

# Ethiopia Work Plan

**FY 2023**

**Program Year 5**

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## **ACT | EAST PROGRAM OVERVIEW**

The U.S. Agency for International Development Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program provides critical support to governments to create sustainable platforms for NTD services within robust and resilient health systems. The Act | East Program is implemented by a consortium of partners, led by RTI International and including The Carter Center; Fred Hollows Foundation (FHF); Light for the World (LFTW); Results for Development (R4D); Save the Children; Sightsavers; and WI-HER.

In Ethiopia, Act | East program activities are implemented by RTI International, Fred Hollows Foundation, and Light for the World.

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FY23 Learning Activities are marked with this icon throughout the narrative.

## ACRONYMS LIST

AE	Adverse Event
ALB	Albendazole
BCT	Behavior Change Team
CES	Coverage Evaluation Surveys
DHIS2	District Health Information System 2
DQA	Data Quality Assessment
DQA-S	Data Quality Assessment during supervision
DSA	Disease-specific Assessment
EDC	Electronic Data Capture
EPHI	Ethiopian Public Health Institute
EOEEAC	Ethiopia Onchocerciasis Elimination Expert Advisory Committee
EPSA	Ethiopian Pharmaceuticals Supplies Agency's
EPSS	Ethiopian Pharmaceutical Supply Service
FHF	Fred Hollows Foundation
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
HDA	Health Development Army
HSS	Health Systems Strengthening
HEW	Health Extension Worker
HIT	Health Information Technician
HMIS	Health Management Information System
iDARE	Identify, Design, Apply/Assess, Record, Expand
IMDA	Integrated MDA
ITI	International Trachoma Initiative
IVM	Ivermectin
LF	Lymphatic Filariasis
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOF	Ministry of Finance
MOH	Ministry of Health
NTD	Neglected Tropical Disease
OV	Onchocerciasis
PC	Preventive Chemotherapy
RHB	Regional Health Bureau
SAE	Serious Adverse Event
SCH	Schistosomiasis
SCM	supply chain management
SCT	Supervisor's Coverage Tool
SOP	Standard Operating Procedure
STH	Soil-Transmitted Helminths
TAS	Transmission Assessment Survey
TEO	Tetracycline Eye Ointment
TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey

TOT	Training of Trainers
TWG	Technical Working Group
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

## NARRATIVE

### 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

The Ministry of Health (MOH) is the coordinating body for health initiatives across all 11 regions in Ethiopia. Housed within the MOH is the Disease Prevention and Control Directorate, which oversees the Neglected Tropical Diseases (NTDs) team, among other programs. In June 2013, Ethiopia launched its National Master Plan for NTDs (2013–2015). This Master Plan was updated in 2018 (to cover 2016–2020) and provided the impetus for the inclusion of NTDs into the 2016–2020 Health Sector Transformation Plan. The MOH completed the Ethiopia Sustainability Action Plan for NTD Control, Elimination, and Eradication 2021–2025 in July 2021 though, official endorsement from the State Minister of Health took place a year later on June 2022. The third National Master Plan for NTDs (2021–2025), launched on January 27, 2022, includes NTD targets and reflects strategic directions outlined in the second Health Sector Transformation Plan (2021–2025). Activities from the Ethiopian NTD sustainability plan priority goals were also incorporated into the NTD Master Plan. The MOH focuses on nine priority NTDs (lymphatic filariasis [LF], onchocerciasis [OV], trachoma, soil-transmitted helminths [STH], schistosomiasis [SCH], podoconiosis, dracunculiasis, leishmaniasis, and scabies), of which trachoma, LF, and OV are targeted for elimination. Ethiopia has seen a scale-up of NTD activities since the development of the initial Master Plan, including the establishment of the national NTD team. Currently, the team comprises a team leader and 11 disease experts, of whom seven are salaried MOH employees and five are secondments supported by partners.

Decentralization of the health care delivery system is a primary strategy of the national health policy and NTD Master Plan. In line with this, the MOH oversees the direction and coordination of health programs at the national level, while the regional health bureaus (RHBs) ensure implementation and coordination of programs at the regional level. RHBs follow the general initiatives and direction of the MOH, but also prioritize health activities and initiatives based on regional needs. RHBs have developed their own regional NTD master plans within the national framework to complement the National Master Plan for NTDs and other key NTD documents, such as regional trachoma action plans. The RHBs are responsible for ensuring the successful rollout of NTD activities and accurate data collection and reporting before submission to the MOH. RHBs also must approve mapping and disease-specific assessment (DSA) results before the MOH can declare them official.

The MOH and RHBs conduct various health initiatives through tertiary, secondary, and primary health care provision levels. The primary level focuses on community engagement and is where most hands-on implementation takes place within the NTD program. The primary level is divided into primary health care units, the Health Extension Program, and the Health Development Army (HDA). Primary health care units are district (woreda)-level medical clinics, and on average, each woreda contains five and provides services to an estimated 25,000 people. Additionally, there is one health post and two health extension workers (HEWs) per subdistrict (kebele), which fall below the primary health care unit and health centers. HEWs are government-salaried, trained, community-based health workers who oversee the volunteer HDA.

For NTD control and elimination, health care workers at the community level play a vital role in community ownership and access to preventive chemotherapy (PC) NTD interventions. HEWs manage mass drug administration (MDA) registration and supervision, as well as administer azithromycin. HDA members administer albendazole (ALB) and ivermectin (IVM), and they assist with general MDA organization. Mebendazole and praziquantel are distributed by teachers via school-based distribution,

except in woredas with high-risk groups or a prevalence over 50%. In these woredas, the HEWs lead community-wide distribution, which complements school-based deworming.

In addition to the structures mentioned above, the Ethiopian Public Health Institute (EPHI), a government entity that focuses on health initiatives and research, is involved in NTD-related activities. It has conducted NTD mapping and assists with DSAs. Specifically, EPHI completed the LF, STH, and SCH mapping for most of the country in 2014. The MOH mandated in 2018 that all coverage assessments and DSAs involve an independent research organization, separate from the organizations that implemented the MDA.

In fiscal year 2018 (FY18), the MOH circulated an integrated MDA (IMDA) annual calendar to the RHBs and implementing partners to plan and implement integration. The integrated NTD strategy aims to scale up access to NTD interventions, streamline NTD trainings for frontline health workers, avoid duplication of efforts, improve drug supply chain management, and harmonize monitoring and evaluation (M&E) activities. In May 2019, the MOH rolled out IMDA nationwide. To address IMDA financing and coordination challenges, the MOH created IMDA steering committees in each region. These committees are co-chaired by the RHB NTD focal person and an implementing partner. The committees specifically coordinate the required finances among all partners in a given region. For example, in Beneshangul-Gumuz, Act | East provides sufficient funding to the RHB to address OV, LF, and trachoma MDA in two zones while The Carter Center provides funding for OV MDA in one zone. The STH/SCH pooled fund provides funding for STH/SCH across all three zones. This approach addresses all the PC-NTD MDA requirements in the region. The partners then work together to implement the IMDA training and supportive supervision. Act | East is strongly represented on these steering committees, with RTI chairing committees together with the Gambella and Beneshangul-Gumuz RHBs, the Fred Hollows Foundation (FHF) chairing with the Oromia RHB, and Light for the World (LFTW) chairing with the Tigray RHB. In FY20, these committees worked well for planning purposes and for ensuring that there were no redundancies in support. However, the different funding schedules of the various implementing partners and donors continued to challenge the integrated rollout. In FY21 and FY22, IMDA was not conducted because it was very challenging to align the funding schedules during the COVID-19 pandemic. In FY23, the MOH expects to continue independent MDA planning given the ongoing pandemic and insecurity.

## **2. INTERMEDIATE RESULT 1 (IR1) PLANNED ACTIVITIES: LF, TRACHOMA, OV**

### **Lymphatic Filariasis**

In FY23, Act | East will provide support to the Ethiopia LF program for MDA, surveys using RTI's electronic data capture (EDC) system, and dossier development. Specific activities are detailed below.

- **LF Confirmatory Mapping:** Act | East will support the Beneshangul-Gumuz RHB to conduct confirmatory mapping in two woredas (Bambasi and Kumruk) of Assosa zone. These are the only two of 14 woredas in Assosa and Kamashi zones that were not considered to be LF endemic at baseline. All 14 woredas are OV endemic and receiving IVM via annual MDA. The decision to conduct remapping was based on several factors. First, as mentioned above, The Carter Center supported remapping in one woreda in Metekel Zone of Beneshangul-Gumuz and found a prevalence of 21% antigen. Second, the woredas that border Bambasi and Kumruk reported LF prevalence between 1% and 8% antigen at baseline. Finally, during a hydrocele campaign conducted in 2017, 24 patients were identified in Kumruk and 36 in Bambasi, possibly pointing to an underestimated LF prevalence.

- **LF MDA (RTI):** Act | East will support MDA with Beneshangul-Gumuz RHB in one refugee camp. Act | East will collect subcamp-level MDA coverage and Supervisor’s Coverage Tool (SCT) data for all program-supported MDA activities.
- **LF pre-TAS:** In FY23, Act | East will support pre-TAS in 4 woredas and 1 refugee camp (5 EUs). In addition to the usual pre-TAS questions, questions about “never treated” will be included in the EDC to get additional information about treatment history.
- **Beneshangul-Gumuz (RTI):** Act | East will support the Beneshangul-Gumuz RHB to conduct pre-TAS in three woredas and one refugee camp (4 EUs). Three of these are re-pre-TAS.
- **Oromia (RTI):** Act | East will support the Oromia RHB to conduct pre-TAS in one woredas (1 EU).
- **LF TAS1:** In FY23, Act | East will support TAS1 in four woredas and one refugee camp (5 EUs).
- **Beneshangul-Gumuz (RTI):** Act | East will support the Beneshangul-Gumuz RHB to conduct TAS1 in three woredas and one refugee camp (4 EUs).
- **Oromia (RTI):** Act | East will support the Oromia RHB to conduct TAS1 in one woredas (1 EUs).
- **Training for Pre-TAS & TAS:** To conduct surveys in FY23, Act | East will support four training sessions: two in Beneshangul-Gumuz and two in Oromia containing a total of 64 participants. Pre-TAS and TAS survey team members are recruited from regional health facilities and woreda health offices.
- **Proposed FY23 LF Dossier Support (RTI):** In FY23, Act | East will continue to support the LF Technical Working Group (TWG) to convene a one-day LF dossier preparation workshop for 40 participants from the MOH, RHBs, and implementing partners to review the available data. The MOH NTD team will lead the overall dossier development process, including the consultant’s terms of reference development and selection, facilitation of the workshop, reviewing, and approval of the draft. The LF focal person and monitoring, evaluation and learning technical advisor will work closely with the consultant to ensure RHB and partner participation and will review available historical data on MDA coverage, coverage evaluation surveys (CES), surveys, and sentinel and spot check sites. After the workshop, Act | East will engage a local consultant to develop a draft dossier report on both the narrative and Excel woreda-level templates. The LF TWG will review the data and present it at the MOH biannual or annual review meeting. The LF TWG will subsequently update the dossier on an annual basis.

## Trachoma

In FY23, Act | East will to provide support to the Ethiopia trachoma program for MDA, and surveys. Specific activities are detailed below.

- **Trachoma DSA Outcome Investigations (RTI, FHF):** In FY23, Act | East will continue to operationalize the DSA outcome investigation algorithm. Act | East will apply the algorithm to all districts with surveys above the threshold and categorize each into an investigation bucket. This includes collecting and reviewing subdistrict coverage data, and woreda SCT reports to address hypotheses around poor MDA coverage being a potential cause. After the desk review, the teams will travel to a subset of woredas to collect qualitative information using key informant interview and focus group discussion tools. In re-MDA districts, a suite of enhanced MDA strengthening interventions will be applied, selected based on priority hypotheses and recommendations.
- **Trachoma MDA:** In FY23, Act | East will support MDA in 70 woredas. Of these, 46 are re-MDAs.



- **Gambella (RTI):** Act | East will support the Gambella RHB to conduct MDA in eight woredas, all are re-MDA activities.
- **Oromia (FHF):** Act | East will support the Oromia RHB to conduct MDA in 62 woredas. Of the planned MDA, 24 are rolling forward from FY22 and 38 are re-MDA rounds.

- **GESI Behavior Change Activity (RTI, WI-HER):** In FY22, Act | East collaborated with the ORHB to initiate a GESI behavior change activity in two kebeles/villages in Adaba woreda, based on learning from the FY21 GESI Assessment. The assessment identified GESI-related gaps in MDA access, acceptance, and uptake in three woredas in Oromia (Adaba, Derra, and Sodo Dachi) and one woreda in Gambella (Wanthuwa). Based on WI-HER’s iDARE (Identify, Design, Apply/Assess, Record, Expand) methodology, the behavior change activity identified individuals or groups who are missing or refusing MDA and strengthened the capacity of woreda- and kebele-level teams to develop solutions to improve MDA outcomes among those identified individuals or groups.

In FY23, Act | East will expand the activity within Adaba to two new kebeles, while continuing with coaching and mentoring to the original woreda-level GESI team and BCTs as they progress with testing solutions and recording improvements among their respective cohorts or with additional cohorts. In addition, the program will expand to one additional woreda. Act | East will continue to document lessons and results from the activity, to share with the larger program and partners and the ORHB. Sebata Hawas woreda will be targeted for the planned scale-up of the behavior change activity following the DSA investigation conducted in the district. This will link DSA investigation with GESI behavior change activities to increase the impact of trachoma MDA and other NTD services.

- **Implement GESI-integrated SCT and GESI Training in Persistent and Recrudescing Trachoma Woredas (FHF):** In FY21, WI-HER supported FHF to integrate GESI into the SCT, to better guide supervisors to probe and document GESI-related factors for non-participation in MDA, to assess never-treatment, and whether individuals intend to participate in future MDA rounds. In FY22, Act | East gathered feedback, via an online survey from supervisors and other staff who used the tool, to make updates and expand the training to two days. In FY23, Act | East will support the scale-up/rollout of the GESI SCT into FY23 pre-MDA trainings and meetings, particularly in Oromia non-responding trachoma woredas, with learning and reflection documented through the training and implementation. WI-HER will support FHF to conduct a 3-day training for select zonal, ORHB, MOH and FHF staff.
- **Data Quality Assessment During Supervision (RTI):** The major gaps identified during the FY21 data quality assessment (DQA) in two districts of Gambella were discrepancies between the reported and recounted MDA data, documentation problems of MDA-related source documents, and low engagement of HEWs and supervisors in MDA data aggregation and reporting. To assess the progress of the overall M&E activities, identify gaps, and provide timely solutions and considering the round of MDA to be conducted in FY23, RTI plans to use the DQA-S in six districts in Gambella during MDA.
- **Trachoma Impact Surveys:** In FY23, Act | East will support the MOH to conduct TIS in 80 woredas (76 of these surveys were originally planned in FY22) and 1 refugee camp. Act | East will use WHO’s simplified trachoma grading system to identify and register trachoma cases and employ WHO’s Tropical Data service.
- **Beneshangul-Gumuz (RTI):** Act | East will support the Beneshangul-Gumuz RHB to conduct TIS in 2 woredas (2 EUs).

- **Gambella (RTI):** Act | East will support the Gambella RHB to conduct TIS in 8 woredas and 1 refugee camp (9 EUs). Discussions are ongoing with Gambella RHB and trachoma experts to staff TIS/TSS with Gambella technicians.
- **Oromia (FHF, LFTW):** Act | East will support the Oromia RHB to conduct TIS in 70 woredas (41 FHF, 29 LFTW).
- **Trachoma Surveillance Surveys:** In FY23, Act | East will support TSS in 37 woredas (all surveys were originally planned in FY22). Act | East will use WHO’s simplified trachoma grading system to identify and register trachoma cases and use WHO’s Tropical Data service.
- **Beneshangul-Gumuz (RTI):** Act | East will support the Beneshangul-Gumuz RHB to conduct TSS in 6 woredas (6 EUs).
- **Oromia (LFTW):** Act | East will support the Oromia RHB to conduct TSS in 31 woredas (31 EUs).
- **Training for TIS and TSS (RTI, FHF, LFTW):** To conduct surveys in FY23, Act | East will support the MOH, RHB, and partners to organize trainings, including identifying certified instructors and providing high-quality training materials. A certified recorder and grader trainer will provide the training based on the Tropical Data methodology.
- RTI will support one basic TIS/TSS training in Beneshangul-Gumuz and one basic TSS training in Gambella for a total of 50 grader and 50 recorder candidates.
- FHF will support two rounds of basic TIS Tropical Data training in Oromia for a total of 50 grader and 50 recorder candidates.
- LFTW will support two rounds of basic TIS/TSS Tropical Data training in Oromia for a total of 50 grader and 50 recorder candidates.
- **Trachoma Confirmatory Mapping (RTI):** Although most of Ethiopia was mapped through GTMP, urban woredas were not prioritized for mapping. In FY23, Act | East and MOH will conduct a comprehensive desk review of unmapped woredas to provide evidence for dossier purposes and if findings suggest suspicion of trachoma, then confirmatory mapping will be prioritized.
- No trachoma dossier support is proposed for FY23.

## **Onchocerciasis**

In FY23, Act | East will continue to provide support to the Ethiopia OV program for MDA and surveys. Specific activities are detailed below.

- **OV MDA:** Act | East will support one round of OV MDA through FAAs in 85 woredas and 5 refugee camps. The MOH is currently advocating with other funders to raise support for the second round.
- **Beneshangul-Gumuz (RTI):** Act | East will support the RHB to conduct one round of OV MDA in 17 woredas and 5 refugee camps.
- **Oromia (LFTW):** Act | East will support the Oromia RHB to conduct one round of MDA in 68 woredas of Western Oromia.
- **OV Coverage Evaluation Surveys (LFTW):** Act | East will support the MOH to conduct CES after MDA in one woreda of Western Oromia to validate reported coverage. Act | East and the MOH will use the CES data to understand reported coverage differences among targeted populations and identify levels of participation in MDA. Act | East will document the results in the CES report

and present it at the EOEAC meeting. Findings will be used to inform design of future rounds and understand factors contributing to continued disease transmission.

- **EOEAC Meeting (LFTW):** Act | East will support the EOEAC meeting for 3 days with 50 participants. These participants are representatives from the RHBs, endemic woredas, universities, and the MOH.

### 3. IR2 SUSTAINABILITY AND HEALTH SYSTEMS STRENGTHENING STRATEGY ACTIVITIES

#### Improving Core NTD Program Functions

##### Data Security and Management



In FY23, Act | East will investigate data management and use through the learning question “*How does access to data and data use at multiple levels support improvements in program implementation and ownership, including resource mobilization?*” This question will contribute to program learning priorities around ensuring effective MDA and sustainability. Act | East will answer this question through the NTD Database training rollout and NTD data management supervisory visits. Act | East will leverage supervisory visits during and after MDA to understand changes in data entry, review, and use, and learn how NTD stakeholders and other decision makers are accessing and using NTD data. Improving data availability and access, as a precursor to data use, is a priority in FY23. Act | East will document lessons through learning questionnaires and discussions or debriefs completed during supervisory visits. Act | East will disseminate lessons by sharing documentation and lessons learned on implementation of training rollout, supervision, and data entry. Act | East will look at how lessons from these activities may be incorporated into activities—such as routine MDA supervision—and how data entry and data use at the facility level can enhance data use and program ownership.

##### Proposed FY23 Activities with a focus on strengthening NTD data use

In FY23, Act | East will support the following:

- **National M&E TWG Workshop (RTI):** Act | East will support one of the quarterly national M&E TWG meetings, with other NTD implementing partners supporting the remaining three meetings. TWGs will continue to analyze routine NTD data (HMIS versus routine vertical data), a process initiated in FY22, and will aim to ensure that ultimately HMIS serves as the only MDA data source by providing feedback to regional TWGs. The meetings will be used as an opportunity to review DSA investigations with key findings fed back to the regions.
- **Regional M&E TWG Workshop (RTI, LFTW):** Act | East will support two of the quarterly regional-level M&E TWGs in Beneshangul-Gumuz and Gambella and one workshop in Oromia, for a total of five workshops, assuming contributions from other NTD partners will cover the rest of the meetings. The Act | East regional secondees will support agenda development, data analysis, preparing presentations, documentation of the meetings, and facilitation to the RHBs in the regional-level TWGs where DSA investigations will be prioritized. Participants at the regional TWGs will include two representatives from each zone and implementing partners. RHB and zonal health departments will provide feedback to woreda health offices. The major findings of the data analysis will be presented during the regional-level review meetings.
- **Data Quality Assessment (FHF):** Act | East will support a DQA in three trachoma MDA woredas to check data quality in terms of timelines, completeness, reliability, and accuracy. Woredas with known or suspected data quality issues and those that either have persistent or recrudescing TF will be selected for this activity.

- **National NTD Database Training Rollout (RTI, LFTW):** In FY23, Act | East will support the MOH in its two-pronged data management strategy: (1) cascade the NTD Database from the central level to the regional, zonal, and woreda offices; and (2) increase woreda-level data entry of NTD indicators into the HMIS system. In Beneshangul-Gumuz, Gambella, and Western Oromia, Act | East will support trainings of regional, zonal, and woreda NTD and HIT officers to use the NTD Database. Act | East will support a three-day training for Beneshangul-Gumuz (RTI), Gambella (RTI), and Western Oromia (LFTW). The program will focus the training for HIT officers and NTD focal points working at regional, zonal, and district levels.
- **NTD Data Management Supervisory Visits (RTI):** In FY23, Act | East will provide on-site technical assistance and biannual supportive supervisory visits to five woredas of Beneshangul-Gumuz and five woredas of Gambella. These visits by M&E personnel from RTI will support NTD Database trained zonal and woreda HIT and NTD focal personnel to provide standardized on-the-job technical support to facility-level personnel. Through the site visits, trained zonal and woreda HITs and NTD focal persons will enhance their capacity by documenting learnings from these 5 woreda visits per region. Afterwards, zonal and woreda personnel will supervise all facilities in their catchment on HMIS data documentation, analysis, HMIS data entry, and data use for evidence-based decision-making.

### **Drug Management**

In FY23, the EPSS Mentor will work with RHBs and the MOH to improve reverse logistics and leftover medicine management.

- **Act | East EPSS Mentor Support (RTI):** In FY23, the Act | East EPSS Mentor will continue to conduct quarterly assessments focusing on reverse supply chain issues. Afterwards, the mentor will offer feedback to each responsible authority and strategize or provide recommendations to address the identified issues. The major findings will be communicated to the MOH and presented during MOH and RHB review meetings. Additionally, the mentor will contribute to the EPSS warehouse and inventory management annual planning, assist in the strengthening of the NTD SCM TWG, annual inventory, procurement, distribution follow up, shortage mitigation during campaigns, and additional support as needed.

In FY23, the EPSS Mentor will collaborate with the MOH and RHBs to revise their supervision checklist in order to incorporate more supply chain and MDA safety issues into the program supportive supervision check list, thereby improving leftover medicine management and MDA safety monitoring activities.

### **MDA Safety**

- **NTD Supply Chain Standard Operating Procedure (SOP) Revision Workshop (RTI):** In FY23, Act | East will technically support and fund a two-day validation workshop for 20 participants on the revision of the NTD supply chain SOP based on the action plans developed during the MDA Safety workshop. The Act | East EPSS Mentor will follow revision of the HEWs integrated MDA training manual, monitor MDA safety initiatives, and take part in AE/SAE incident investigations. They will also assist in establishing the MDA safety TWG, which will begin by developing terms of reference and presenting it to the National NTD Taskforce. They will act as a member of the TWG.
- **HEWs' Integrated MDA Training Manual Revision:** Act | East will technically support MOH to revise the HEWs' integrated MDA in-service training manual in light of safety considerations, especially choking prevention and management. Act | East will also develop additional support

materials (e.g., job aids) for HEWs. The revision process has started and is being led by the Ministry's Health Extension Program team.

## **Achieving Sustainability: Mainstreaming and HSS**

### **Planned activities**

#### ***Governance Activities***

- **Bilateral discussions between the Ethiopia MOH/NTDCP and USAID:** Ethiopia signed and launched its NTD Sustainability Action Plan in January 2022. The State Minister of Health reiterated the government's commitment to implement the sustainability plan at the launch and in several other global forums, including the END Fund Summit in Nairobi and the Kigali NTD–Malaria summit. In FY23, USAID will pursue bilateral discussions with the MOH/NTDCP in Ethiopia.
- **Development of an NTD Financial Roadmap (RTI, R4D):** Act | East will provide support to the MOH to develop the NTD Financial Roadmap, which will help the MOH to increase the options for funding mechanisms as well as the level of funding for priorities and goals established in the Third NTD Master Plan and NTD Sustainability Plan. The roadmap will guide the Ministry to identify a range of financing mechanisms to fill the NTD funding gaps through diversifying sources of funding, identifying strategies for domestic resource mobilization, and enhance budgeting from government sources. The ultimate aim is for Ethiopia to achieve the objectives and targets outlined in the NTD Master Plan by filling funding gaps and identifying directions for donor funding transitions and sustainability of NTD programming. Act | East will support the introductory (one day) and validation (two days) workshops each with participants from NTD implementing partners, RHBs, MOH and agencies, universities, MOF, and the USAID mission.

The MOH will lead the process under the leadership of the Partnership and Cooperation Directorate, for relevant resource mobilization expertise, and the Disease Prevention and Control Directorate for NTD technical leadership. As a precursor step, the MOH has engaged a consultant to identify the financial gaps for NTD programming. To ensure that the consultant has access to all available information, the MOH will secure the Ministry of Finance's (MOF's) commitment to provide the required guidance and support to the consultant.

- **NTD financial assessment in five woredas of Oromia and Beneshangul-Gumuz (RTI, R4D):** In FY21, Act | East implemented an NTD budget and expenditure assessment that identified several financial system gaps as well as mapped out how budgets are built within the region and woredas. As an extension of the FY21 assessment, Act | East and the two RHBs will conduct an assessment to explore the drivers and barriers to including NTD activities in the woreda-based planning and budgeting tool. The assessment will include reviewing the existing system, woredas' capacity on planning, budgeting, resource mobilization and tracking, and expenditure reporting mechanisms. A consultative meeting will be organized with the RHBs to select five woredas according to various criteria. For example, endemicity of multiple NTDs, availability of NTD funding sources, demonstrated district leadership/ownership, districts where the FY21 expenditure analysis took place, and end game elimination challenges.



This set of activities will be prioritized under the Act | East Learning Agenda for FY23. They will help contribute to the sustainability priority, under the country-specific question “*What are the determinant factors to be considered for integration of NTD activities into the woreda planning and budgeting process?*” The Act | East team will seek to understand drivers and barriers within the woreda planning process that affect NTD activity integration.

### **GESI Activities**

- **Mainstreaming GESI into the National NTD Framework (WI-HER, RTI):** Act | East will facilitate a 3-day workshop with national and regional stakeholders and program partners to strengthen GESI awareness and capacity, share learning from the GESI assessments and behavior change activity, and validate findings and recommendations for GESI integration and recommendations in key NTD-related policies, plans, and training curricula. The workshop will result in a package of GESI-integrated MDA training and social mobilization materials, along with strengthened national and regional capacity and a training and support plan, to test the enhanced materials during MDA. Act | East expects this to be a multi-year activity. The following steps will inform the workshop and expected outputs:
  - Assess national- and regional-level GESI capacity through pre-workshop planning discussions and consultations, to inform the development of desired workshop elements.
  - Review NTD policies, plans, and trainings for their level of GESI sensitivity, using a WI-HER-developed policy review tool, and clarify recommendations for further GESI mainstreaming in NTD policies, plans, and training materials. Validate recommendations during the workshop.
  - Prepare GESI-integrated MDA training and social mobilization package for MDA strengthening for review and validation by workshop participants. The training package will include standard pre-MDA training content from the integrated MDA training and GESI-sensitive messaging and approaches as part of the pre-MDA messaging guide. Collaboration with LFTW will further inform GESI-sensitive inputs to develop eye care training materials, training for community volunteers, and disability-sensitive social mobilization materials such as plans and steps for the creation of materials in braille and the use of sign language in social mobilization efforts.
- **Regional-level GESI sensitization and advocacy meeting (LFTW):** Following the internal TOT implemented in FY22, LFTW and WI-HER will organize a regional-level GESI sensitization and advocacy meeting to sensitize RHB and zonal staff on GESI concepts and integration into NTD programming. The training will ensure the capacity of relevant stakeholders to understand GESI concepts and issues in health service delivery and utilization. This activity is aimed at better targeting populations which are not being reached by MDA.

#### **4. IR3 PLANNED ACTIVITIES: SCH, STH**

In FY23, the one refugee camp that Act | East will support LF MDA in is in a district co-endemic for STH. In terms of reporting, Act | East captures the entire target population treated for LF. This same population is captured for STH treatment but is further divided into school-age children and high-risk adults. The MOH understands USAID's support for MDA within these woredas will cease once the stop MDA criteria for LF has been reached.