

Ethiopia Work Plan

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ACT | EAST PROGRAM OVERVIEW

The U.S. Agency for International Development (USAID) Act to End Neglected Tropical Diseases (NTDs) | East Program supports national NTD programs in reaching World Health Organization goals for NTD control and elimination through proven, cost-effective public health interventions. The Act to End NTDs | East (Act | East) Program provides 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, Light for the World, R4D, and WI-HER.

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ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East Program
ALB	Albendazole
BCA	Behavior Change Activity
BCT	Behavior Change Team
BELF	Blueprint for Elimination of LF
CPD	Continuous Professional Development Center
CR WASH	USAID's Climate Resilient WASH project
DHIS2	District Health Information System 2
DRM	Domestic Resource Mobilization
DSA	Disease-specific Assessment
EDC	Electronic Data Capture
EHS	Exempted Health Service
EMS	Epidemiological Monitoring Survey
EPHI	Ethiopian Public Health Institute
EPSS	Ethiopian Pharmaceutical Supply Service
EU	Evaluation Unit
FAA	Fixed Amount Award
FHF	Fred Hollows Foundation
FY	Fiscal Year
GESI	Gender Equity & Social Inclusion
HDA	Health Development Army
HEW	Health Extension Worker
HIBP	Health Insurance Benefit Package
IEC	Information, Education and Communication
IMDA	Integrated MDA
IR	Intermediate Result
IVM	Ivermectin
LF	Lymphatic Filariasis
LFTW	Light for the World
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MOH	Ministry of Health
NGO	Nongovernmental Organization
NTD	Neglected Tropical Disease
OV	Onchocerciasis
Q	Quarter
R4D	Results for Development
RHB	Regional Health Bureau
REHF	Resilient and Equity Health Fund
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor's Coverage Tool
STH	Soil-Transmitted Helminths

TF	Trachomatous Inflammation–Follicular
TIS	Trachoma Impact Survey
TSS	Trachoma Surveillance Survey
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
USAID	U.S. Agency for International Development
WASH	Water, Sanitation, and Hygiene
WBHSPB	Woreda-Based Health Sector Planning and Budgeting
WHO	World Health Organization

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. The MOH focuses on nine priority NTDs (lymphatic filariasis [LF], onchocerciasis [OV], trachoma, soil-transmitted helminths [STH], schistosomiasis [SCH], podoconiosis, dracunculiasis, leishmaniasis, and scabies). Ethiopia is also endemic for dengue, chikungunya, echinococcosis, foodborne trematodiasis, human African trypanosomiasis, leprosy, mycetoma, rabies, snakebite envenoming, and taeniasis. In June 2013, Ethiopia launched its first 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 Ethiopian Sustainability Action Plan for NTD Control, Elimination, and Eradication 2021–2025 (hereafter NTD Sustainability Action Plan) in July 2021, with official endorsement from the State Minister of Health in 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 Action Plan’s priority goals were also incorporated into the NTD Master Plan. Ethiopia has seen a scale up of NTD activities since the development of the initial Master Plan, including the expansion of the national NTD team. Currently, the team comprises a team leader and 17 disease experts, of whom 9 are salaried MOH employees and 8 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, whereas 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.

Ethiopia has a three-tiered health care delivery system comprising primary, secondary, and tertiary levels. The primary level focuses on community engagement and is where most hands-on implementation of NTD activities takes place. Primary health care is delivered through primary hospitals, health centers, the Health Extension Program, and the Health Development Army (HDA). Each woreda contains one primary hospital serving an estimated 60,000–100,000 people and a minimum of one health center with five attached satellite health posts that provide services to an estimated 25,000–40,000 people. The health posts are staffed with two female health extension workers (HEWs) and are supervised by the health center. HEWs are government-salaried, trained, community-based health workers who oversee the volunteer HDA.

For NTDs, health care workers at the community level play a vital role in community ownership and access to preventive chemotherapy NTD interventions. HEWs manage mass drug administration (MDA) registration and supervision, as well as administering 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 national program, supported by The END Fund, completed SCH subdistrict mapping in secure areas in FY24, data analysis is ongoing.

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 looks to scale up access to NTD interventions, streamline NTD training 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. 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 impeded the integrated rollout. In FY21–FY24, IMDA was not conducted because it was very challenging to align the funding schedules during the COVID-19 pandemic and insecurity. In FY25, the MOH expects to continue separate MDA planning given ongoing insecurity. However, integrated MDA tools including training manuals, registers, and reporting tools continue to be used.

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

LF

In FY25, Act | East will support the following LF activities:

- **Tigray LF MDA (LFTW).** In FY25, Act | East will support MDA in three woredas. The three woredas will conduct their fourth round of MDA.
- **EMS (RTI).** In FY25, Act | East will support the MOH to conduct EMS in 9 evaluation units (EUs). These surveys will be conducted using RTI’s electronic data capture system.
 - **Benishangul-Gumuz:** Act | East will support the MOH to conduct EMS in three woredas and one refugee camp (4 EUs).
 - **Oromia:** Act | East will support the MOH to conduct EMS in five woredas (5 EUs).
- **TAS1 (RTI).** In FY25, Act | East will support the MOH to conduct TAS1 in 10 EUs. These surveys will be conducted using RTI’s electronic data capture system.
 - **Benishangul-Gumuz:** Act | East will support the MOH to conduct TAS1 in 4 woredas (4 EUs).
 - **Oromia:** Act | East will support the MOH to conduct TAS1 in 6 woredas (6 EUs).
- **Training for LF DSAs (RTI).** To conduct surveys in FY25, Act | East will support four training sessions, two in Benishangul-Gumuz and two in Oromia, and one EMS training of trainers (TOT). The TOT will focus on night blood collection to identify microfilaria.
- **LF Dossier (RTI).** In FY24, Act | East hired a consultant to support the MOH in LF dossier preparation. The consultant compiled historical milestones, treatment, and survey data. In FY25, remaining information on morbidity management and disability prevention (MMDP) will be reviewed and included. Updating MDA and survey information will continue via the national LF Technical Working

Group (TWG). In FY25, Act | East will provide technical support to update the narrative and Excel file.

- **LF MMDP Assessment Findings Dissemination (RTI).** In FY24, Act | East supported the Benishangul-Gumuz RHB to conduct an LF MMDP assessment. In FY25, Act | East will disseminate the findings and recommendations of the assessment via routine NTD meetings. In addition to dissemination, Act | East proposes the following activities:
 - **MMDP in-service training curriculum development (RTI).** In FY25, Act | East will work with MOH and Arba Minch University Collaborative Research and Training Center for NTDs and the LF TWG to develop a national in-service MMDP Training Curriculum that can be used in Continuous Professional Development Centers (CPDs) to provide standardized training and certification of frontline service providers and NTD Program Managers at various levels (MOH, RHBs, zonal, and woreda health offices). In collaboration with MOH, RHBs, other LF MMDP stakeholders and CPDs, Act | East will support one LF TWG meeting for 15 participants for curriculum review and validation.
 - **Benishangul-Gumuz Operational Guide Introduction Workshop (RTI).** In FY25, quarter 3 (Q3), Act | East will support the Benishangul-Gumuz RHB to integrate LF MMDP (e.g., hydrocele surgery) into woreda-based health sector planning and budgeting (WBHSPB) exercises. See *Governance* section.

Trachoma

In FY25, Act | East will provide support for the following trachoma activities:

- **Semi-Urban Trachoma Baseline Mapping (RTI).** During the Global Trachoma Mapping Project, semi-urban and urban areas were excluded. In 2023, four regions submitted a request to the MOH for baseline mapping in 89 semi-urban and urban areas that were identified as bordering trachoma endemic woredas. Out of these, Oromia is requesting baseline mapping for 44 semi-urban areas; under advisement from the National Trachoma Task Force, the MOH has requested support from implementing partners to map these suspected areas to realize trachoma elimination.

In FY25, Act | East will conduct a desk review of these 44 Oromia semi urban areas. The desk review will include identifying trachoma endemicity status in neighboring woredas, TT reports in catchment health facilities, community and facility WASH coverage, endemicity of other related NTDs, etc. A template will be developed and shared with the RHB and partners to collect this information for the desk review. After which, Act | East will seek support for a two-day desk review workshop. The workshop will be organized jointly with the region and NTTF to refine and prioritize the identified areas with mapping need. Act | East will also support trachoma baseline mapping in prioritized three semi-urban areas (3 EUs) as proof of concept in Oromia region. The mapping areas will also be purposely targeted to be within the zones with plans for trachoma surveys in FY25, so that the same trained survey teams will collect the mapping data.
- **Trachoma MDA.** In FY25, Act | East will support MDA in 76 woredas and 6 refugee camps.
 - **Gambella (RTI):** Act | East will support the Gambella RHB to conduct MDA in one woreda and six refugee camps. All are re-MDA with only one round of MDA remaining that will be completed in FY25.

- **Oromia (FHF):** Act | East will support the Oromia RHB to conduct MDA in 47 woredas. All are re-MDA. Of these, 18 woredas need one round of MDA, 25 woredas need two rounds of MDA, and four woredas need three rounds of MDA before TIS.
- **Tigray (LFTW):** Act | East will support the Tigray RHB to conduct MDA in 28 woredas. Of these, 16 woredas will be conducting their final round of MDA in FY25, while 12 woredas will continue with additional rounds of MDA after FY25. Twenty-two are re-MDAs.
- **Oromia Child MDA (FHF).** In FY25, Act | East will support Child MDA in two woredas, Dedo and Omo Beyem, within 6 weeks of the community-wide MDA.
- **TIS.** In FY25, Act | East will support the MOH to conduct TIS in 53 woredas.
 - **Benishangul-Gumuz (RTI):** Act | East will support the Benishangul-Gumuz RHB to conduct TIS in two woredas (2 EUs).
 - **Gambella (RTI):** Act | East will support the Gambella RHB to conduct TIS in four woredas (4 EUs).
 - **Oromia (FHF):** Act | East will support the Oromia RHB to conduct TIS in 27 woredas (27 EUs).
 - **Tigray (LFTW):** Act | East will support the Tigray RHB to conduct TIS in 20 woredas (20 EUs).
- **Training for Trachoma DSAs (RTI, FHF, LFTW).** To conduct surveys in FY25, Act | East will support the MOH, RHBs, and partners to organize survey 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.
- **Oromia GESI BCA (FHF, WI-HER).** Act | East will scale the community leader engagement component of the gender equity and social inclusion (GESI) behavior change activity (BCA) to all kebeles in three woredas through leveraging existing community structures. The expansion of the GESI BCA will occur in three low MDA uptake and high TF prevalence woredas with multiple rounds of planned MDA, Sire, Sodo Dachi, and Wondogenet. Act | East will provide a 2-day training to woreda-level GESI stakeholders followed by a cascaded 2-day training to kebele officials and representatives of the relevant community structures on GESI and social mobilization, to increase their reach and impact on trachoma MDA uptake. As part of this activity, Act | East will support woreda and kebele NTD officials in leading this outreach to influential community structures, and utilizing the approved information, education and communication (IEC), social mobilization, and adapted water, sanitation, and hygiene (WASH) materials, including those from the NALA Foundation-developed Gamifying Hygiene materials, as applicable. In FY25, Act | East will continue to monitor and support behavior change teams (BCTs) in Adaba woreda.
- **Gambella GESI BCA (RTI, WI-HER).** In FY25, Act | East will expand the GESI BCA activity to new kebeles in Gog woreda in Gambella Region, capacitating woreda GESI teams and BCTs. Act | East will support the BCTs to develop and implement behavior change interventions as part of their action plans that address their community’s WASH challenges, in addition to MDA uptake barriers.
- **Tigray GESI BCA (WI-HER).** In previous fiscal years Act | East conducted GESI assessments in Oromia and Gambella regions. In FY24, Act | East (RTI, LFTW, WI-HER) and the Tigray RHB designed and conducted a conflict-sensitive disability inclusive rapid GESI assessment in two Tigray woredas with low MDA uptake and/or high TF to inform the resumption of Act | East-supported MDA in Tigray. In FY25, Act | East will support social mobilization and BCAs identified from the prioritized GESI assessment recommendations in Gulomekada and Astibi woredas ahead of trachoma MDA. Act | East will strengthen existing community structures such as the Women’s HDA, youth associations,

and religious leaders in the months ahead of MDA, by coordinating with HEWs to reach populations identified in the assessment as vulnerable to missing MDA such as youth, survivors of gender-based violence, people living with disabilities, and internally displaced persons. Act | East will provide a 2-day training to woreda-level GESI stakeholders followed by a cascaded 2-day training to kebele officials and representatives of the relevant community structures on GESI and social mobilization, to increase their reach and impact on trachoma MDA behavior change. As part of this activity, Act | East will support woreda and kebele NTD officials in leading this outreach to influential community structures, and utilizing the approved IEC, social mobilization, WASH materials such as Gamifying Hygiene.

- **Develop a GESI BCA Package for Woreda Health Officials (RTI, WI-HER).** In FY25, Act | East will develop a step-by-step guide to implementing the GESI BCA and associated tools and data nationwide. This will include criteria for when to implement the activity; a copy of the Root Cause Analysis tool for barrier identification, recommendations, and key action items from Root Cause Analysis in Oromia and Gambella, GESI assessment, and DSA investigations; as well as a step-by-step guide to establishing and capacitating a woreda GESI team and BCT. This package will provide tools and resources to support woreda health officials in including GESI in their implementation of NTD programming. The GESI BCA package will be developed, tested and piloted in Oromia in FY25.
- **National NTD Framework GESI Integration (RTI, WI-HER).** In FY25 Act | East will support the MOH with mainstreaming GESI and disability inclusion into the National NTD Framework (i.e., NTD training curricula, standard operating procedures, and guidelines) including the GESI BCA package. This will involve supporting integration of GESI and disability inclusion into existing meetings, i.e. NTD managerial training for national and regional NTD program managers, bi-annual NTD integrated MDA trainings, and NTD case management training materials for finalization and rollout in Q4 FY25. Act | East will also work with the MOH on GESI integration into the NTD program's M&E tools to collect data and on the establishment of a GESI TWG under the NNTF to advise the MOH NTD Team on GESI integration.
- **Trachoma Dossier Development Meeting (RTI).** In FY25, Act | East will support a 2-day trachoma dossier development meeting for 39 participants from the MOH and RHBs.
- **Mapping NTD Program Data on WASH Coverage to Strengthen Inter-sector Coordination (RTI).** In FY25, Act | East will use household data on water and sanitation collected through trachoma surveys to create a web-based map showing water and sanitation coverage aggregated by administrative areas or geospatially modeled to show local area coverage. This map will build on resources available in the NTD District Health Information System 2 (DHIS2) platform and Expanded Special Project for the Elimination of NTDs (ESPEN), allowing greater access to up-to-date information by WASH stakeholders for prioritizing and targeting specific locations for interventions and, through geospatial modeling, even enabling sub-kebele insights. This analysis will be presented to the USAID-Mission supported National Water Steering Committee. The NTD team will use this platform to present these data as a means for leveraging how NTD endemic woredas are prioritized for WASH support.
- **Hygiene Gamification (RTI).** In FY24, Act | East worked with the NALA Foundation to adapt the gamification tools developed during the Accelerate project. In FY24 Q4, Act | East began preparations – tool printing and sensitization with the Oromia Health and Education Bureaus – to implement gamification of health education in primary schools in two selected woredas of the West Hararge Zone, Oromia. The gamification intervention conveys key trachoma prevention messages, such as face washing and proper sanitation practices, in an engaging manner through games with

variable rewards. The gamification strategy targets children, who are the primary reservoir of disease, educating them in a fun and interactive way. The hygiene gamification will be implemented through school health clubs and existing school health structures.

In FY25, in collaboration with USAID's Climate Resilient WASH (CR WASH) Activity, Act | East will continue this gamification intervention in four schools in two woredas of the West Hararge Zone in Oromia and will expand to five additional woredas, two schools per woreda, where there is ongoing trachoma MDA and overlap with CR WASH's activities (i.e., community and facility WASH baseline assessment, behavior change communication intervention). Supervision will be conducted biannually. This supervision will assess the implementation of gamification activities and the positive behavioral changes demonstrated by the students.

OV

In FY25, Act | East will provide support for the following OV activities:

- **OV MDA.** In FY25, Act | East will support MDA in 94 woredas and 3 camps.
 - **Benishangul-Gumuz (RTI):** Act | East will support the Benishangul-Gumuz RHB to conduct MDA in 17 woredas and 3 refugee camps.
 - **Oromia (LFTW):** Act | East will support the Oromia RHB to conduct MDA in 77 woredas.
- **OV Impact Monitoring (RTI).** From the 94 woredas and 3 refugee camps under Act | East support, 86 woredas and 2 refugee camps are eligible for pre-stop MDA assessments. The remaining 8 Oromia woredas are newly categorized OV endemic woredas that began MDA in FY24 with Act | East's support. In FY25, Act | East will support the following activities:
 - **Breeding Site Prospection.** Ethiopia does not have defined transmission zones, but rather has been considering entire woredas as OV endemic. However, as the OV program moves toward stop MDA assessments there is a need to better define transmission zones. In FY25, Act | East will support breeding site prospection in 12 Benishangul-Gumuz and 9 Oromia woredas to define transmission zones. OV entomologists will provide OV entomological orientation to NTD focal persons at the 21 woredas for their participation in prospection. A thorough breeding site survey will be conducted to identify potential sentinel sites that will gather relevant information during OV epidemiological and entomological assessments.
 - **Pre-stop MDA Survey.** After breeding site prospection, Act | East will conduct pre-stop MDA surveys in these 21 woredas (3 operational transmission zones (OTZs) in Oromia and 4 OTZs in Benishangul-Gumuz, considering three woredas for each OTZ). From each OTZ, dried blood spot samples will be collected from survey participants aged 5–9 years. Serological samples will be collected from sentinel villages identified using entomological surveillance based on the pre-stop MDA protocol.
- **Adama Lab Technicians (RTI).** In FY25, Act | East will hire three biomedical experts as RTI staff starting January 2025 to support sample analysis at the newly renovated Adama Regional Laboratory and provide technical support to the Oromia RHB.

3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

Improving Core NTD Program Functions

Data Security and Management

In FY25, Act | East will support the following:

- **National M&E TWG Meetings (RTI).** In FY25, Act | East will continue to support two 2-day national M&E TWG meetings for 40 participants. These meetings serve as opportunities to share experiences, update tools (i.e., drug applications, dossiers), and analyze data.
 - **Benishangul-Gumuz Regional M&E TWG Meeting (RTI).** Act | East will support a 1-day workshop for 37 participants. Participants include regional M&E staff, national M&E staff, NTD focal points, WASH and HMIS focal points, and all NTD partners operating in the region.
 - **Gambella Regional M&E TWG Meeting (RTI).** Act | East will support a 1-day workshop for 37 participants. Participants include regional M&E staff, national M&E staff, NTD focal points, WASH and HMIS focal points, and all NTD partners operating in the region.
- **NTD Scorecard implementation (RTI).** Ethiopia’s NTD scorecards have 11 national indicators and 18 subnational indicators (i.e., MDA coverage, lymphedema case management, TT surgery, WASH coverage, etc.) used to track national to woreda-level performance through color-coded data visualization. The NTD program is reporting the scorecard indicators biannually to raise NTD visibility to high-level decision makers at woreda, region and national levels (i.e., woreda cabinet, Regional Bureau Head, State Minister for Program and Health Services). In FY25, RTI will support regions to review scorecard data and continue integrating NTD scorecard training with MDA and other trainings and meetings to improve data quality and timely reporting.

Drug Management

In FY25, Act | East will support the following:

- **Act | East EPSS Mentor Support (RTI).** In FY25, Act | East will continue its support through the mentor secondment at EPSS, providing technical assistance to the Quantification and Market Shipping Directorate and Warehouse and Inventory Management Directorate focal points to strengthen the NTD supply chain management (SCM) system and improve communication among the EPSS, MOH, Ethiopian Food and Drug Administration, and NTD partners. The mentor will also support implementation of the newly revised NTDs SCM Standard Operating Procedures.
- **NTD Supplies Reverse Logistics Digitization (RTI).** In FY25 Q1, Act | East will support the MOH to convene a technical meeting with NTD supply chain stakeholders (i.e. EPSS, NTD Team, JSI) to identify a mobile platform for woreda inventory monitoring during MDA and final stock balance reporting post-MDA nationwide. The technical meeting will be held virtually with relevant folks. After the technical meeting, Act | East will support customization and piloting of the selected platform in one Oromia zone.
- **NTD Supply Chain Management TWG Meetings (RTI).** In FY25, Act | East will support two 1-day NTD SCM TWG meetings for 27 participants. These meetings aim to improve NTD commodities’ forecasting, quantification, distribution, effective utilization, and inventory management.

- **Reverse Logistics and MDA Safety Supportive Supervision (RTI).** Act | East will conduct supportive supervision in Benishangul-Gumuz, Gambella, and Oromia to support reverse logistics to woreda drug stores, MDA safety, and improve the quality of district warehouse management.
- **Drug Transport (RTI, FHF, LFTW).** Act | East will support the MOH to transport shipments of NTD medicines for LF, OV, and trachoma MDA.
- **Drug Procurement (RTI).** Act | East will procure OV-16 rapid diagnostic tests for OV surveys.

Achieving Sustainability: Mainstreaming and Health Systems Strengthening

Governance Activities

- **National NTD Task Force Meetings (RTI).** To refine NTD activities according to priorities identified in the midterm review of the NTD Strategic Plan and Sustainability Action Plan, and to foster mainstreaming and sustainability of gains, Act | East will continue supporting the NNTF meetings that will be held at Mekelle and Arba Minch in FY25, integrating with the NTD Annual Performance Review Meeting and World NTD Day/Biannual review meeting.
- **Bilateral Discussion (RTI).** In FY25, the bilateral discussions will build on the anticipated conversation between the MOH and USAID in Q4 FY24 after dissemination of the NTD Sustainability Action Plan midterm review report. The MOH on behalf of Government of Ethiopia will lead the bilateral discussion starting with determining their key proposed priorities for collaboration. USAID will review and discuss with the MOH options for collaboration around priorities that advance country level ownerships and investment in NTD services. FY25 activities include continued high-level follow-up engagements, supporting the MOH to engage a technical team to identify and prioritize key actions and meetings between the MOH and USAID to chart out, discuss, and conclude a timeline for a partnership agreement. The MOH NTD program staff and State Ministerial-level MOH leadership will have in-person meeting(s) with USAID in FY25 to facilitate building a partnership agreement.
- **Health Financing Pause & Reflect (RTI, R4D).** In FY25, Act | East will support MOH and the Oromia RHB to organize a 2-day Pause and Reflect to understand the key drivers and barriers to NTD domestic resource mobilization at the woreda level using the experiences from the woreda-based planning and health sector budgeting (WBPHSB) Operational Guide pilot woredas. Participants will discuss lessons learned and gather feedback on the process of integrating NTDs into woreda budgets for potential further refinement of the Operational Guide before the planned validation workshop described below. The findings will be presented to senior-level government officials of the Oromia Region. Act | East will support 82 participants for the 2-day workshop from Oromia RHB and MOH.
- **Operational Guide Validation Workshop (RTI, R4D).** In FY25 Q2, Act | East will organize a 1-day workshop (42 participants) involving Act | East-supported regions to validate and disseminate the NTD Planning and Budgeting Operational Guide. Alongside the validation and dissemination, participants will gain an understanding of how to develop evidence-based NTD plans and budgets and effectively demonstrate the need for NTD resource allocation during their respective planning and budgeting cycles. Act | East anticipates that the Guide will be endorsed by the MOH and Oromia RHB for implementation at the national level in FY25. Following the approval of the Operational Guide by the MOH and Oromia Regional Health Bureau, the Guide will be translated into Afaan Oromo.

- **Benishangul-Gumuz Operational Guide Introduction Workshop (RTI, R4D).** In FY25 Act | East will expand health financing support to eight new woredas in Benishangul-Gumuz. Act | East will support woreda-level capacity to include NTDs in the planning and budgeting cycle, utilizing the Operational Guide. This activity aims to ensure that the woreda and region officials have the necessary knowledge and skills to effectively develop a woreda-specific comprehensive NTD plan and budget targeting all NTDs, including estimating and mobilizing resources for funding gaps for NTD interventions. Through ensuring the mainstreaming of enhanced NTD plans as part of government health sector plan, the activity also aims to link the planned NTD interventions with health insurance and service exemption schemes at health facility level.

In FY25 Q2–Q3, Act | East will support a 3-day workshop in Benishangul-Gumuz, (101 participants) to sensitize NTD budget allocation to decision makers, including the woreda steering committees, woreda health, finance, education, and water heads, NTD focal person, woreda health and finance planning and M&E experts, primary health care director, zonal health and finance department heads, and zonal NTD focal person and M&E experts. The workshop will dedicate 2 days to capacity-strengthening activities with technical staff and 1 day for a NTD budget allocation workshop with decision makers involved in budgeting.

- **Resilient and Equity Health Funds Workshop (R4D, RTI).** The provision of exempted health services varies significantly across regions and facilities in the country. This inconsistency is primarily due to a lack of sustainable funding and a standardized legal framework that would ensure funding options and payment mechanisms and maintain a standardized list of exempted health services across all regions. In FY25, the MOH will organize a 2-day workshop (20 participants), supported by Act | East, to finalize the development of the Resilient and Equity Health Funds, legal framework for EHS and the comprehensive list of interventions for both EHS and HIBP. Act | East will support the MOH to organize one quarterly Health Financing TWG meeting involving officials from the MOH and Ministry of Finance.

4. IR3 PLANNED ACTIVITIES: SCH, STH

Of the three Act | East-supported LF MDA planned in FY25, none are co-endemic for STH. Historically, 23 woredas that were “ever” treated for LF with USAID support and have now achieved stop MDA were 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.