

Uganda 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 Uganda, Act | East program activities are implemented by RTI and The Carter Center.

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.

TABLE OF CONTENTS

ACRONYMS LIST	5
IV. NARRATIVE	7
1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT	7
2. Intermediate Result (IR)1 Planned Activities: LF, Trachoma, and OV	8
3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING (HSS) STRATEGY ACTIVITIES	16
Improving Core NTD Program Functions	16
Drug Management	16
<i>FY22 Planned Activities</i>	17
4. IR3 PLANNED ACTIVITIES: SCH and STH	21
<i>SCH/STH: Proposed FY22 Activities</i>	21



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

ACRONYMS LIST

AE	adverse event
ALB	albendazole
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCC	behavior change communication
CBO	community-based organizations
CDD	Community Drug Distributors
CDI	community-directed intervention
CDTI	Community-Directed Treatment with Ivermectin
CES	Coverage Evaluation Survey
CHA	Clean Household Approach
CHD	Child Health Day
COP	Chief of Party
COVID-19	coronavirus disease 2019
CSO	civil society organization
CWP	Country work plan
DHI	Department of Health Information
DQA	data quality assessment
DRC	Democratic Republic of the Congo
DSA	Disease-Specific Assessment
DWSC	District water and sanitation committee
EDC	electronic data capture
EU	Evaluation Unit
FAA	Fixed Amount Award
FCDO	Foreign, Commonwealth and Development Office
FTS	filariasis test strip
FY	fiscal year
GESI	gender equity and social inclusion
GPS	global positioning system
GTMP	Global Trachoma Mapping Project
HMIS	health information management system
HPESCD	Health Promotion, Education and Strategic Communication Department
HQ	headquarters
HSS	health systems strengthening
IEC	information, education, and communication
IR	intermediate result
ITI	International Trachoma Initiative
IVM+ALB	ivermectin and albendazole
JAP	Joint Application Package
LC	local council
LF	lymphatic filariasis
LOE	level of effort
M&E	monitoring and evaluation
MDA	mass drug administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
MMDP	morbidity management and disability prevention
MOH	Ministry of Health

NGO	nongovernmental organization
NIS	NTD Information System
NMS	National Medical Stores
NTD	neglected tropical disease
NTDCP	Neglected Tropical Diseases Control Program
OV	onchocerciasis
PC	preventive chemotherapy
PELF	Program to Eliminate LF
PTS	post-treatment surveillance
R4D	Results for Development
RTI	RTI International
SAE	serious adverse event
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SBC	Social behavior change
SCH	schistosomiasis
SCIF	Schistosomiasis Control Initiative Foundation
SCM	supply chain management
SDA	Safari day allowance
SOP	standard operating procedures
StC	Save the Children
STH	soil transmitted helminths
STTA	short-term technical assistance
TAS	Transmission Assessment Survey
TEMF	Trachoma Elimination Monitoring Form
TEP	Trachoma Elimination Program
TF	Trachomatous Inflammation–Follicular
TIS	trachoma impact surveys
TSS	trachoma surveillance survey
TT	trachomatous trichiasis
UNICEF	United Nations Children’s Fund
UOEEAC	Uganda Onchocerciasis Elimination Expert Advisory Committee
USAID	U.S. Agency for International Development
VB&NTDCD	Vector Borne and Neglected Tropical Diseases Control Division
VCD	Vector Control Division
VHT	Village Health Team
WASH	water, sanitation, and hygiene
WI-HER	Women Influencing Health, Education, and Rule of Law
WHO	World Health Organization

IV. 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), Environmental Health Department of the Ministry of Health (MOH). In 2007, all preventive chemotherapy (PC) disease programs—onchocerciasis (OV), lymphatic filariasis (LF), trachoma, schistosomiasis (SCH), and soil transmitted helminths (STH)—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 PC-NTDs, the NTDCP also coordinates activities for the innovative and intensified disease management NTDs.¹

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 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.

Partner Support

The major donors supporting the NTDCP are the U.S. Agency for International Development (USAID), World Health Organization (WHO), and the Korea International Cooperation Agency. NTD implementing partners currently operating in Uganda include RTI International, The Carter Center, the Schistosomiasis Control Initiative Foundation (SCIF), and World Vision (see Table 1).

Funding by the Queen Elizabeth Diamond Jubilee Trust, which previously supported the Trachoma Program, ended in March 2019. Funding through the U.K.'s Foreign, Commonwealth and Development Office (FCDO) ended in April 2021 following an announcement by the U.K. Government on a reduction in international aid due to the impact of coronavirus disease 2019 (COVID-19) on its economy. FCDO

¹ Intensified disease management NTDs include human African trypanosomiasis, leishmaniasis, jiggers, Buruli ulcer, cysticercosis, tungiasis, rabies, leprosy, plague, and Guinea worm (which has been eliminated from Uganda).

funding through the Accelerating Sustainable Control and Elimination of NTDs (ASCEND) East grant had been supporting SCH mass drug administration (MDA) in 75 districts, LF morbidity management and disability prevention (MMDP) in Teso Sub-region, and trachomatous trichiasis (TT) surgery. ASCEND was also supporting the supply chain management, training on capturing NTD data in the health information management system (HMIS), and secondment of staff to the NTDCP to fill critical positions.

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

LF: Proposed FY22 Activities

- **Training of TAS team members:** Act | East (RTI) will provide financial and technical support for the MOH to retrain TAS survey teams prior to implementing the surveys. To strengthen the quality of filariasis test strip (FTS) administration, RTI will ensure that protocols and training materials emphasize TAS best practices, and electronic data capture (EDC) using RTI's server will be used to track all test results, including invalid tests.
- **TAS3 in 16 districts (17 EUs)**
 - As a result of the COVID-19 pandemic, TAS3 in six districts (Kamuli, Buyende, Kaliro, Iganga, Bugweri, and Luuka) was not completed before the end of FY21; Act | East (RTI) proposes to conduct TAS3 in these districts in FY22. These districts were previously grouped into two EUs for TAS2 but will be divided into eight EUs for TAS3 in FY22, each with a population of <500,000: Kamuli (2 EU), Buyende (1 EU), Kaliro (1 EU), Iganga (1 EU), Bugweri (1 EU) and Luuka (2 EUs).
 - Act | East (RTI) also plans to support TAS3 in 10 eligible districts in FY22. These districts were grouped into three EUs for TAS1 and TAS2, but they will be grouped into nine EUs for TAS3, each with a population of <500,000: Nebbi (1 EU), Pakwach (1 EU), Zombo (1 EU), Paliisa and Butebo (1 EU), Kibuku (1 EU), Yumbe (1 EU), Koboko (1 EU) Budaka (1 EU), and Butaleja (1 EU).

Dossier Status for LF Elimination

Uganda is currently on track to complete its final TAS3 in 2025 and submit the dossier in 2026. ENVISION previously provided technical and financial support to the Program to Eliminate LF (PELF) to develop the first draft elimination dossier in FY17 and FY18.

Proposed FY22 Activities for LF Dossier Support

- **LF dossier preparation and review meeting:** As the PELF plans to complete the majority of TAS3 in all endemic districts by May 2022, a meeting to update the dossier to a near-final version will be important. Act | East (RTI) will provide financial and technical support for a one-day LF dossier review meeting in Kampala to update the dossier data annex and narrative, with a focus on ensuring that data from 2018–2021 are accurately captured. The dossier narrative and data files will be updated by the PELF team with technical support from Act | East (RTI).

Trachoma: Proposed FY22 Activities

MDA Activities

In FY22, Act | East (RTI) will provide financial, technical, and logistical support to the TEP to implement MDA in two districts: Moroto and Nabilatuk. The activities indicated below are derived from the DSA outcome investigations and analysis of qualitative survey results and are planned to improve treatment coverage. MDA-related advocacy, social mobilization, and training activities are described in the appendices. Similar to FY21, in FY22 Uganda and Kenya will carry out a joint MDA that will be preceded with a cross border meeting between the two countries.



Activities within this section will help us address a country-specific learning question, “Are tailored MDA approaches effective in attaining high MDA coverage?”, which aligns with the program learning priority, “What are effective strategies for quality MDA, including reaching hard to reach and never treated populations?”. Act | East (RTI) will seek to learn if our use of new and innovative tools support improved MDA and higher coverage with challenging populations in the context of the Karamoja sub-region. We will leverage the following to help understand the progress and continued challenges in MDA:

1. The MDA review meetings
2. Rapid qualitative feedback from key MOH stakeholders
3. Coverage Evaluation Survey (CES) and other monitoring data.

Lessons learned will be documented through presentations and meeting notes from the MDA review meetings, CES reports, and program data tables. As conversations around improving trachoma MDA continue across the program, Act | East (RTI) will share results from this work through meeting platforms such as the technical round tables and Chief of Party (COP) meetings.

- **Trachoma cross-border strategy meeting:** This meeting will convene county and district representatives from border districts in Kenya and South Sudan, partners operating within the region, members of the MOH’s One Health Program representatives, and other MOH officials to plan toward synchronized MDA in Moroto and Nabilatuk. The meeting will review action points from the FY21 cross-border meeting to determine the status of implementing those actions. Information on TF prevalence, MDA coverage, and progress on SAFE interventions within the districts and across borders will be used to guide the discussions. The main outcome will be a plan for synchronized MDA that identifies clear strategies for reaching migratory pastoralists on both sides of the border.
- **District micro-planning meetings:** Act | East (RTI) will fund and provide technical support for two, one-day microplanning meetings in the Moroto and Nabilatuk Districts (30 participants per district). Microplanning 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 meeting allows 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.
- **Microplanning with pastoralist communities:** Act | East (RTI) will support microplanning meetings in Moroto and Nabilatuk in FY22, emphasizing a community-led and participatory approach to planning for MDA.) These meetings will take place within

identified kraals. Key district and subdistrict county leaders and implementers will also be attendance. Influential community leaders, including VHTs in the pastoralist communities, will participate in the planning and implementation process. 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. The micro plans will include population estimates in each kraal, number of VHTs that will be required considering the population estimates, a clear map indicating movement patterns of pastoralists in particular areas and an indication of social-cultural activities that take place during or around MDA months that could be used as avenues for community mobilization.

- **GESI behavior change activities:** In FY21, Act | East (RTI) collaborated with the MOH and Moroto District Health Officer to initiate a GESI behavior change activity based on results of the previous GESI assessment and DSA outcome investigation. This activity identified groups who are missing or refusing trachoma MDA, mainly migratory populations, male heads of household, and those living in hard-to-reach areas, and trained community-led behavior change teams in two facility catchment areas (covering four villages) to devise and test solutions to increase MDA coverage. This approach will continue through ongoing coaching and mentoring in FY22 in Moroto, while expanding to Nabilatuk, ahead of the FY22 MDA. (Included in the IR2 GESI section of the budget). Specific activities include: district level training and orientation on GESI concepts and BCC approach; training with and engagement of facility-based 'root agents' to obtain coverage data and identify cohorts of missing or refusing groups; interviews with cohorts; recruitment and training of influencers as behavior change teams; and ongoing coaching and support to behavior change teams to implement action plans.
- **Registration and treatment of mobile populations, including kraals and new settlements:** Mobile populations and new settlements can be easily missed during MDA without proper resources allocated to locating and treating them. In FY22, Act | East (RTI) will support costs for per diem, transportation, and face masks to enable district teams, supported by central supervisors, to plan and actively search for, register, and treat the mobile populations and new settlements during MDA. This activity was implemented successfully in FY21. The MOH typically requests a buffer stock of drugs from International Trachoma Initiative (ITI), which can be used to treat newly identified settlements.
- **Pre-MDA sensitization of local government and community leaders:** Act | East (RTI) will fund a one-day meeting in each of the two districts of Moroto and Nabilatuk in FY22. The goal of these meetings is to advocate for district support and ownership of the trachoma MDA. The meetings will target technical, political, administrative, and civic leaders, including members of the District Health Team, Chief Administrative Officers, District Education Officers, District Inspectors of Schools, heads of health subdistricts, LC III chairpersons, Community Development Officers, district trainers, media representatives, representatives from local CBOs/NGOs, and religious institutions.
- **Sensitization of kraal, community, and cultural leaders as social mobilizers to increase coverage:** This activity was planned in FY21 but was not implemented due to COVID-19. 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.

- **Enhanced MDA supervision:** Act | East (RTI) has developed supportive supervision checklists, data verification guides, and an MDA coverage rapid assessment guide that will continue to be used to enhance supervision and reporting. These tools are used to review subdistrict coverage data in the field and organize mop up in areas that register low coverage. Due to the remote nature of the pastoralists' settlements, Act | East (RTI) has allocated additional time and personnel for enhanced supervision, data collection and reporting in these areas. This strategy is also intended to address the issue of slow reporting of MDA coverage results mentioned during the FY21 deep dive presentation. The three tools that will be used to enhance supervision are:
 - **Supervision checklist:** The supervision checklist guides the supervisor to follow through the MDA implementation process and ensure the stipulated MDA implementation guidelines are followed and timely remedial actions are taken where required.
 - **Supervisors' MDA coverage rapid assessment guide:** Supervisors will use this guide to identify areas with low MDA coverage and reasons for the low coverage, to target communities for mop-up. Feedback from the CES, especially GESI-related factors influencing MDA coverage, will be incorporated in this guide. Training on this tool is integrated into the general training for central supervisors.
 - **Data verification guide:** Act | East (RTI Uganda) and NTDCP adapted this guide from the data quality assessment (DQA)-Supervision form and will be used by supervisors to validate data submitted and, where necessary, address the data errors identified in randomly sampled parishes.
- **MDA review meetings:** Act | East (RTI) will provide funding for MOH MDA supportive supervision teams to hold regular meetings at district and subcounty levels during implementation to review MDA progress in their supervisory areas. These meetings will be an opportunity for first-level supervisors to report on the issues and challenges they see and experience and document how they address them. The meetings will be used to understand the performance of the VHTs, especially the house-to-house strategy and ability to reach 30 homes, and data quality by VHTs, with an additional focus on GESI issues. Lastly, staff will assess participation of local leaders in MDA activities and occurrence and management of serious adverse events (SAEs).

Monitoring and Evaluation (M&E) Activities

- **CES in three districts:** Act | East (RTI) will provide technical and financial support to conduct a CES in Nabilatuk, Amudat, and Buliisa Districts in FY22. Nabilatuk will complete its first of three re-MDA rounds in FY21, and a CES will provide valuable information about its success, where additional work is needed, and how to improve social mobilization in FY22. The survey will incorporate questions on knowledge, attitudes, and practices; WASH; and GESI factors and data will be collected using EDC uploaded onto the RTI server. Given the history of trachoma survey failure in Buliisa and Amudat and building on recent trachoma deep dive, Act | East believes the CES data will help gauge the success of the MDA and the likelihood that these districts will successfully pass TIS after one round of re-MDA. The survey design in Amudat will include an oversample of mobile populations (10 additional clusters) to ascertain where these sub-groups were at the time of MDA.
- **Data quality assessment (DQA) in Moroto District:** As a result of the COVID-19 pandemic, Act | East (RTI) was not able to complete the planned DQA in Moroto in FY21 and will

implement this activity in FY22. DQA will be done in 12 sub-counties that will be purposely selected from the district NTD database. VHTs will be interviewed to assess their ability to complete the registers and summarize the data on a tally sheet. The outcomes will be shared during feedback meetings to determine actions to strengthen data quality during the next MDA.

Other Activities

Act | East (RTI) has planned the following additional activities to accelerate progress toward trachoma elimination in FY22:

- **Trachoma quarterly review meeting:** The TEP holds quarterly meetings to review progress toward trachoma elimination and discuss reports and plans for all the components in the SAFE strategy. The meetings are attended by NTDCP and senior management staff, district-level staff, and TEP partners and consultants supporting SAFE strategy activities. Act | East (RTI) will provide financial support for two of these quarterly meetings.
- **Karamoja trachoma stakeholders' meeting:** This two-day meeting will be held in Moroto for approximately 30 participants, including members of Parliament, the Minister of State for Karamoja, senior MOH officials, district and cultural leaders, and key SAFE stakeholders from border districts. This meeting will be a follow-on meeting to assess progress toward commitments made in the FY21 Karamoja trachoma stakeholders meeting. Act | East (RTI) will provide financial and technical support for this two-day meeting, including working with the trachoma team to develop the agenda, identify facilitators, and document the proceedings and the recommendations made during this meeting.
- **Trachoma Cross-Border Strategy Meeting:** Cross-border movements to and from Kenya and South Sudan continue to be a threat to NTD elimination efforts. To facilitate cross-border coordination, the Uganda TEP will host a three-day semi-virtual meeting targeting all stakeholders from the three countries to discuss implementation of the SAFE strategy across borders, with a focus on synchronizing MDA activities and mapping hot spots across borders for a targeted response. Information on TF and TT prevalence and progress on SAFE interventions will guide discussions. Participants will include district representatives from the border districts from each of the countries, partners operating within the region, and MOH officials.
- **Trachoma transition and sustainability planning for SAFE in two districts:** Sustaining the gains made in trachoma elimination will partly rely on the districts taking ownership of the SAFE strategy. The engagement of the district and subcounty technical planning committees is vital to this effort. Act | East (RTI) will provide technical and financial assistance to the NTDCP to conduct sustainability planning and transition sessions on the SAFE strategy in two districts of Nakapiripirit and Amudat in FY22. This transition planning meeting will be multisectoral, including WASH partners, community-based organizations (CBOs) involved in community mobilization for other health programs, the education sector, and the community development sector. At the end of the meeting, every district will come up with a transition/sustainability plan detailing how SAFE activities will be carried out post-MDA.

Act | East will leverage consortium partner Save the Children's (StC) existing work around WASH and social and behavior change communication (SBCC) in the Karamoja region to build the capacity of local health staff and VHTs to conduct ongoing trachoma/SAFE strategy education and SBCC activities outside of the MDA period. The goal of these interventions will be to both increase MDA participation and promote key behaviors such as face washing that will decrease chances of recrudescence of trachoma between TIS and TSS. The districts selected for these interventions include Moroto and Nabilatuk, which will implement MDA in FY22, and Amudat and Nakapiripirit, which failed TSS in FY21. Evidence suggests that these two districts may experience rebounding TF even after one more round of MDA. Continuity of

trachoma messaging after MDA remains a big gap, particularly among nomadic populations in these areas. Act | East, through StC, will support the following activities in FY22:

- **Translate, adapt and print existing SAFE SBCC materials:** Act | East (StC, in collaboration with RTI and WI-HER), will synthesize existing information collected during DSA outcome investigations, CES, the GESI assessment, and other data to summarize individual and contextual factors relevant to trachoma in Karamoja. This information will be used to update SBCC materials with respect to MDA and the broader SAFE strategy for the four districts. Materials will be translated into the relevant local dialects and adapted for socio-cultural relevance and appropriateness (i.e., literacy levels of VHTs), and will be used by VHTs and local health staff to deliver ongoing SAFE strategy messages to their communities.
- **Develop and broadcast SAFE SBCC messages for nomadic populations:** Key SBCC messages on the SAFE strategy will be widely disseminated throughout the year (10-month period) using spot messages, radio magazines and radio talk shows. Four major radio stations will be formally engaged (2 in Moroto, 1 in Nakapiripirit/Nabilatuk and 1 in Amudat/Kenya). The Kenya-based radio station reaches a cross-border audience providing an opportunity for cross-border messaging among the Pokot communities in both Uganda and Kenya. During the MDA period, SBCC messages will focus on community MDA compliance. Outside of the MDA period, SBCC messages will focus on community understanding about the broader SAFE strategy and the necessity of communities engaging in trachoma prevention activities.
- **Train VHTs to disseminate key messages on the SAFE strategy:** Through consultations with district NTD focal persons and RTI, Act | East (StC) will identify 120 villages with high trachoma prevalence for intensified support. In these villages, Act | East (StC) will train 240 VHTs, 40 parish-based supervisors, 8 parish chiefs, and 8 para-social workers on SBC approaches and equipped to disseminate key messages on the SAFE strategy to the households they routinely support. VHTs are selected by the communities themselves and where these communities are nomadic, they move with their community group.
- **Conduct bi-monthly community dialogues:** With financial and technical support from Act | East (StC) NTD focal points and VHTs will also support bi-monthly community dialogues in 120 villages targeting natural leaders, local sanitation committees, village COVID taskforces, household heads, women and other key influencers. Dialogues will be structured and tailored to address identified individual and contextual factors affecting behavior change in all aspects of SAFE.

Dossier Status for Trachoma Elimination

The TEP, with technical and financial support from RTI through ENVISION, began compiling the trachoma elimination dossier in December 2018. The MOH has set up a quarterly trachoma review meeting to discuss and refine trachoma data and support dossier development. Draft four of the dossier has been finalized but will require review following feedback from MOH senior management. Although Uganda was expected to implement its final TSS in 2024, with dossier submission by 2025, recent recrudescence (or TF persistence) may prevent the country from meeting that goal.

Proposed FY22 Trachoma Dossier Activities

Trachoma dossier preparation and review meeting: In FY22 Q4, Act | East (RTI) will support one dossier preparation and review meeting for trachoma. NTDCP staff, district-level staff, and TEP

partners and consultants supporting SAFE strategy activities will attend this meeting to update the dossier narrative and data files. Act | East (RTI) will also hire a local consultant to support the TEP in updating the dossier.

OV: Proposed FY22 Activities

Act | East (TCC) will support pre-MDA activities, such as training of health workers, parish supervisors, community supervisors, and drug distributors. Drug distributors are members of the communities they serve. They are selected by their own community members in a general meeting and work within their kinship or zonal areas. They speak the same language as the rest of their community members and are either related to them or have lived with each other for some time. Drug distributors are trained by trainers of trainees in a cascaded manner. Health education and community sensitization will also be conducted with the aim of making the affected communities aware of the program activities, thereby, preparing them for every round of the MDA. Supervision of all pre-MDA activities and MDA will be done to ensure that planned targets were attained and that all the affected communities are treated.

With this context in mind, Act | East (TCC) will support the following OV activities in FY22:

- **Training:** Health workers who receive community-directed intervention (CDI) program strategy training often are transferred to non-OV-endemic areas, with the original position filled by health workers who have not received the CDI 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. Therefore, trainings of health workers, parish supervisors, community supervisors, and CDDs will be conducted in 11 districts with support from Act | East (TCC).
- **MDA:** Act | East (TCC) will conduct bi-annual treatment in 11 districts in the Madi-Mid North focus. Of these, Act | East will support MDA in two districts in Madi-Mid North (Oyam and Lira) under FAAs. If there are communities in a district that do not complete MDA properly, Act | East will support mop-up treatments to maintain high treatment coverage.
- **Supervision for MDA:** Act | East (TCC) will carry out supervision during MDA in 11 districts. The supervision will be done at all levels by different personnel, including MOH and district health services from the national, district, subcounty, parish, and community levels.
- **Uganda OV Elimination Expert Advisory Committee (UOEEAC) Meeting:** The Carter Center, with Act | East funding, will assist the MOH to hold the annual UOEEAC meeting to review NTDCP's progress toward OV elimination. The meeting will be held outside of Kampala in August 2022.

Dossier Status for OV Elimination

The OV elimination dossier will be submitted once all foci in the country have been verified by WHO verification guidelines. The program has been publishing papers in peer reviewed journals on the foci that have interrupted transmission. These papers can be accepted as reports contributing toward the completion of the national dossier for elimination of OV. Where peer reviewed papers are not available, reports will be provided on each focus eliminated. The MOH aims to achieve verification of OV elimination by 2028.

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

Improving Core NTD Program Functions

Data Security and Management: Proposed FY22 Activities

NTD data management training using DHIS2

In FY21, Act | East (RTI) planned to support the training of district biostatisticians and health facility medical records assistants in four districts on the use of DHIS2 to manage NTD (MDA) data. However, this was not done due to COVID-19. In FY22, Act | East (RTI) will provide financial support to the NTDCP and MOH- Department of Health Information (DHI) to conduct six training sessions, two days each, for national and district health data teams in six districts to learn how to use the updated HMIS tools and enter NTD data into DHIS2. NTDCP and Act | East (RTI) will emphasize the importance of GESI to reach key populations as a part of reporting and health services delivery during these trainings. The hands-on trainings will target 20 participants each from six districts (120 total participants): Nebbi, Buliisa, Moroto, Amudat, Nakapiripirit, and Nabilatuk (current districts supported by Act | East (RTI) for trachoma MDA and DSAs). These trainings will be facilitated by staff from the MOH-DHI. The Uganda Act | East (RTI) MERLA Specialist will provide technical oversight during the trainings. The district biostatistician will be expected to review NTD data after entry into the DHIS2.

Drug Management

Drug Management: Proposed FY22 Activities

Routine drug transport and storage activities: In FY22, Act | East (RTI) will support drug storage and repackaging; drug transport from the national warehouse to the districts, and from district to the distribution points for Zithromax and TEO for use during trachoma MDA.

Reverse logistics: Act | East (RTI) will support reverse logistics for the FY21-FY22 trachoma MDA in Moroto, Amudat, Nabilatuk and Nakapiripirit in FY22 Q1 immediately following the MDA. Act | East will also support reverse logistics for the FY22 trachoma MDA in Moroto and Nabilatuk in FY22 Q4. This MDA is scheduled for August 2021 and reverse logistics will take place in September 2021. Reverse logistics following each MDA will include one MOH staff and one Act | East staff travelling to the districts to take stock and confirm the Zithromax and TEO balance available for use in the next MDA.

District monitoring and reporting of SAEs: Act | East (RTI) will provide on-the-job training through LOE and support to the two districts where trachoma MDA is supported, to properly report SAEs. Additionally, Act | East will support two medical and surveillance officers in Moroto and Nabilatuk to monitor, report, and facilitate the management of SAEs during MDA.

High-quality submission of the JAP and Trachoma Elimination Monitoring Form (TEMF): Act | East will continue to provide technical support through its RTI Uganda MERLA Specialist and program team in the preparation of high-quality JAP and TEMF. This will include review of the database to ensure data used for the JAP is accurate and reflects the reported and approved data by the program managers. In FY22, Act | East will provide funding to convene a one-day meeting to review program data and ensure data used for JAP reflects updated and approved data in the national database.

High-level meeting on mainstreaming NTD drugs: Act | East will provide technical and financial support to the NTD Technical Advisory Committee to conduct a high-level meeting involving the MoH – Department of Pharmacy, National Medical Stores, National Drug Authority, The Carter Center, and NTD stakeholders to discuss opportunities and process of mainstreaming of the NTD drugs and

diagnostics into the national drug quantification system and feasibility of better aligning NMS delivery schedules for health facilities with MDAs. Mainstreaming will be a key ask in advocacy engagements with senior management of MoH before this high-level meeting to discuss the modalities of how quantification of NTD drugs and diagnostics can be done at the district level based on MDA and morbidity data. Feedback on the progress of implementation of this initiative will be discussed during NTD Secretariat meetings where staff from the Pharmacy Department and NMS will be invited to participate.

FY22 Planned Activities

Financing

- **Building domestic resource mobilization capacity:** Building on FY21 activities, Act | East (RTI) will provide technical support to the MOH and to Moroto and Buliisa Districts to strengthen national and district administrative capacity for planning, budgeting, and domestic resource mobilization for NTD programming. A local consultant (contracted through R4D) and the Act | East (RTI) Uganda HSS Advisor will coach district health teams to prepare and negotiate health budgets utilizing NTD financial data, resource needs, and gaps, as part of, and synchronized with, the district budgeting and planning processes. The local consultant will use available data to create compelling messages to enhance prioritization of NTDs for integration in the MOH mainstream planning and budgeting processes. This will include developing methods for improving tracking of NTD expenditures and developing appropriate data collection plans, tools, and district dashboards to display NTD financial and program data. This advocacy will target key entry points in the Uganda MOH budget and planning cycle, namely the annual planning and budgeting meetings at national and district level and budget conferences at national and district level. These meetings start in September and continue up until March the following year.
 - **Workshops to strengthen local capacity for planning, budgeting, and resource mobilization:** Additionally, Act | East (RTI) and NTDCP will lead 10 local government staff from each of the two Act | East-supported districts (20 total participants) through a series of workshops (three per district) to build their capacity to gather, analyze, and use evidence on costs to support decision making at the district level.
- **National and District funds flow analysis:** Act | East with R4D will conduct a fund flow analysis at the national level (through STTA) and in two selected districts to inform the process for strengthening government ownership and budget execution, including the feasibility of using a FAA mechanism. RTI Uganda has reported that delayed flow of donor funds into district offices has had a negative impact on the use of FAAs. Changes to government accounting systems can mean that FAA funds take weeks to show up in accounts, delaying the district's ability to complete MDA activities timely. R4D will do a review of what government mechanisms may be impacting the timely flow of funds.

In addition to informing the feasibility of using a FAA mechanism in the country, the fund flow analysis will include a review of the current fiscal context for health financing at the district level to understand the implications for NTDs resource mobilization, analyses of how health and NTD funding is managed and flows through the system and examination of local planning and budgeting processes for their incorporation of NTD services. An

outcome of this activity will be insights into the gaps or bottlenecks with funding flows to districts and also at the district level.

Policy and Planning



- **Targeted advocacy sessions:** Using the advocacy strategy and reports from the financing and programmatic activities, NTDCP and the NTD advocacy subcommittee will continue to **conduct high- and subnational-level advocacy and engagement activities** with senior management of relevant ministries and six targeted local governments (Nebbi, Buliisa, Moroto, Nakapiripirit, Nabilatuk, and Amudat) based on specific asks for specific audiences. This will progressively increase domestic financing for NTDs and fully integrate NTD services into the essential minimum health care package. To do this, Act | East will provide support for the following activities:
 - Six high-level follow up advocacy and dialogue sessions: two for the new parliamentarians; one for Ministry of Finance, Planning and Economic Development; one for Ministry of Water and Environment; one for NTD program implementing partners; and one for MOH senior management.
 - Six subnational advocacy sessions will be held in each of six districts targeting the District Executive Committee and District Technical Planning Committee who are the top decision makers at that level. These advocacy sessions will be facilitated by the Assistant Commissioner–VB&NTDs or her/his designate and selected members of the NTD advocacy subcommittee, using audience tailored messages and presenting evidence on key challenges to policy makers at the national and district levels. GESI-sensitive messaging will be incorporated into targeted advocacy and dialogue sessions to strengthen local capacity to deliver GESI-sensitive advocacy messaging that is inclusive and representative of diverse voices.



Targeted advocacy sessions will help Uganda continue to answer a country-specific learning question “What are the successes and barriers to implementing our advocacy strategy in Uganda?”, which aligns with Act | East’s learning priority, “What are high impact approaches to supporting sustainability and how do we effectively support their implementation?” (A premise here is that effective advocacy is a necessary and high-impact practice.) As these advocacy sessions are implemented throughout the year, Act | East will provide internal Pause and Reflect opportunities for Act | East staff and NTDCP to document the progress being made. This information will help NTDCP adapt these strategies/approaches for next year’s work plan. Act | East will technically support the MOH and NTDCP to regularly share the learnings from the advocacy initiative with MOH partners, and documentation around this learning question will be collated for easy access internally.

- **Strengthen NTD program and integrated vector management (IVM) program collaboration in targeted LF-endemic districts:** Linking with the FY22 Act | East Program Work Plan, RTI will support the LF Program to meet and discuss with the IVM program representatives in 5 high-risk districts, likely those with positives in TAS2 or TAS3 for LF post-MDA surveillance. These meetings will allow the LF and the Vector Control teams to identify

potential joint activities and create policies or processes to address them. For example, building bed net use questions into NTD data collection activities; agreeing that in a TAS cluster where positives are found, malaria would agree to distribute bed nets; etc. The identification of these joint activities would contribute to the overall achievement of LF elimination goals and the implementation of the national sustainability plan.

Coordination/Multisectoral Collaboration

- **Address the multi-sectoral coordination agenda in NTD Secretariat meetings:** The NTDCP, with funding from Act | East (RTI), will convene quarterly NTD Secretariat meetings to review program performance against disease-specific objectives and implementation of Sustainability Plan strategies and activities. Act | East (RTI) will support the NTDCP to take any needed steps to ensure that relevant ministries (e.g., Education and Sports; Water and Environment; Gender, Labour and Social Development; Finance, Planning and Economic Development; and Local Government) are part of the NTD Secretariat.

Additionally, given that the MOH is planning to review its HMIS tools at the end of 2021, one of the NTD Secretariat meetings will be used to discuss the harmonization and inclusion of additional key NTD indicators derived from the current MoH NTD M&E plan into DHIS2. This harmonization exercise will enable the NTDCP, through the MOH-DHI to expand the HMIS tools to capture all relevant MDA data for specific NTDs and special survey data. During this meeting, DHI staff will be invited to give guidance on indicator harmonization to the NTDCP.

- **Address the multi-sectoral coordination agenda in extended District Health Management Team meetings:** Act | East (RTI) will financially support NTDCP to meet the costs of one (out of four) extended District Health Management Team meeting in each of the six districts (Nebbi, Buliisa, Moroto, Nakapiripirit, Nabilatuk, and Amudat) for 15 participants per district where advocacy sessions will take place. These meetings will be used to update the stakeholders and district leaders on NTD progress and engage them to increase their support for activities in the Uganda NTD Sustainability Plan, meant to control and eliminate NTDs in their respective districts. Some examples of district level activities from the Sustainability Plan that require support are allocating more funds to NTDs from domestic sources and recruiting more health workers to enable facilities to manage NTD cases.

To strengthen national-level participation in district coordination meetings, a gap cited in the Uganda NTD program sustainability plan, the NTDCP, through the NTD Technical Advisory Committee, will review the job descriptions for disease-specific program managers and recommend that issues of program coordination and sustainability become an important role in these job descriptions. Act | East (RTI) will then support the NTDCP to participate in the extended District Health Management Team meetings of the targeted districts during routine support supervision visits to understand and help address district-level NTD challenges.



Building on the multisectoral collaboration work and advocacy sessions, Act | East will continue to document the support of MOH and NTD partners and relevant sectors on

the implementation of the Uganda NTD Sustainability Plan at national and subnational levels. Act | East will continue to answer the country-specific learning question, “How is government and other relevant partners across sectors supporting the implementation of the NTD sustainability plan at national and subnational level?”, which aligns with the program learning priority, “What are high impact approaches to supporting sustainability and how do we effectively support their implementation?”. To help answer this question we will:

1. Use the documentation from the health financing consultancy.
2. Support NTDCP to engage a broad range of NTD stakeholders at multiple levels, including other relevant government entities, to share and agree on roles and responsibilities in supporting the NTD Sustainability plan.
3. Document and use meeting notes and outcomes of the multi-sectoral collaboration discussions in meetings at the subnational level.

Act | East will use this to support documentation and discussion across the project on the implementation of the sustainability plans in the portfolio and consider if there are important actions to take next year to improve. Through this process, and with the support of the health financing consultant and Act | East, the MOH will have consistent feedback on the implementation of the Sustainability Plan and will learn how to manage and support its implementation progress tracking.

GESI

- **GESI behavior change activity:** Please see IR1 section for details.
- **Finalize and institutionalize GESI MDA training curriculum:** Act | East (WI-HER and RTI) will support the NTDCP to use a two-day review meeting of the GESI MDA training content to review its effectiveness and improvement in trainings, messaging, and MDA impact/coverage. Act | East (WI-HER and RTI) will provide financial and technical support to bring together national NTD trainers, national-level stakeholders who developed the GESI training content, and district-level teams who participate in subnational trainings (approximately 35 participants). The review meeting will focus on (1) how the materials have improved the ability to address GESI issues, (2) identification of additional content or areas of adaptation based on the use of the materials in FY21 MDA activities, (3) incorporation of any new learnings, and (4) reach consensus on institutionalization of GESI content into all NTD training materials. This meeting will also support the MOH to integrate the updated GESI content into the draft *MOH National Communication Strategy for Prevention, Control and Elimination of NTDs in Uganda (2017)*. This process will be finalized after the meeting through support from WI-HER’s local consultant.
- **Develop National SBC packages for NTDs and GESI:** The Health Promotion, Education and Strategic Communication Department (HPESCD), under the MOH, with support from the USAID/Uganda-funded Social and Behavior Change Activity is developing national SBC standards to achieve improved health outcomes across Uganda. Act| East (WI-HER and RTI) will provide financial and technical support to the HPESCD and NTDCP to lead a three-day workshop for approximately 35 participants to review learnings to develop an NTD-focused behavior change package, which will be included in the national SBC standards and the NTD communication strategy. This initiative will aim to support the MOH to expand the packages to include NTDs, using learning and reflection from the Moroto behavior change activity conducted in FY21 and other potential districts in FY22, to improve MDA coverage for missing or MDA-refusing populations. Specifically, the approach will gather community and behavior change team feedback, using participatory

methods, from the application of the behavior change activity and tools to further adapt and finalize content into defined and concrete tools for the behavior change package.



In FY22, Act | East will seek to answer the country-specific learning question, “How is GESI integration and capacity development affecting MDA coverage and DSA outcomes?” under the project learning priority, “What are effective strategies for quality MDA, including reaching hard-to-reach and/or never-treated populations?”. Act | East will seek to answer this question as outlined below.

1. Work with the Program Work Plan activity 6.1.4 to understand the ripple effects of GESI training and capacity development across NTD work.
2. Document feedback on the SBC package integration of NTDs and their success in working with and changing behavior of key populations.
3. Document the identified adaptations to the behavior change activity and approaches to improve MDA coverage in two additional districts; track their implementation.

These learnings will be used to build upon the success in applying GESI in Uganda and share lessons on integration and capacity development across the portfolio and community through blog posts and webinars.

4. IR3 PLANNED ACTIVITIES: SCH AND STH

SCH/STH: Proposed FY22 Activities

- **SCH/STH Expert Committee:** In FY22, Act | East will provide financial support for two, two-day SCH/STH expert committee meetings as part of ensuring the committee reviews existing strategic plans and sets the agenda for the government to provide direct input to the implementation of activities focusing on SCH and STH control and elimination as indicated in the Uganda NTD program sustainability plan. Act | East has four members on this committee with the second vice chairperson being an Act | East senior technical advisor for SCH and OV. With Act | East representatives, there will be an opportunity to influence the agenda of the committee to meet expected deliverables.
- **Dissemination of findings around multisectoral mapping at subnational level:** StC will participate in the SCH/STH Expert Committee meetings and will disseminate the results of the partner mapping exercise conducted in FY21 to the subnational level and recommendations for engaging with these partners. StC will also disseminate success stories on multisectoral collaboration at the district level.