemented in two zones in Pangani DC ahead of school-based MDA in March 2021 and included community perspectives and beliefs around LF as well as SCH/STH. Using learning from Pangani DC, Act | East will expand the behavior change activity, using the finalized tools, to additional districts. This will include one planned district for OV (Ifakara TC, Kilombero DC, Malinyi DC, or Ulanga DC), and four trachoma MDA districts (Kiteto DC, Simanjiro DC, Monduli DC, and Longido DC) ahead of FY22 community-based MDA. Selected districts are based on NTCDP priority (latest prevalence results for OV and trachoma), areas with previously low MDA coverage, and those with remaining rounds of MDA. The approach for trachoma districts would replicate the behavior change activity set-up in Pangani but include additional measures to adapt the GESI training materials and tools to include special attention to trachoma and reaching pastoralist groups, as well as leveraging the Maasai BCC strategy to inform the action plan and solutions of the established behavior change teams. The activity will leverage similar efforts carried out in Uganda, where the GESI behavior change activity is being carried out in a district with mobile, pastoralist groups ahead of trachoma MDA.

4. IR3 PLANNED ACTIVITIES: SCH, STH:

SCH: Proposed FY22 Activities

- **MDA:** Act | East will support school-based MDA with PZQ+ALB in eight districts in three regions (Arusha City Council, Arusha DC, Longido DC, Meru DC, Monduli DC, Ngorongoro DC, Kyela DC, and Tunduru DC) in February 2022, targeting 515,266 SAC. This covers areas where there is disease co-endemicity with trachoma, LF, or OV. Act | East will also support direct MDA supervision.
- **SCH-STH Technical Advisory Meeting:** The SCH-STH Technical Advisory Meeting is scheduled to take place in February 2022 and will follow up on recommendations from the September 2021 meeting. Act | East will provide financial and technical support for this meeting.
- **SCH/STH Review and Planning Meeting:** Districts conducting SCH and/or STH MDA will convene at the end of the trachoma and OV planning meetings to review the current status of SCH/STH activities within the regions and districts, discuss TZNTDCP's decision to shift to subdistrict mapping and treatment of SCH, and the impact of that decision on communities within the district, with an emphasis on messaging of this shift at the ward level. A key meeting output will be regional and district FY22 plans and budgets. In one district, the meeting will be followed by GESI behavior change activities. The meeting will also be an opportunity to review and sign the regional and district FAA packages for SCH and STH districts, including orienting regional and district accountants on the FAA milestones and requirements.

STH: Proposed FY22 Activities

Act | East, in collaboration with the MOHCDGEC and partners, will conduct the following activities in FY21:

- **MDA:** Act | East will support school-based STH MDA in 41 districts in five regions, to ensure continuity in disease control. Twelve districts will receive PZQ+ALB MDA and the remaining 29 districts will distribute ALB only. Act | East will also support direct MDA supervision.