

# Tanzania Work Plan

**FY 2025**

**Program Year 7**

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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 Tanzania, Act | East Program activities are implemented by RTI International, R4D, Save the Children, and WI-HER.

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## ACRONYMS LIST

AAR	After-Action Review
ACES	Adaptive Coverage Evaluation Survey
ADAPT	A=analyze survey and MDA data; D=determine possible reasons for failure; A=add and triangulate new, often qualitative, information; P=prioritize and plan implementation adjustments; and T=take stock of what did and did not work
AE	Adverse Event
Ag	Antigenemia
ALB	Albendazole
BCC	Behavior Change Communication
CC	City Council
CCHP	Comprehensive Council Health Plan
CES	Coverage Evaluation Survey
CHMT	council health management team
CHW	Community Health Worker
CSC	Community Scorecard
DBS	Dried Blood Spot
DC	District Council
DHRD	Directorate of Human Resource and Development
DHIS2	District Health Information System 2
DOT	Directly Observed Treatment
DPP	Directorate of Policy and Planning
DQA	Data Quality Assessment
DSA	Disease-Specific Assessment
EDC	Electronic Data Collection
EMS	Epidemiological Monitoring Survey
EU	Evaluation Unit
FLHW	Frontline Health Worker
FTS	Filariasis Test Strip
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
GPSA	Government Procurement Services Agency
HF	Health Facility
HMIS	Health Management Information System
HSS	Health Systems Strengthening
iDARE	Identify, Design, Apply/Assess, Record, Expand
IEC	Information, Education, and Communication
IMES	Integrated Monitoring and Evaluation System
IMPACT	Information Mobilized for Performance Analysis and Continuous Transformation
IPC	Interpersonal Communication
IVM	Ivermectin
JAP	Joint Application Package
LF	Lymphatic Filariasis
LGA	Local Government Area
M&E	Monitoring and Evaluation
MC	Municipal Council

MDA	Mass Drug Administration
MERLA	Monitoring, Evaluation, Research, Learning, and Adaptation
Mf	microfilaria
MMDP	Morbidity Management and Disability Prevention
MOF	Ministry of Finance
MOH	Ministry of Health
MSD	Medical Stores Department
MTEF	Mid-Term Expenditure Framework
NIMR	National Institute for Medical Research
NSMIS	National Sanitation Management Information System
NTD	Neglected Tropical Disease
OEM	OV Elimination Mapping
OV	Onchocerciasis
PC	Preventive Chemotherapy
PlanRep	Planning, Budgeting, and Reporting System
PO-RALG	President's Office, Regional Administration and Local Governance
PS3+	Public Sector Systems Strengthening Plus Project
PZQ	Praziquantel
R4D	Results for Development
RDT	Rapid Diagnostic Test
RHMT	Regional Health Management Team
SAC	School-Age Children
SAE	Serious Adverse Event
SAFE	Surgery–Antibiotics–Facial cleanliness–Environmental improvements
SBC	Social and Behavior Change
SCH	Schistosomiasis
SCT	Supervisor's Coverage Tool
SCTSM	Supply Chain Technical Support Mechanism for NTDs
STH	Soil-Transmitted Helminths
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TAS	Transmission Assessment Survey
TC	Town Council
TEMF	Trachoma Elimination and Monitoring Form
TF	Trachomatous Inflammation–Follicular
TIS+	Enhanced Trachoma Impact Survey
TMDA	Tanzania Medicine and Medical Devices Authority
TOEAC	Tanzania Onchocerciasis Elimination Expert Advisory Committee
TOT	Training of Trainers
TT	Trachomatous Trichiasis
TWG	Technical Working Group
TZNTDCP	Tanzania Neglected Tropical Disease Control Program
UHI	Universal Health Insurance
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZTH	Zithromax

## NARRATIVE

### 1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

The Tanzania Neglected Tropical Disease (NTD) Control Program (TZNTDCP) is under the Ministry of Health's (MOH's) Directorate of Preventive Services. The National NTD Program Manager is responsible for coordination at the national level and offers technical assistance (TA) and supportive supervision for NTD activities at regional and district levels. She is assisted by the NTD Secretariat for overall program coordination and management. The regional and district teams are under the President's Office, Regional Administration and Local Governance (PO-RALG). The NTD teams at regional and district levels are co-headed by two NTD coordinators, one from each of the health and the education departments.

Tanzania is endemic with five preventive chemotherapy (PC) targeted NTDs, namely, lymphatic filariasis (LF), onchocerciasis (OV), schistosomiasis (SCH), soil-transmitted helminths (STH), and trachoma, as well as case management diseases such as human African trypanosomiasis, rabies, tick-borne relapsing fevers, echinococcosis (hydatid), taeniasis (cysticercosis), brucellosis, plague, leprosy, and snake bite envenoming. A large part of the population is at risk of co-infection with two or more of these diseases. The TZNTDCP works through the regional health management teams (RHMTs), council health management teams (CHMTs), and local communities to plan and implement NTD activities.

Key players of implementation at district and regional levels are the NTD Secretariat composed of NTD Coordinator for Health, NTD Coordinator for Education, pharmacist, accountant, and health secretary. District-level NTD teams provide training and supportive supervision to frontline health workers (FLHWs) and aid in data collection during mass drug administration (MDA); they also provide administrative support during surveys. For MDA at the community level, community drug distributors (CDDs) are trained to distribute medicines at households following the directly observed treatment (DOT) approach. One FLHW supervises 15–20 CDDs. The Dar es Salaam Region uses a different approach, where both CDDs and teachers distribute medicine; both are supervised by FLHWs with additional support from district, regional, and national teams.

Recently, TZNTDCP began combining OV/STH MDA in OV-endemic areas and trachoma/STH MDA in trachoma-endemic areas. With this approach, CDDs are trained to distribute medicines to adult and school-age children (SAC) in households using DOT. While ivermectin (IVM) and Zithromax® (ZTH) are provided to all eligible community members, albendazole (ALB) is provided to only eligible SAC. For SCH/STH and STH-only school-based interventions, primary school teachers distribute the medicines under supervision by FLHWs and report to the health facilities.

#### Partners Supporting the TZNTDCP

Several partners support (or have supported) NTD activities in Tanzania. The United States Agency for International Development's (USAID's) Act to End NTDs | East (Act | East) program is the primary partner supporting the Government of Tanzania its NTD control and elimination efforts. USAID has funded and provided technical support for NTDs in Tanzania since 2009 through the African Program for Onchocerciasis Control (2009–2015), NTD Control Program (2010–2011), ENVISION (2011–2019), and currently through the Act | East program, managed by RTI International.

Tanzania is currently receiving supply chain TA from the Bill and Melinda Gates Foundation via the Supply Chain Technical Support Mechanism for NTDs (SCTSM) awarded to JSI. The END Fund, through

the Reaching the Last Mile Fund, is supporting LF in Zanzibar. In Mwanza Region, the Korea International Cooperation Agency is funding MDA in four wards of Kome Island in Buchosa DC.

Act | East has three Tanzanian staff members seconded to the TZNTDCP: Drug Logistics Officer; Finance and Administration Officer; and Monitoring, Evaluation, Research, Learning, and Adaptation (MERLA) Officer.

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

### LF: Proposed FY25 Activities

- **LF Review and Planning Meeting, Training of Trainers (TOT) and Accountants Training.** This is a 7-day series of disease-specific meetings that includes 3 days for LF review and planning; 2 days for TOT, accountants, finance training; and 2 days for capacity building on Gender Equity and Social Inclusion (GESI) and inclusion of NTDs into the Comprehensive Council Health Plan (CCHP) budgeting process. The disease-specific review and planning sessions will focus on reviewing ongoing MDA challenges and proposing data-driven MDA adaptations for FY25. Act | East and TZNTDCP will share their FY24 lessons learned for LF, survey findings, disease specific assessment (DSA) outcome analyses, GESI, microplanning, and other important results to create recommendations for enhanced MDA in FY25. Regional and district FY25 plans and budgets, as well as orientation of regional and district accountants on FAA milestones and requirements, will be major meeting outputs.
- **Technical Working Group (TWG) Meetings.** TWG meetings are the avenue for the TZNTDCP to share what has been implemented throughout the year, discuss disease-specific challenges, and determine a way forward to address those challenges. TWG meetings also collect issues to refer to the expert committees that provide advice and guidance. These meetings occur once a year for 2 days and focus on LF, as well as trachoma, SCH/STH, and OV.
- **Urban MDA in Kinondoni MC.** Act | East will support the second round of re-MDA in the 10 wards making up the urban Kinondoni MC1 in FY25 Q1. Act | East supported the first re-MDA round in November 2023, following a failed pre-TAS in FY23, using the ADAPT methodology of A=analyze survey and MDA data; D= determine possible reasons for failure; A=add and triangulate new, often qualitative, information; P=prioritize and plan implementation adjustments; and T= take stock of what did and did not work. Act | East took stock of what worked in FY24 as part of the FY24 Learning Agenda and is prioritizing the following activities for FY25.
  - Continuing to implement social mobilization strategies shown effective through CDD exit interviews, after-action review (AAR), and qualitative assessment findings, including:
    - *Engagement of local leaders.*
    - *Use of job aids* that contained images of lymphedema and hydrocele symptoms showed the long-term impact of disease.
    - *Chalking households* to identify MDA participation.
    - *Using local CDDs during MDA.*
  - Town criers for social mobilization:
  - Add fixed post-distribution sites at health facilities and street leaders' offices.

- **Enhanced Supportive Supervision for MDA.** In FY25, Act | East will continue conducting enhanced supportive supervision involving all levels of supervision (national, regional, council, and health facility [HF]), employing the supervision checklist to capture challenges during MDA implementation and the SCT to assist in identifying potential areas of low coverage so as to provide solutions in real time.
- **Integrated Microplanning and GESI Behavior Change Activity in Kinondoni.** Act | East will conduct a 2-day targeted microplanning session with ward leadership team members and HF in-charges from the five wards with the lowest MDA uptake. Support includes operational mapping and developing ward-specific action plans for reaching missed and difficult to reach populations, including undocumented immigrants, in key streets with low FY24 MDA uptake, utilizing community leaders and health workers in their respective wards. Each ward-level leadership team will establish an urban iDARE (Identify, Design, Apply/Assess, Record, Expand) team from the lowest MDA uptake streets and implement social mobilization and community engagement activities ahead of the FY25 MDA. After MDA, Act | East will conduct a 1-day post-MDA data review per ward to document implementation of the action plans.
- **MDA in Pangani DC and Lindi MC North.** After failing an Epidemiological Monitoring Survey (EMS) in FY24, Pangani DC and Lindi MC North will conduct re-MDA in FY25. Following the ADAPT methodology, Act | East staff are working with the Tanzania MOH LF focal point to analyze survey and MDA data and determine potential reasons for failure, including: (1) fisherfolk and associated communities are missed in MDA, contributing to ongoing transmission; (2) men and youth are less likely to take part in MDA and are contributing to ongoing transmission; (3) hard-to-reach geographic areas are missed during MDA; and (4) inconsistency of data and poor data quality led to unreliable MDA coverage data. MDA strengthening activities will include:
  - Microplanning in Lindi MC;
  - Electronic Data Collection (EDC) in Pangani DC;
  - Use of peer leaders in social mobilization;
  - Use of CDDs from the fishing communities; and
  - Expanding GESI Behavior Change in Pangani and Lindi MC
- **Targeted Treatment in Chalinze DC.** After the TAS3 in 2020 and 2023 revealed signs of hotspots of ongoing transmission in Chalinze and Kilosa DCs respectively, in FY24, Act | East supported a spot-check site follow-up surveillance survey, following EMS methodology. The survey included Mf testing of positive individuals, and prevalence was found to be 1.3% for Bwilingu, Chalinze DC. According to WHO, Mf prevalence of >1% in the areas that previously conducted MDA warrants targeted treatment; hence TZNTDCP, with Act | East support, will conduct targeted treatment in Bwilingu ward of Chalinze DC in FY25, and a second round in FY26. An EMS survey will be conducted after the second round of targeted treatment.
- **Targeted Treatment in Kilosa DC.** In the previous TAS in Kilosa DC, a cluster of three positives were seen at Malui primary school in Malui village in 2021 in TAS2 and four positives were seen in TAS3 in 2023. While the follow-up surveillance survey indicated 2.2% Ag and 0% Mf prevalence for Malui, WHO's new guidance recommends targeted treatment for clusters with 2 or more positive cases in TAS. In FY25, Act | East will support MOH to conduct this targeted treatment in Malui village as part of OV MDA in Kilosa DC. A second round will be conducted in FY26. An EMS survey will be conducted after the second round of targeted treatment.



- **EMS in 3 EUs.** In FY25, Act | East will support EMS in Kinondoni MC1, Mtama DC, and Mtwara-Mikindani MC. The survey will follow the new WHO guidance of testing only adults aged 20 years and above and conducting Mf tests for clients who are found antigen-positive with rapid diagnostic tests (RDTs). Act | East will support capacity building on the new LF WHO M&E guidance, development of the protocol, training on the survey procedures, EDC, and the efficacy of the RDT administration, along with microscopy in line with forthcoming WHO guidance.
- **TAS1 in 3 EUs.** Act | East will support TAS1 in Kinondoni MC1, Mtama DC, and Mtwara-Mikindani MC in FY25, assuming these EUs pass the EMS described above. All the EUs have a population of fewer than 500,000 people. In EUs with a cluster of  $\geq 2$  positive children, treatment will be provided to the whole family, and the community served by the school will be considered for 2 rounds of targeted treatment. TAS feedback meetings will be conducted in all the councils that have clusters of positives requiring MDA.
- **TAS2 in 7 EUs.** Act | East will support the TZNTDCP to conduct TAS2 in 3 councils in Dar es Salaam Region: Dar es Salaam City Council (CC) (4 EUs) and Kinondoni MC (3 EUs). All the EUs have a population of fewer than 500,000 people. In EUs with a cluster of  $\geq 2$  positive children, treatment will be provided to the whole family, and the community served by the school will be considered for 2 rounds of targeted treatment.
- **TAS3 in 4 EUs.** In FY25, Act | East will support TAS3 in 4 EUs of Kibaha DC, Masasi DC, Korogwe DC, and Korogwe Town Council (TC). All the EUs have a population of fewer than 500,000 people. In EUs with a cluster of  $\geq 2$  positive children, treatment will be provided to the whole family, and the community served by the school will be considered for 2 rounds of targeted treatment.

#### **Host Government/Partner-Supported LF Activities**

The total number of lymphoedema and hydrocele patients in Tanzania has been estimated at 12,734 lymphoedema and 32,434 hydrocele cases. Currently, the data cannot be obtained through the Health Management Information System (HMIS) or District Health Information System 2 (DHIS2); however, TZNTDCP, with support from Act | East, made efforts to add indicators for lymphoedema and hydrocele cases so that it will be able to access the data through DHIS2 (please see IR2 Data Security and Management).

Efforts are being made in the integration of MMDP services into the primary health care system, strengthening the health system's capacity to manage NTDs. This approach will ensure that MMDP services are accessible and sustainable, leveraging the existing health care infrastructure for effective delivery. Provision of full lymphedema services is still a gap in all EUs where LF morbidity prevalence is high, and little is known about health care workers' capacity to provide lymphedema care.

There is a need for lymphedema management trainings in all areas where patients have been identified as well as sustainable pre-service trainings for health personnel. Lymphedema management services are currently provided in Kibaha, Kilwa, and Mtama DCs by the National Institute for Medical Research (NIMR) project (the Takeoff project). TZNTDCP has offered hydrocele surgeries through camps and routine services by trained surgical teams, though this is dependent on the availability of funds from donors. Only the END Fund currently provides support for hydrocelectomy surgeries.

The first 2 national-level MMDP strategy development meetings were held in August 2023 and 2024 with Act | East's support. The MMDP strategic plan is under development; no funding is currently available to develop an MMDP operational plan in FY25, however Act | East is proposing work related to

the inclusion of MMDP in the universal health insurance (UHI) benefit package (please see IR2 Governance for more information).

### **Dossier Status for LF Elimination**

The final TAS3 in mainland Tanzania is expected to be completed in 2031. LF data are secured in the NTD database housed at the NIMR Mwanza office and managed by the TZNTDCP Data Manager and M&E team.

- **Proposed FY25 LF Dossier Activities.** TZNTDCP will conduct a joint 3-day LF and trachoma dossier development workshop in FY25 with support from Act | East. The goal of the workshop is to convene stakeholders to review LF and trachoma dossier development progress and update the dossiers with recent MMDP, DSA, and MDA data. The meeting will include staff from the Zanzibar LF Elimination program.

### **Trachoma: Proposed FY25 Activities**

Act | East proposes to support the TZNTDCP to conduct the below trachoma activities in FY25:

- **Trachoma Review and Planning Meeting, TOT, and Accountants Training.** This is a 4-day series of disease-specific meetings that includes 2 days for trachoma review and planning and TOT, 2 days for GESI and scaling up CCHP capacities in the councils, and 1 day for accountants and finance training. The disease-specific review and planning sessions focus on reviewing ongoing MDA challenges and proposing data-driven MDA adaptations for FY25. Act | East and the TZNTDCP share FY24 learnings for trachoma, drawing on recent subdistrict MDA coverage data analyses, survey results, AARs, microplanning, supervision reports, and other key results to draft recommendations for improved MDA in FY25. A key meeting output will be final drafts of the regional and district FY25 FAA plans and budgets and orienting regional and district accountants on the FAA milestones and requirements.
- **MDA in 3 Districts.** In FY25 Q3, Act | East will support the sixth round of MDA in Ngorongoro DC, Monduli DC, and Longido DC (Arusha Region), which are conducting bi-annual MDA.  
  
To ensure high coverage, Act | East will support the TZNTDCP to improve MDA planning and implementation based on outputs from past trachoma MDA AARs, ongoing monitoring, adaptive CES, previous DSA failure investigations, and the trachoma Pause and Reflect session.
- **Microplanning in Ngorongoro DC, Monduli DC, and Longido DC.** Act | East will support TZNTDCP to conduct microplanning in the 3 remaining EUs to understand the challenges in the previous MDAs and define activities, resources, timing, and location of implementation and monitoring. The meetings include district, ward, and HF staff; local community leaders hamlet leaders; and CDDs.
- **Daily Data Monitoring Using EDC.** Act | East will conduct daily monitoring using EDC in all three districts during the May–June 2025 MDA. Daily data will be visible through the EDC dashboard and accessible to district, regional, and national (TZNTDCP and RTI) supervisors for real-time adaptations.
- **District-Level Cross-Border Planning Meetings.** In FY25, Act | East will continue supporting a pre-MDA cross-border planning meeting for Longido DC and Ngorongoro DC, which border Kajiado and Narok Counties in Kenya—in the “Maasai migration corridor.” Three meetings are planned; the first two will be virtual in January and February 2025 to plan for joint MDA with Longido DC and Kajiado

County. The third meeting will be in-person in April 2025 involving Longido DC, Ngorongoro DC, and Narok and Kajiado Counties. The meeting will be an opportunity for district authorities and national-level disease focal points to continue planning jointly for synchronized MDA at the district level, with the aim of reaching migratory pastoralists on both sides of the border.

- **District-Level Engagement Meeting on Trachoma Elimination in 3 DCs.** Act | East will support the TZNTDCP to conduct a meeting of district-level planners and decision makers. The district commissioners, council chairperson, district executive director, district planning officer, district medical officer, and Maasai community leaders in trachoma-endemic districts in are targeted areas. As the program moves close to finish line in all districts, it will need a concerted effort to increase MDA uptake and to expand uptake of the entire SAFE strategy for sustainable elimination. Getting leaders to understand the need for effective MDA and other SAFE interventions in non-responding districts is critical at this stage in the program. TZNTDCP sees this activity as a high priority to orient newly appointed district leadership on trachoma in these non-responding districts.
- **GESI Behavior Change Activities (BCAs)/GESI Mentorship Sessions.** In FY25 Q2 and Q3, Act | East will support the expansion of GESI BCA in Monduli DC and Longido DC just before the sixth round of trachoma MDA. In their 2025 CCHPs, Longido budgeted TZS 1.48 million Tanzanian shillings (TZS) (\$548) and Monduli budgeted TZS 1.5 million (\$555) to establish iDARE teams, conduct targeted health education in 4 low performing villages, and integrate GESI into its supportive supervision. To build the districts' capacity to implement these self-funded activities, Act | East will provide technical support and funding for 2 mentorship villages per council.
- **TIS+ in 5 EUs.** In FY25, Act | East will support TZNTDCP to conduct TIS+ (at least 6 months following MDA) in four districts (five EUs): Simanjiro DC, Kiteto DC (2 EUs), Mpwapwa DC North EU, Kalambo DC. The TIS+ protocol includes collection of dried blood spots (DBS) to investigate for seroprevalence and seroconversion, as well as collection of ocular swabs to investigate *Chlamydia trachomatis* infection. All data will be collected using the Tropical Data system.

### Host Government/Partner-Supported Trachoma Activities

Tanzania has implemented the comprehensive trachoma SAFE (Surgery, Antibiotics, Facial cleanliness, and Environmental improvements) strategy for over two decades. The Government of Tanzania, with support from partners such as Conrad N. Hilton Foundation's Avoidable Blindness Fund through the International Trachoma Initiative and Helen Keller International is supporting *Trachomatous trichiasis* (TT) surgeries and F&E interventions.

From FY22, the MOH developed and launched NTD-WASH forums to bring all WASH and NTD actors together. The forum has been meeting twice a year since 2022 to discuss progress and challenges facing NTD elimination and sustainability that can largely be complemented by effective WASH interventions. Some of the outcomes of these meeting are: (1) inclusion of the NTD indicators in the National Sanitation Management Information System (NSMIS); (2) development of the combined NTD-WASH indicator dashboard within NSMIS, which prioritizes districts based on NTD burden and WASH coverage; and (3) prioritization of all the remaining trachoma-endemic districts for the World Bank-funded Rural Water Supply and Sanitation Program. Through this program, the MOH in collaboration with the Ministry of Water and PO-RALG will construct water supply systems in priority villages and construct WASH facilities in health care facilities and community points. Also, this program will involve implementation of behavior change communication (BCC) to foster adoption of good hygiene and sanitation practice in the community and to raise access and use of sanitation facilities at the household level.

In FY24, the MOH launched the national BCC campaign famously known as “*Mtu ni Afya*” that will be implemented across the country to accelerate the attainment of Sustainable Development Goal 6. This campaign intends to motivate the community to participate in environmental cleanliness, construction and use of toilets, and other sanitation and hygiene facilities at the household level.

### Dossier Status for Trachoma Elimination

The current validation timeline for the elimination of trachoma in Mainland Tanzania is expected to be 2030; Zanzibar’s dossier has been completed, and Mainland data will be incorporated before submission.

- **Proposed FY25 Trachoma Dossier Activities.** TZNTDCP will conduct a joint 3-day LF and trachoma dossier development workshop in FY25 with support from Act | East. The goal of the workshop is to convene stakeholders to review trachoma and LF dossier development progress and update the dossiers with recent MMDP, DSA (TIS+) and MDA data.

### OV: Proposed FY25 Activities

Act | East proposes to support the TZNTDCP to conduct the following OV MDAs in FY25:

- **Bi-annual MDA in 15 Districts<sup>1</sup>.** The number of councils receiving bi-annual MDA will increase from 14 to 15 due to inclusion of 3 OV-endemic wards in Mpwapwa DC following 2023 TOEAC recommendations. MDA will be conducted in February and August 2025.
- **Annual MDA in 10 Districts<sup>2</sup>.** Ten districts in Ruvuma and Mufindi-Njombe foci will continue with annual MDA in August 2025. This assumes that the Tunduru focus (Tunduru DC) stops MDA, pending the 2024 TOEAC decision, and that the 4 districts from Tukuyu focus (Busokelo DC, Ileje DC, Kyela DC, and Rungwe DC) are still under the thresholds established by the Centers for Disease Control and Prevention and MOH study of OV elimination.

Act | East will support several MDA strengthening activities in the above districts in FY25, as described below:

- **Enhanced Supportive Supervision in 25 Districts.** The challenges around monitoring, reporting, and planning for MDA in hard-to-reach areas negatively impact IVM MDA coverage. In FY25, Act | East will continue conducting enhanced supportive supervision across all 25 endemic districts, complemented by the SCT, to capture areas of low coverage, identify potential challenges, and solve them in real time. Costs include per diem and transportation for RTI, TZNTDCP, and PO-RALG staff.
- **Microplanning in 4 Districts.** Morogoro DC (Morogoro focus), Muheza DC and Korogwe DC (Tanga focus), and Kilosa DC (Kilosa focus) will implement microplanning using the WHO [Microplanning Manual](#). Act | East will use microplanning to address the barriers to optimal MDA, especially in hard-

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<sup>1</sup> *Kilosa focus:* Kilosa DC, Gairo DC, Mpwapwa DC (3 wards); *Mahenge focus:* Ifakara TC, Ulanga DC, Mlimba DC, Malinyi DC; *Morogoro focus:* Morogoro DC, Mvomero DC; *Mufindi-Njombe focus:* Njombe TC; *Tanga focus:* Bumbuli DC, Korogwe DC, Lushoto DC, Mkinga DC, Muheza DC

<sup>2</sup> *Mufindi-Njombe focus:* Mufindi DC, Njombe DC; *Ruvuma focus:* Ludewa DC, Madaba DC, Mbinga DC, Mbinga TC, Namtumbo DC, Nyasa DC, Songea DC, Songea TC

to-reach areas in the councils, and define planned activities, resources, timing, and location of implementation and monitoring of MDA.

- **Advocacy Meetings and Community Sensitization in Mpwapwa DC.** Three wards in Mpwapwa DC clustered along the Kilosa focus will start IVM MDA in FY25. Act | East will conduct IVM MDA awareness creation activities coupled with the provision of information, education, and communication (IEC) materials to community members. One district-level advocacy meeting will be conducted followed by community sensitization meetings in nine selected villages. The meetings will engage district-level planners and decision-makers, key influential people, and community leaders.
- **Community Engagement and Mobilization.** Save the Children will focus FY25 operations in two DCs: Kilosa DC and Morogoro DC. Save the Children will continue its community engagement and mobilization activities in Morogoro DC and expand implementation to Kilosa DC, focusing where FY24 MDA coverage was low, in hard-to-reach sites and hot spots. Specific activities are detailed below:
  - CHW/CDD Capacity Strengthening in Kilosa DC. Save the Children will collaborate with the MOH (TZNTDCP and the Health Promotion Section [HPS]), PO-RALG, and Kilosa DC to train 50 CHWs/CDDs under the National Integrated CHW Program, using the MOH Basics of Health Promotion Training Module 1 and Basics of Prevention of Communicable Diseases for CHWs Training Module 3. The training will reinforce knowledge and skills to conduct group sessions and home visits through interpersonal communication (IPC).
  - CHW/CDD IPC. Save the Children will support CHWs/CDDs to conduct one-on-one counseling to promote interpersonal communication (IPC) messages in Kilosa DC, as well as continue with the OV social and behavior change (SBC) work started in FY24 in Morogoro DC. The OV community mobilization support through IPC will promote the following behaviors to improve and sustain the community's appropriate understanding and practice of OV control and elimination: Education on the disease and its transmission and the importance of taking IVM during the campaign; proper use of protective clothing; and avoiding washing with, swimming, or spending time in or near running water (i.e., avoidance of blackfly breeding sites), as well as regular health checks and prompt treatment of symptoms.
  - Semi-Annual Supportive Supervision and Mentorship to CDDs/CHWs. Act | East will support Regional/District Community Health Promotion Coordinators, NTD Coordinators, and Save the Children team staff to conduct quarterly supportive supervision and mentorship visits to CHWs/CDDs.
  - Conduct Community-Integrated Outreach in Hard-to-Reach Areas with Low MDA Uptake. During FY25, Act | East will support community-based NTD interventions to address myths and misconceptions of OV, promote positive behavior change for utilization of NTD services, and mobilize communities for outreach services. The project will also support district health management teams in Kilosa DC to integrate NTD services in the existing immunization outreach services, to improve uptake of MDA.
  - Integrate NTD Services in the Quarterly Village Health and Nutrition Days. As part of increasing OV awareness and MDA uptake, Act | East will integrate health education focusing on OV, including the importance of MDA participation, vector control, and

environmental management. In months where there will be an MDA, Save the Children will collaborate with RTI to integrate MDA campaign in the village Health and Nutrition Days.

- Implement Community Scorecard (CSC) in Kilosa DC. The CSC is a community-driven accountability approach for assessment, planning, and M&E of services. In FY25, Save the Children will scale up the CSC implementation using the national CSC tool. Save the Children will use the CSC in villages with low uptake of MDA by conducting 1-day meetings to plan to reach 12 villages (40 participants per village) and drafting an action plan focused on efforts to improve community participation in MDA.
- Review Implementation Status of CSC Action Plans in Kilosa DC. Save the Children will collaborate with Kilosa DC to review the implementation status of the CSC action plan and ensure the LGA is implemented as agreed.
- Participate in the Annual Data Quality Assessment (DQA) Visits in Kilosa DC and Morogoro DC. Save the Children will continue to strengthen the data quality of SBC interventions by participating in the annual DQA visits to assess the quality and accuracy of community data. This involves reviewing data collection processes, verifying reported data, and providing feedback to ensure data reliability and validity.
- Conduct Semi-Annual Qualitative Follow-Up Case Studies in Kongwa DC, Morogoro DC, and Kilosa DC. Save the Children will conduct semi-annual qualitative follow-up case studies to evaluate the impact and effectiveness of SBC interventions targeting NTDs. This activity will involve conducting in-depth qualitative case studies every 6 months to gather detailed insights into the progress and outcomes of SBC interventions aimed at controlling and preventing NTDs. These case studies will help identify best practices, challenges, and areas for improvement.
- **Expand GESI BCA in the Ruvuma Focus.** The most recent prevalence data for Ruvuma, from 2018, indicate that Nyasa DC has an OV prevalence of 18%, and Namtumbo DC, 5.4%. In July 2024, Act | East expanded GESI BCA to these two DCs to improve MDA uptake in 10 villages that were difficult to reach and had low uptake of MDA (5 per council) ahead of OV MDA in August 2024. In FY25 Q1, Act | East will work with the council NTD teams to follow up on these GESI interventions by returning to the 10 FY24 intervention villages post-MDA, and conducting 5 days of coaching for data review and learning documentation with FLHW, village executive officers, and representatives of the iDARE team. In addition, Act | East will expand the GESI BCA to 1 additional OV council (Madaba DC in the Ruvuma focus, with a 2018 OV prevalence of 4.6%).
- **Pilot Light-Touch Mentorship to Mlimba and Ulanga Councils.** Since FY22, Act | East has capacitated two districts in the Mahenge focus, for the Mlimba and Ulanga council NTD teams to implement GESI BCA for addressing low MDA uptake in geographically hard-to-reach areas. In FY24, Mlimba DC budgeted TZS 6 million (\$2,243) and Ulanga DC TZS 3.8 million (\$1,420) for GESI activities<sup>3</sup> in their CCHPs. In FY25, Act | East will use the GESI iDARE Scale Up Guidance Package to

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<sup>3</sup> *Mlimba DC:* facilitate a 1-day GESI orientation to 20 Community health team members by June 2025, support the rollout of the GESI NTD health education package to 1 ward and 2 low MDA uptake villages, and conduct a 1-day GESI orientation to 3 HF in-charges and 30 traditional leaders.

*Ulanga DC:* conduct a 2-day orientation for 80 CDDs from 10 villages on the GESI CDD training addendum and facilitate 4 district NTD members to conduct a 4-day training on proper documentation to 56 FLHWs in GESI supported villages.

provide light-touch mentorship to the council NTD teams. This mentorship will assist them in implementing their CCHP-budgeted GESI activities.

In FY25, Act | East will also support several OV M&E strengthening activities, as described below:

- **Adapted Coverage Evaluation Survey (ACES).** Act | East will provide technical and financial support to TZNTDCP to conduct an ACES in four districts in FY25. These surveys will be used both to validate reported coverage and to identify challenges with and opportunities to strengthen MDA implementation. In addition, surveys will also be used to help assess the impact of Save the Children and WI-HER's behavior change interventions on MDA coverage. The ACES will be conducted in Morogoro DC, which has been treated since 2004 and has consistently had challenges with MDA coverage, and in three districts of the Ruvuma focus, which will be chosen in coordination with TZNTDCP following the OV monitoring survey (see below).
- **OV Monitoring Surveys in Ruvuma Focus (8 districts) and Morogoro DC (1 district).** In FY25, Act | East will support TZNTDCP to conduct monitoring surveys in all 8 councils in Ruvuma focus (Madaba DC, Mbinga DC, Mbinga TC, Namtumbo DC, Nyasa DC, Songea DC, Songea MC, Ludewa DC) and 1 council in Morogoro focus. Data collected in 2018 during a TAS indicated that there was ongoing OV transmission in Songea MC, Mbinga TC, Namtumbo DC, and Nyasa DC which form part of the Ruvuma focus. Following several years of MDA in Morogoro DC, the monitoring surveys will provide recent data on OV transmission that will inform the program and aid TOEAC in developing evidence-based recommendations.
- **OEM in Makete DC, Wanging'ombe DC, and Morogoro MC.** The TOEAC recommended the TZNTDCP conduct two OEM surveys. The first is potential breeding sites in Makete DC and Wanging'ombe DC, which are adjacent to the Mufindi-Njombe focus. The second is in Morogoro MC, which borders the Morogoro focus. Since all councils are not IVM naïve, serological testing will be conducted among children aged 5 to 9 years in 3 to 5 first-line villages. The survey findings will inform the program whether MDA should be initiated in any of the three districts.
- **OV Laboratory Analysis (RTI).** In FY25, Act | East will provide financial and technical support to the NIMR Tanga laboratory to analyze the DBS collected during the surveys proposed above and those implemented in FY24, including:
  - 9,000 samples for OV-16 RDT analysis
    - 3,000 samples for OV monitoring surveys in Mufindi-Njombe and Mahenge foci
    - 4,500 samples for 8 councils in Ruvuma focus and Morogoro DC
    - 1,500 samples for Makete DC, Wanging'ombe DC, and Morogoro MC.

Lastly, Act | East will support the following OV meetings in FY25:

- **OV Review and Planning Meeting, TOT, and Accountants Training.** This is a 7-day series of disease-specific meetings that includes 1 day for OV review and planning, 2 days of TOT and accountants and finance training, 2 days for GESI and scaling up CCHP capacities in the councils, and 2 days for planning and budgeting. The disease-specific review and planning sessions focus on reviewing OV activities in the districts where MDA is ongoing, to discuss challenges related to ongoing endemicity and plan for FY25 MDA activities. A key meeting output will be regional and district FY25 plans and budgets and orienting regional and district accountants on the FAA milestones and requirements.
- **Tanzania Onchocerciasis Elimination Expert Advisory Committee (TOEAC) meeting.** Act | East will support the NTDCP to convene national and international OV experts at its annual TOEAC meeting in

FY25 to discuss progress towards OV elimination and devise technical recommendations for achieving elimination. The TOEAC chairperson will lead the meeting and summarize and endorse the recommendations from the committee, which will advise and guide the program on prioritized OV activities implementation in FY26.

- **Cross-Border Meeting with Mozambique.** Act | East will support an MDA cross-border planning meeting for councils in the Ruvuma focus that are adjacent to Mozambique. The meeting will be an opportunity for district authorities and national-level disease focal points to plan jointly for possible synchronized MDA at the district level, with the aim of reaching migratory populations on both sides of the border.
- **OV Dossier Development Meeting.** Act | East proposes to conduct a dossier development meeting to start drafting a dossier and discuss high level needs for advancing OV elimination.

### 3. IR2 SUSTAINABILITY AND HSS STRATEGY ACTIVITIES

#### Improving Core NTD Program Function

##### *Data Security and Management*

In FY25, Act | East will support the following data security and management activities:

**Three-Day Meeting to Review and Revise MDA Data Collection Tools.** In FY25, the TZNTDCP will update the Regional Summary Data Form, District Summary Data Form, Sub-District MDA Data Form, MDA Equipment Tracking Form, and NTD PC Medicine Inventory management and consumption tools. Drug management and tracking information will be incorporated into the medicine inventory management and consumption forms to track expiring drugs, amounts of opened and sealed tins, and medicine redistribution among councils. This will improve timely availability of enough drugs for MDA, improve reporting of drugs used and remaining, avoiding unnecessary expiration of drugs, and ordering the correct number of drugs. The revised MDA data summary forms will also include a section for capturing district total population according to national census, because councils report population values inconsistently. The revision will also ensure that Sub-District MDA Data Forms feed easily into the District MDA Data Forms.

- **Support M&E and Research Officer to Participate in Annual HMIS Review Meeting.** Act | East will support the TZNTDCP M&E and Research Unit (1 TZNTDCP Research Officer and 1 seconded Act | East MERLA Officer) to attend the 3-day annual HMIS review meeting in August 2025.

##### *Drug Management*

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

- **Provide TA to Strengthen Prevention, Monitoring, and Management of Adverse Events (AEs) and Serious Adverse Events (SAEs).** In Tanzania, the Tanzania Medicine and Medical Devices Authority (TMDA) is responsible for regulating quality, safety, and effectiveness of medicines, medical devices, and diagnostics including reporting and follow-up of AEs and SAEs. In FY25, Act | East will support TZNTDCP to coordinate with TMDA to provide refresher training on AEs and SAEs to TZNTDCP and PO-RALG program staff, who will cascade these trainings to the regions and districts during annual review and planning meetings. During MDA, TMDA zonal offices will be notified so they are on standby to support and take actions when SAEs and AEs are reported.



- **JAP and TEMF Preparation Meeting.** Act | East, in collaboration with TZNTDCP, will organize two JAP and TEMF preparation meetings. The first meeting will include disease-specific program officers, to gather information needed for the JAP and TEMF documents. The second meeting will include MSD, MOH, WHO, PO-RALG, and supply chain implementing partners to review and agree on the data included in the drug application forms.
- **Custom Clearance of Donated Health Commodities.** Act | East will continue supporting the TZNTDCP to clear donated NTD commodities through customs by coordinating the movement of documents such as exemptions forms from MOH to the Dar es Salaam customs office and the Government Procurement Services Agency (GPSA). To this end, Act | East will facilitate two program staff (the new Pharmacist and seconded Drug Logistics Officer) to submit documents and follow up until the shipment is released from the port of entry. Act | East directly support clearance fees for diagnostics procured by the project (e.g. FTS, OV16 RDTs).
- **Transportation of NTD Health Commodities, Drugs, and Diagnostics.** On an as-needed basis, Act | East, in collaboration with TZNTDCP, will support the redistribution of NTD health commodities within and between districts by using MOH or Act | East vehicles.
- **Inventory Management of NTD Health Commodities.** In FY25, Act | East will support the inventory management of NTD health commodities at MSD, councils, and locations where they are stored. This activity will be conducted by physically visiting sites to verify inventory management tools and first expiry, first out adherence and count available stock in three trachoma- and eight OV-, SCH-, and/or STH-endemic councils. Three TZNTDCP staff together with the seconded Drug Logistics Officer will participate in this activity.

### **Achieving Sustainability: Mainstreaming & HSS**

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

- **Three-Day Meeting to Integrate NTD Activities into MOH Mid-Term Expenditure Framework (MTEF).** TZNTDCP is working to advance the NTD sustainability agenda at the national level within MOH (Chief Medical Officer, Permanent Secretary) and across key ministries such as the Ministry of Finance (MOF) and PO-RALG, with a focus on increasing domestic financing. MTEF is the planning and budgeting document developed by all MOH directorates and compiled by the Directorate of Policy and Planning (DPP). TZNTDCP plans have not been integrated into this key MOH document, contributing to the lack of NTD visibility and resulting in lost opportunities for NTD activities in the national planning processes. In FY25, TZNTDCP will incorporate NTD activities into the MOH MTEF and has requested support from Act | East for this effort.
- **Follow-Up and Piloting of New NTD Features in PlanRep System.** In FY25, in collaboration with Public Sector Systems Strengthening Plus (PS3+) project, Act | East will support a 3-day meeting with PO-RALG to follow up on the integration of new NTD specific features in PlanRep and identify challenges and solutions to ensure that councils can effectively use the system for improved NTD planning and budgeting. Additionally, Act | East will support TZNTDCP in training and conduct piloting of the system use during planning and review meetings.
- **Nationwide CCHP Scale-Up.** PO-RALG, supported by Act | East, will lead the nationwide scale-up of NTD planning and budgeting capacity to the remaining 127 CCHPs through the online distance e-learning platform hosted by PO-RALG's Local Government Training Institute. PO-RALG will review existing materials and update them to suit the online platform. Once the materials are updated, Act | East will support PO-RALG to conduct a training of 24 trainers—3 per zone in the 8 administrative

zones of Mainland Tanzania. The trainers will then conduct virtual zonal trainings for CCHP planners to use the PlanRep tools to develop NTD components to their CCHP budgets. PO-RALG will use the zonal trainers to conduct an assessment of the CCHPs during the normal assessment stage within the CCHP cycle, and will monitor the scale-up using data from PlanRep. In the medium term, PO-RALG will integrate NTDs into its Integrated Monitoring and Evaluation system (IMES). Through this system, PO-RALG will report NTD budget allocation and expenditure to MOH through councils' quarterly updates on NTD budget allocation and expenditure.

- **CCHP Evaluation.** With plans for nationwide CCHP scale-up in FY25, Act | East plans to conduct an evaluation of efforts to increase council-level funding for NTDs. The evaluation will seek to explore and document budgetary changes that have been observed, first in the 15 councils that Act | East supported in FY23–24, and then later in FY25 in a sample of the other 42 councils that initiated the process in FY24. The evaluation will document key inputs and processes that have supported the changes; barriers and facilitators to scaling up these efforts; the degree to which Act | East support has been, and will be, needed to carry this process as it moves to scale; mainstreaming within the PO-RALG local government training institute; and other changes brought about by the support, from a HSS practice lens.
- **Support the MOH-TZNTDCP to Implement the NTD Financing Strategy.** In FY24, Act | East provided technical support to the MOH to finalize an **NTD financing strategy**. TZNTDCP requested that Act | East support the implementation of some key components of the financing strategy, while awaiting the validation and approval process. The activities defined here articulate the next steps toward the implementation of the strategy document as agreed by MOH and PORALG.
  - Dissemination and Consensus Building Meeting. In FY25 Q2, Act | East will provide technical support to a 2-day dissemination and consensus building meeting on the implementation of the NTD financing strategy proposals with the MOH DPP and Director of Preventive Services, PO-RALG, MOF, and other senior government policy makers
  - Broader Dissemination and Distribution. Once the financing strategy is approved, Act | East will support the broader dissemination and distribution of the strategy document to the regions and council level through other existing platforms.
- **Securing Inclusion of People with NTDs and NTD Services into the UHI Act of 2023.** One of the options for domestic resource mobilization identified in the financing strategy is to secure inclusion of individuals affected by any NTD into the chronic disease category for UHI subsidy. Tanzania is in the process of developing a UHI benefit package and each vertical health program will be required to share a basic list of essential services for inclusion within the UHI benefit package, based on the health insurance implementation taskforce (HIIF) criteria. NTDCP will facilitate consensus-building meetings on a proposed minimum basic NTD service package for all NTDs for inclusion in the UHI essential service benefit package. Therefore, in FY25, Act | East will support the MOH to develop a minimum basic NTD service package for all NTDs for inclusion in the UHI Essential Service Benefit Package. This workshop will involve the identification of NTD-related chronic conditions to be proposed for inclusion into the approved earmarked taxes of UHI Act 2023.

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

- **Conversion of Comprehensive NTD Orientation Modules to e-Learning Format and Uploading into MOH e-Learning Platform:** In FY24, Act | East provided technical support to MOH to develop a comprehensive NTD training package. This primarily will be used to build capacity of RHMTs, CHMTs, and FLHWs in the prevention and control of NTDs, as well as the planning and budgeting for NTDs.

Act | East, in collaboration with the Directorate of Human Resource and Development (DHRD) and TZNTDCP, will facilitate a 3-day meeting on the conversion of the NTD modules into the e-learning format, and thereafter DHRD and TZNTDCP will upload the modules into the MOH e-learning platform. Ultimately this activity will lead to an accredited e-learning module by professional councils, where learners can obtain continuous professional development points from the learning hours.

- **Mid-Term Review of NTD Strategic Master Plan (2021–2026).** The MOH has requested that Act | East support the MOH to conduct a mid-term review of the NTD Strategic Master Plan, to document progress and inform implementation priorities for its remaining years and contribute to the HSS Plan V mid-term findings. Act | East will support the MOH to conduct a 4-day stakeholders' meeting in Q2 to review progress against the NTD Strategic Master Plan indicators, reprioritize the identified gaps, and agree on related actions. Act | East will then support a 2-day validation workshop on the evaluation report for approximately 49 participants and prepare the PowerPoint presentation needed for the meeting.
- **Support M&E Plan Endorsement and Operationalization.** In FY23 and FY24, Act | East supported finalization of the NTD program M&E plan. In FY25, TZNTDCP will lead its endorsement and start operationalization. As per recommendations from previous meetings, TZNTDCP requires support in building systems for M&E that include customization of existing systems and tools as well as developing new tools to be incorporated into wider M&E systems. Building the system will include reviewing key performance indicators of the program and development of an NTD reporting system for councils and the national level using PO-RALG reporting systems.

In FY25, Act | East will support the following GESI cross-cutting activities:

- **Finalize the GESI iDARE Scale Up Guidance Package.** In FY25 Q1, Act | East will conduct a 4-day national workshop with 35 participants, including council NTD coordinators, TZNTDCP staff, PO-RALG, and partners to finalize the GESI iDARE Scale Up Guidance Package and the dissemination plan for piloting and implementation later in the fiscal year. The package entails tools and step-by-step guidance for: (1) operationalizing GESI for improved MDA outcomes, (2) DQA (how to review local data sources to identify low performing villages), (3) community engagement preferred practices, (4) guidance on how to build capacity of community leaders, (5) scale-up approaches via CCHP integration, and (6) follow-up action planning and documenting lessons learned.
- **Build the Capacity of Councils in Incorporating GESI Activities into CCHPs.** In FY24, Act | East developed nine GESI prototype activities for inclusion in CCHPs, such as community education sessions and community leader engagement activities. Eight councils then incorporated some of these activities into their CCHPs. In FY25, TZNTDCP, National GESI Facilitators, PO-RALG, LGAs, and partners will provide mentorship and planning support to councils during one day of the OV, trachoma, and LF review and planning meetings.
- **Support the Finalization and Dissemination of the RHMT/CHMT GESI Integration e-Module as Part of the National e-Curriculum Development.** In FY24, WI-HER developed a draft of the GESI e-module for integration into the national training e-curriculum for RHMTs and CHMTs. In FY25, we will collaborate with MOH and partners in the finalization of the e-modules for use by councils to improve NTD activities, including attending a finalization meeting.
- **Outcome Harvesting Evaluation of the iDARE GESI BCA in Tanzania.** To identify and verify the outcomes of the GESI iDARE BCA, Act | East plans to conduct an evaluation using the outcome harvesting methodology. In FY25, Act | East will conduct protocol development, NIMR submission,

and documentation inventory of existing root cause analysis data, coaching reports, and post-MDA monitoring data. Data collection, analysis, and dissemination costs will occur in FY26.

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

##### SCH: Proposed FY25 Activities

- **School-Based MDA.** Act | East will support school-based MDA with PZQ in 35 councils based on the sub-district MDA approach at ward level using the baseline survey results. Of the 35, 28 DCs will conduct MDA in all wards, while the remaining 7 DCs will conduct MDA only in some of the endemic wards. Act | East will support a total of 679 wards for MDA. The school-based SCH MDA will be integrated with STH MDA focusing on all SAC in the respective wards.
- **SCH/STH Advocacy and Community Sensitization.** Based on the results of the FY24 practical assessments, Korogwe, Kyela and Tunduru DCs have sites with persistent SCH transmission despite several effective rounds of MDA. In these 3 districts, TZNTDCP will conduct SBC campaigns in Kyela, Tunduru and Korogwe DCs based on results from the FY24 practical assessments. The activity will include 1-day advocacy and community sensitization meetings, which will be conducted among district and regional officials for the three districts. The meetings will also be extended to community leaders in the hotspot areas.
- **SCH Operational Plan Finalization Meetings.** In FY23, Act | East supported TZNTDCP to develop the SCH operational plan for SCH control and elimination interventions. The document was developed in FY23, and draft was reviewed in FY24. In FY25, Act | East will support 2 meetings to finalize the SCH operational plan. These are the 2 meetings that will comprise various SCH experts and participants from TZNTDCP, RTI TZ, RTI headquarters, USAID SCH experts, and PO-RALG for the purpose of finalizing the SCH operation plan. The experts will provide valuable inputs for finalizing the SCH operational plan that will guide the country in the control of SCH in the first meeting, while the second meeting will include the program team and RTI team together with consultant for finalizing the operational plan.
- **SCH/STH Technical Expert Advisory Committee (SSTEAC) Meeting.** The SSTEAC meeting targeting STH and SCH will focus on review of Tanzania's progress toward SCH and STH control and provide technical recommendations for the MOH regarding the MDA and DSA strategy, surveillance, and multisectoral collaboration. The FY25 meeting will also follow up on recommendations from the September 2024 meeting.

##### STH: Proposed FY25 Activities

- **STH MDA.** Act | East will support the implementation of school-and community-based ALB MDA among SAC in 46 councils that are endemic for STH: 3 councils will conduct STH only MDA; 35 will integrate STH with SCH MDA; and 5 will conduct LF/STH MDA.