

Uganda Work Plan

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THE
CARTER CENTER



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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 Uganda, Act | East activities are implemented by RTI, The Carter Center, Results for Development, Save the Children, and WI-HER.

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ACRONYMS LIST

Act East	Act to End Neglected Tropical Diseases East
AAR	After-Action Review
ASCEND	Accelerating Sustainable Control and Elimination of NTDs
BCT	Behavior Change Team
CDD	Community Drug Distributor
CES	Coverage Evaluation Survey
CHA	Clean Household Approach
Ct	<i>Chlamydia trachomatous</i>
DHIS2	District Health Information System 2
DHO	District Health Office
DIP	Direct Inspection Protocol
DPNM	Department of Pharmacy and Natural Medicines
DRC	Democratic Republic of the Congo
DSA	Disease Specific Assessment
EDC	Electronic Data Collection
EU	Evaluation Unit
F&E	Facial and Environmental
FCDO	Foreign, Commonwealth and Development Office
FY	Fiscal Year
GESI	Gender Equity and Social Inclusion
IEC	Information, Education, and Communication
ITI	International Trachoma Initiative
IVM	Ivermectin
JAP	Joint Application Package
JRSM	Joint Request for Selected PC Medicines
LC	Local Council
LF	Lymphatic filariasis
LOE	Level of Effort
M&E	Monitoring and Evaluation
M&IE	Meals and Incidental Expenses
MDA	Mass Drug Administration
MMDP	Morbidity Management and Disability Prevention
MMN	Madi-mid North
MMP	Mobile and Migratory Population
MOH	Ministry of Health
NDA	National Drug Authority
NMS	National Medical Stores
NPSSP	National Pharmaceutical Services Sector Plan
NTAC	NTD Expert Advisory Committee
NTD	Neglected Tropical Disease
NTDCD	Neglected Tropical Diseases Control Division
NTDCP	Neglected Tropical Diseases Control Program
OV	Onchocerciasis
PC	Preventive Chemotherapy

PES	Post-Elimination Surveillance
PTS	Post-Treatment Surveillance
PVS	Post-Validation Surveillance
Q	Quarter
RSS	Republic of South Sudan
SAFE	Surgery–Antibiotics–Facial Cleanliness–Environmental Improvements
SBCC	Social and Behavior Change Communication
SCH	Schistosomiasis
SCM	Supply Chain Management
SCT	Supervisor’s Coverage Tool
SMS	Short Message Service
STH	Soil-transmitted Helminths
STTA	Short-Term Technical Assistance
TAS	Transmission Assessment Survey
TCC	The Carter Center
TEC	Trachoma Expert Committee
TEMF	Trachoma Elimination Monitoring Form
TF	Trachomatous Inflammation–Follicular
TIS+	Enhanced Trachoma Impact Survey
TT	Trachomatous Trichiasis
TWG	Technical Working Group
UOEEAC	Uganda Onchocerciasis Elimination Expert Advisory Committee
USAID	United States Agency for International Development
UWASNET	Uganda Water and Sanitation Network
VB	Vector Borne
VHT	Village Health Team
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

NARRATIVE

1. NATIONAL NTD PROGRAM OVERVIEW AND SUPPORT

Uganda's population of nearly 45 million people are at risk of one or more neglected tropical diseases (NTDs). The country is endemic for 18 NTDs that mainly affect the rural poor and result in reduced socioeconomic productivity. Uganda's Ministry of Health (MOH) Vector Borne and Neglected Tropical Diseases Control Division (VB & NTDCD), under the MOH's Environmental Health Department, leads the efforts to eliminate and control NTDs. In 2007, all preventive chemotherapy (PC) disease programs, i.e., onchocerciasis (OV), lymphatic filariasis (LF), trachoma, schistosomiasis (SCH), and soil-transmitted helminths (STH), were integrated with the support of the U.S. Agency for International Development's (USAID's) NTD Control Program, implemented by RTI, and the national NTD Control Program (NTDCP) was established. The Environmental Health Department provides coordination and oversight for the VB & NTDCD, and it is headed by an Assistant Commissioner of Health Services, who coordinates the NTDCP and reports to the Commissioner of the Environmental Health Department. Under the Assistant Commissioner sits a team of disease-specific program managers, senior program staff, scientists, and technicians who assist in the day-to-day implementation of NTDCP activities.

The NTD Secretariat was established to provide a forum for the MOH and partners and meets quarterly to review progress and set the program's strategic direction. The NTDCP has a Technical Advisory Committee, which comprises members of the top management committee, program managers, and experts from other relevant institutions and research organizations. The top management committee is chaired by the Director General of Health Services and serves as the steering committee for all health programs, including the NTDCP. The MOH provides office space for NTDCP staff, salaries, and laboratory space, and contributes to the procurement of laboratory equipment. At other levels of the health care delivery system, the MOH and district local governments recruit and provide salaries for staff. The MOH works with the Ministry of Education and Sports, Ministry of Water and Environment, and others to align activities across a cross-sectoral approach.

The country has made tremendous progress in the control and elimination of NTDs. LF has stopped mass drug administration (MDA) in all endemic districts and is in the post-treatment surveillance (PTS) phase; trachoma is in the PTS phase in 56 of 61 endemic districts; and OV has achieved PTS in 15 of 17 foci under the MOH's leadership.

Control of all NTDs is part of the Uganda National Minimum Health Care Package, as highlighted in the Health Sector Strategic and Investment Plan III. The country has developed an NTD Master Plan 2023–2027 that outlines specific, measurable goals in line with the World Health Organization's (WHO's) 2030 NTD Roadmap. Additionally, a National NTD Sustainability Plan 2020–2025 was developed to support the health system to provide sustainable, accessible, equitable, and quality NTD services.

USAID's Act to End NTDs | East (Act | East) program is the primary partner supporting the Government of Uganda in its NTD control and elimination efforts. Current donors supporting the NTDCP are USAID, Lions Club Uganda, and WHO. In addition to Act | East, NTD implementing partners include Sightsavers, Unlimit Health (previously the SCI Foundation), World Vision, and The Carter Center (TCC). Table 1 provides information about all implementing partners.

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

Lymphatic Filariasis

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

- **Complete TAS2 in Madi-Okollo (RTI):** TAS2 was conducted in Madi-Okollo district in FY23. Upon analysis of the EU by Act | East, we found that 40 villages included in the survey overlapped with another EU and were also sampled by that EU. The confusion was due to splitting of the districts and issues with administrative boundaries. In FY25 we will survey an additional 40 communities within Madi-Okollo to complete the TAS2. complete the TAS2.
- **TAS3 in 13 districts (11 evaluation units [EUs]) (RTI):** Act | East will provide funding and technical support to the MOH to conduct TAS3 in 13 districts (11 EUs). Prior to the surveys, Act | East will support a pre-activity to visit all districts to plan the survey with the district teams. In addition, NTDCP and Act | East will conduct a comprehensive training of TAS teams to incorporate the recent changes in WHO TAS guidelines. The pre-visit trip will include the following:
 - discuss timing and the intended group with the district political and technical officials;
 - obtain school lists, enrollment rates, community lists, and locally drawn EU maps;
 - establish the school absenteeism rate and use this data for planning;
 - agree and formalize social mobilization strategies; and
 - assess the availability of district staff for TAS.
- **Direct Inspection Protocol (DIP) (RTI):** Act | East will support the MOH to administer the DIP in 763 health facilities in endemic districts to assess the facilities' capacity to provide MMDP services. The DIP will be administered in 10% of 763 selected health facilities, for a total of 76 health facilities. This information is also a prerequisite for the LF dossier's preparation and submission. The assessment will provide the country with (1) information on the readiness and availability of quality MMDP services (i.e., quality of lymphedema and hydrocele services), (2) strengths and weaknesses of the services, and (3) identify areas of improvement. Data analysis will include scores by health facility, with a sub-analysis looking at whether facilities in the Teso sub-region score differently than those in other sub-regions without external MMDP support, and average scores by theme, to determine where improvements are necessary. The activities include:
 - a 1-day workshop with stakeholders;
 - train teams to conduct health facility visits;
 - health facility visits in endemic districts; and
 - debrief workshop with stakeholders.

Host government- or partner-supported activities. Currently, the NTDCP does not receive support from other sources. The MOH provides office space, personnel, and laboratory space. Additionally, the government advocates for domestic resource allocation toward NTDs, which is further described in the IR2 Governance section below.

Dossier status. Uganda prepared the first draft of its LF dossier with ENVISION support in 2017. The second draft was completed with financial and technical support from Act | East in FY22. In August 2023, Act | East facilitated the review and update of the third draft using data from surveys conducted

in FY23. The LF program will include future TAS and MMDP results as they become available. The draft LF dossier reports and data are captured in the integrated NTD database and files that are stored at the NTDCP. In FY25, Act | East will support the following LF dossier activities:

- **LF elimination dossier preparation and review meeting (RTI).** Act | East will support the NTDCP to hold a 2-day meeting in Lira with LF stakeholders (e.g., MOH, districts, partners, relevant sectors, and LF experts) to update the dossier. Act | East will submit TAS and MMDP data compiled in FY24. Additionally, with Act | East support, the NTDCP will compile missing MMDP data from 2004 from the original Katakwi District, which was split into three districts. Copies of draft four of the LF dossier will be shared by the MOH LF Program Manager with the NTDCP and partners for later updates. Act | East will support venue rental, per diem, transport reimbursement, and refreshments for 30 participants.

Trachoma

In FY25, Act | East plans to support the following trachoma activities:

- **TIS+ in two districts (3 EUs) (RTI).** Act | East will support the MOH to conduct TIS+ in two districts in January and February 2025: one with recrudescing TF (Nabilatuk) and the other with persistent TF (Moroto). An additional EU will be created for the Turkana MMP settled in Moroto District. This nomadic population moves in and out of the district and has missed MDA for several years; therefore, they are hypothesized to be part of the population driving transmission. Ascertaining the TF prevalence in this group will help design appropriate interventions. Following the TIS+, Act | East will conduct an after-action review (AAR) with NTDCP.
- **Sentinel Site Monitoring (SSM) in 3 districts.** Given the history of persistent active trachoma in Amudat, Nakapiripirit, and Buliisa districts and recent results from TIS+, Act | East will support the monitoring of Amudat, Nakapiripirit, and Buliisa districts to assess trends in trachomatous inflammation-follicular (TF) in children aged 1-9 years, and Chlamydia trachomatis (Ct) infection, and Pgp3 serology in children aged 1-5 years, 12 months after TIS+ in areas where trachoma activity has resurfaced. This surveillance (SSM) will help determine whether trachoma remains a public health concern before conducting TSS+ (scheduled for 24 months post-TIS+).
- **Trachoma cross-border strategy meeting (RTI).** Moroto District, which has persistent TF, conducted its last round of MDA in June 2024. Across the border, Turkana West, Kenya will continue MDA for the next 2 years. Mobile and migratory Turkana populations who cross the border to Moroto are believed to be a driving factor for persistent TF. Therefore, in FY25, Act | East will support travel for the MOH trachoma program, with technical and financial support to conduct meetings with Kenya's Turkana County trachoma team to review MDA progress and determine the status of implementing actions plans. This meeting will convene county and district representatives from border districts in Kenya, partners operating within the region, representatives of the MOH's One Health program, and other MOH officials. Information on TF prevalence, MDA coverage, operational research findings, FY24 learning activity findings, and progress on SAFE interventions within the districts and across borders will be used to guide the discussions.
- **National Trachoma Stakeholders Meeting (RTI).** In FY25, Act | East will support the MOH to convene a national trachoma stakeholders meeting, bringing together all SAFE implementing partners to review updates from WHO and the TEC and customize them to the Uganda context.

An additional day will be added to focus on sustainability and transition planning for the SAFE strategy in all five trachoma-endemic districts. This multisectoral session will include WASH partners, community organizations, the education sector, and community development sector. Each district will develop a plan for post-MDA SAFE activities. Recommendations from this meeting will guide planning for the next fiscal year.

- **Conduct monthly community dialogues in 100 high-burden villages in two districts—Moroto and Nabilatuk (Save the Children).** As part of the trachoma elimination work in Karamoja, Save the Children carries out social and behavior change communication (SBCC) activities in the region. Recrudescence of trachoma is associated with poor F&E behaviors in communities. For this reason, Act | East (through Save the Children) will continue to provide technical assistance and financial support to district local government, health, and community development staff in Moroto and Nabilatuk, where TIS+ is planned. Act | East will cover a total of 100 villages in FY25 and conduct 200 community dialogue sessions and follow-ups to promote F&E messaging.
- **Conduct home visits and meetings to promote Save the Children’s Clean Household Approach (CHA) (Moroto and Nabilatuk) (Save the Children).** Save the Children will continue to provide technical assistance to district local government health and community development staff to mobilize village sanitation committees in 100 villages twice a year in Moroto and Nabilatuk. The village sanitation committees will engage household members individually in F&E and MDA sensitization and review the necessary follow-up actions to promote Save the Children’s CHA for F&E in their respective households. CHA includes sensitizing the community and households on personal and environmental sanitation and hygiene, including regular hand washing, ending open defecation, promoting proper latrine use, boiling drinking water, managing water storage facilities, and protecting prepared food.
- **Conduct hygiene improvement follow-ups, demonstrations, and data collection in households in 160 villages (Moroto and Nabilatuk) (Save the Children).** Save the Children will provide technical and financial support to health assistants to conduct 640 hygiene improvement follow-ups to assess progress on household commitments to establish and use hygiene facilities. During the follow-ups, the health assistants will also conduct 160 demonstrations on key hygiene behaviors, including hand and face washing and latrine construction in 160 villages.
- **Support to health school patrons to roll out hygiene improvement sessions and mobilize school children (Save the Children).** Save the Children will provide technical and financial support to 80 school health patrons to roll out hygiene improvement and MDA sessions, and to mobilize school children (usually members of the school health club) to develop and share songs, dramas, etc., on hygiene. The technical support will consist of coaching and mentoring health clubs, rolling out hygiene sessions using participatory methods, on-site demonstrations of positive hygiene behaviors, and capturing session attendance data.
- **Support school health clubs to conduct 80 community outreach events in selected villages (Moroto, Nabilatuk, Amudat, and Nakapiripirit) (Save the Children).** Save the Children will provide technical and financial support to health assistants and school health patrons to mobilize school children (usually members of the school health club) to conduct 80 community outreach events in focus villages to promote hygiene improvement and MDA uptake through songs, dramas, etc. The technical support will consist of routine mentorship of school health members to ensure they use participatory and contextualized methodologies to conduct community outreach, capture participant attendance, and submit timely and accurate reports.

- **Support to health assistants and school inspectors to conduct 120 support supervision visits to schools (Moroto, Nabilatuk, Amudat, and Nakapiripirit) (Save the Children).** Save the Children will provide technical and financial support to health assistants and school inspectors to conduct 120 support supervision visits to schools to see how trained teachers and school health clubs conduct behavior change activities, including trachoma education and hygiene competitions in 40 schools. The technical support will consist of equipping supervisors with support supervision and data collection tools and building their capacity on how to use the tools to collect data and report accurately and correctly.
 - **Conduct routine monitoring, evaluation, accountability, and learning monitoring (Moroto, Nabilatuk, Amudat, and Nakapiripirit) (Save the Children).** Save the Children will continue routine monitoring, evaluation, accountability, and learning activities, including regular monitoring visits, community feedback opportunities, and reflection exercises with key stakeholders. Additionally, an annual household survey is planned.
 - **Conduct 12 monthly local monitoring visits and community meetings in Moroto, Nabilatuk, Amudat, and Nakapiripirit Districts** to assess whether activities are being implemented with the expected quality and to collect and respond to community feedback. This feedback is gathered via community feedback meetings, quality benchmark reporting tools used by Act | East staff during activity implementation, village feedback boxes, and toll-free short message service (SMS) contact lines.
 - **Hold two joint monitoring visits and performance review meetings** with national and district stakeholders. Save the Children will use these visits as an opportunity to review progress and achievements on CHA, school hygiene visits, and community dialogues, advocate for increased access to safe water within the four districts and in specific villages, identify success stories, and document lessons learned.
 - **Conduct quarterly data entry updates** for NTD data for households and schools in the intervention districts.
 - **Hold one project management meeting** to assess activity and budget performance and share lessons and best-known practices.

Host government- or partner-supported activities. The MOH has benefited from support from several partners, including its current support from Act | East. Sightsavers supports the program with trichiasis surgeries, and dossier meetings.

The NTD Secretariat is headed by an Assistant Commissioner who, together with disease-specific program managers, are Government of Uganda employees. The MOH provides support for technical support supervision to these programs. The MOH has put in place several implementation mechanisms, including the NTD Secretariat and the NTD Technical Advisory Committee, whose mandates are to review and advise on progress toward attainment of the NTD goals. The MOH's Environmental Health Division has issued guidelines on sanitation and handwashing programs in schools, while data from its district latrine coverage surveys has been helpful in completing the F&E section of the trachoma dossier. The Ministry of Education's School Health Department has provided teacher training on pupils' health and sanitation and conducted WASH activities in schools.

Dossier status for trachoma elimination. The NTDCP with technical and financial support from USAID through ENVISION, embarked on drafting the trachoma dossier in December 2018. In the following years, with support from Act | East, the program continued to review the dossier and update all aspects of SAFE implementation, including data that was collected from refugee camps and other areas suspected to be endemic.

Recently, the program has been updating the F&E section of the dossier with data from the Ministry of Water and Environment and Ministry of Education and Sports. Additionally, some partners, primarily community-based organizations supporting WASH in Uganda, have provided data that has been used to update the dossier.

In FY25, Act | East plans to support the following trachoma dossier activities:

- **Trachoma dossier preparation and review meeting (RTI).** In FY25 quarter (Q) 1, and with its non-Act | East funding, Sightsavers will fund a 2-day dossier preparation and review meeting. Participants will include NTDCP staff, including the Assistant Commissioner, Trachoma Program Manager, NTD Data Manager, and three program officers, two participants per district (for four districts), four RTI technical staff, and six staff from other ministries (i.e., Ministry of Education and Sports; Ministry of Water and Environment; and Ministry of Finance, Planning and Economic Development), as well as other implementing partners supporting SAFE strategy activities.

Onchocerciasis

Figure 3. Progress toward OV elimination, Uganda

In FY25, Act | East plans to support the following OV activities:

- **Train supervisors, health workers, and VHTs (TCC).** For FY25, the NTDCP has replaced CDDs with VHTs. Act | East will support the NTDCP to conduct new and refresher training to teach VHTs how to conduct MDA and maintain high treatment coverage.
- **Health education (TCC).** Act | East will support NTDCP to conduct community mobilization to inform and prepare communities for MDA and improve IVM uptake in areas affected by low turnout. Different approaches will be used to reach communities, such as attending Bolicup savings group meetings (where people in the community save money collectively and meet weekly for discussion), and community social centers.
- **MDA supervision (TCC).** The TCC and MOH teams will conduct supervision to ensure the effective implementation of MDA-related activities and the proper management of resources across the five upper MMN focus districts. Household interviews will be conducted using household survey questionnaires to verify if community members have received treatment. The data collected from these surveys will be reconciled with the district data, and follow-ups will be conducted to address any discrepancies. AARs are conducted post-MDA to review activities, provide feedback to implementers, and discuss challenges and future actions. These reviews occur in selected sub counties, parishes, and communities, focusing mainly on those needing additional support. AARs facilitate knowledge sharing between high and low performers and help develop improvement action plans. District Onchocerciasis Coordinators (DOCs), TCC Program Coordinators, and various teams within the community-directed treatment with IVM structure will carry out this activity.
- **MDA Coverage (TCC).** Act | East will supply activity reporting forms to consolidate treatment data from community registers for the five districts of the upper MMN focus. The data summary forms also capture the number of unused drugs. MDA data collection tools are utilized at the community, parish, and subcounty levels.

Host government-or partner-supported activities

TCC is the primary implementing partner for OV elimination and has assisted the Ugandan MOH to eliminate OV transmission since 1996. Since 2007, TCC has supported the annual UOEEAC meeting, which reviews OV elimination progress and provides recommendations to the MOH. TCC collaborates with the University of South Florida to maintain the Uganda molecular laboratory for OV16 serology, entomology, and parasitology (including O-150 polymerase chain reaction testing in *Simulium* vectors and skin snips).

In FY25, using alternative funding sources, TCC will assist the MOH in compiling OV-endemic focus populations for WHO's Joint Application Package (JAP) and requests from National Medical Stores (NMS). TCC will support the MOH to ensure timely delivery of the medicines. Additionally, TCC will continue to support the MOH by providing technical assistance to RSS and DRC for vector monitoring, which assesses transmission in Uganda's cross-border zones. When RSS and DRC delineate the shared foci, TCC will fund Uganda's MOH staff to travel to RSS and DRC to support the respective country teams in river inspections. CBM International supports MDA in RSS and DRC in areas bordering Uganda.

Dossier status for OV elimination

The NTDCP is seeking guidance from WHO on dossier templates for OV and the preparation process. The process has been pending because there has not yet been feedback from WHO. Act | East will provide technical support to the OV program team and other experts during dossier preparation.

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

Improving Core NTD Program Functions

Data Security and Management

In FY25, Act | East plans to conduct the following data security and management activities:

- **District data review meetings (RTI).** In FY25, the NTDCP has requested that Act| East support one quarterly review in each of the districts where the project is supporting MDA. This support will increase NTD data quality, completeness, accuracy, and use for evidence-based decision-making at the local level. Additionally, this will create an opportunity for documenting and sharing learnings with other NTD endemic districts in the country.
- **Participate in national TWG meetings (RTI).** In FY24, Act | East provided technical support to the NTDCP for the following national TWG meetings: Environmental and Community Health; Commodity Security Group; Medicines Procurement Management; Strategic Planning, Financing, and Development; and Quality Assurance, Surveillance, and Routine Reporting Feedback. These TWGs are MOH governance and management structures that provide technical, coordination, and strategic guidance and direction to all MOH operations and interventions. Act | East support has helped fast-track the following tools and present them to these TWGs:
 - mainstreaming NTD medicines and supplies into the routine SCM system
 - integrated NTD training manuals
 - a tool for NTD resource mobilization and allocation in local governments that advocates for resource mobilization for both PC and case management NTDs.

In FY25, Act | East will continue to attend the following national TWG meetings: Environmental and Community Health; Commodity Security Group; Medicines Procurement Management; Strategic Planning, Financing, and Development; and Quality Assurance, Surveillance, and Routine Reporting Feedback, to provide technical support to NTDCP to increase NTD visibility. NTDCP's involvement in the TWGs is an opportunity to share available data and draft guidelines and implementation tools for review and approval. These documents support decision-making, resource allocation, and policy development. Additionally, the meetings strengthen NTDCP's collaboration with other MOH departments, such as Pharmacy; Division of Health Information and Management; and Finance, Policy and Planning. These meetings are hosted every month by different MOH departments.

Drug Management

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

- **Reverse logistics (RTI).** Act | East will support trips for district and subdistrict staff to conduct reverse supply chain activities for SCH MDA.
- **SCM integration.** Act | East will continue to support SCM integration in coordination with the MOH, NMS, and relevant authorities. Specific activities include the following:
 - **Roll out guidelines for mainstreaming NTD medicines (RTI).** The DPNM is mandated to roll out the approved Uganda Clinical Guidelines 2023 and the Essential Medicines and Health Supplies Management Manual 2023 to enhance management of supply chain for essential medicines and health supplies at health facilities and community levels. Act | East will provide support to the NTDCP, in collaboration with the DPNM, to roll out the approved supply chain guidelines in SCH and STH MDA districts (i.e., Ntoroko, Kikube, Buliisa, Pakwach, and Maracha) through a 2-day workshop. Act | East will support the district health officers, district medicine management focal persons, and NTD focal persons in the five districts, MOH (Pharmacy and Vector Control Divisions), NMS, and National Drug Authority (NDA) in Hoima District.
 - **Participate in the development of the National Pharmaceutical Services Sector Plan (NPSSP) 2025/26–2029/30 (RTI):** The DPNM's NPSSP 2020–2025 articulates the government's strategic plan, preparatory process, and transition strategy from dominant donor reliance to eventually assume ownership of all aspects of planning, financing, and managing the supply chain. However, the NPSSP does not include NTD medicines and supplies. Therefore, Act | East will provide technical support to the NTDCP to include a chapter in the next plan on NTD medicines and supplies to ensure that all NTD medicines and supplies are streamlined within the Government of Uganda's harmonization, prioritization, and planning approach for ownership and sustainability.
- **Support national integrated forecasting and quantification (RTI).** To fully integrate NTD commodities into the national forecast and quantification system, NTDCP, DPNM, and the Department of Health Information and Management Systems need to review data sources, such as the DHIS2, NMS Customer Self-Service Portal, Pharmaceutical Information Portal, Online Stock Status Report, and monthly warehouse reports, to understand service statistics and consumption trends. The DPNM hosts an annual meeting for integrated forecasting and quantification, which provides a good opportunity for DPNM and NTDCP to establish at least five to seven other non-PC NTD corresponding commodity needs based on available data analytics. Act | East will support NTD program managers to participate in this meeting, which is held in Jinja; RTI staff will also attend.

- **Support inclusion of NTD medicines in procurement plan (RTI).** Not all NTD medicines and supplies are part of the NMS’s national procurement plan, however NMS is ready and willing to include both PC and non-PC NTDs within the integrated forecasting and quantification process provided the volumes associated with NTDs can be ascertained. NTDCP will work closely with HIS Department (to access data from DHIS2) and QPPU to estimate the required non-PC NTD drugs within the existing essential medicines list. The drugs information will feed into the process where NMS and DPNM conduct a 1-day supply chain review meeting for procurement planning annually at the national level, which is followed by regional meetings. During these meetings, stakeholders review and update supply chain guiding templates for procurement planning. In FY25, Act | East will support the five NTD program managers to attend the national-level meeting in Mukono District to provide technical support during the national commodity forecasting and quantification process. Each program manager will provide input to the respective disease-specific medicines and health supplies required at the national level. Following the support and engagement at the national level, regional pharmacists will support the rollout of the procurement plan templates at both district and facility levels.
- **On-site support to regional and subnational storage facilities to monitor and review supply chain documentation (RTI).** Currently, NTD medicines and diagnostic kits are not captured in the logistics management information system in the districts due to parallel implementation of the NTD program at all levels. To ensure NTD medicines and supplies are included in the logistics management information system for tracking, requisition, and accountability, Act | East will support NMS and NDA teams to travel to the districts alongside the MDA supervisors. We will also work with NMS, NDA and NTDCP to explore more cost-effective options. They will then work with the district medicine supervisors, health facility in charges, district stores managers, and district health officers to track, requisition, and account for NTD medicines. The activity will be integrated with SCH, and STH MDA supervision.
- **High-quality and timely submission of JAP, Joint Request for Selected PC Medicines (JRSM), and TEMF (RTI, TCC).** In line with the Uganda NTD Master Plan, 2023–2027 priority 5 of pillar 1, Act | East will continue to provide technical support for preparation of the JAP, JRSM, and TEMF. The support will include review of the database to ensure accurate data. In FY25, Act | East will support a 1-day meeting with the NTDCP to review program data and a 1-day JAP joint meeting to ensure data input for the JAP, JRSM, and TEMF reflect updated and approved data in the national database. We will also work to address the stockpile of TEO and PZQ discovered in FY24. Amassing a stockpile of TEO is less of a concern given the continued progress of the Trachoma program but PZQ remains a concern. We will continue to support NTDCP to collaborate with DPNM and NMS to track PZQ transport, use, and storage. We will encourage NTDCP to make use of NTDeliver as well as in-country systems for triangulating quantities of shipped, used, and on-hand NTD drugs and their expiration dates.
- **Diagnostics procurement (RTI).** Act | East will procure 71 transport media tubes (40 for TIS+ and 31 for sentinel site monitoring), 6 positive controls, and 6 negative controls for TIS+, 715 FTS kits, and 144 CT/NG cartridges, 90 for TIS+ and 54 for sentinel site monitoring.

Achieving Sustainability: Mainstreaming & HSS

Governance Activities

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

- **District integrated planning and budgeting (RTI, WI-HER, R4D).** RTI and R4D will support the MOH to conduct 1-day visits to nine districts (five trachoma and four SCH) immediately following the issuance of the FY25 first budget call circular in Q1 (October or November 2024). The primary objective is to ensure that the inclusion of NTDs into the local government budget cycle is sustained for key NTD interventions (post-MDA surveillance). In each district, NTDCP will engage the chief administrative officer, clerk to council, chief finance officer, accountant for health, district planner, district health officer, NTD focal person, biostatistician, resident district commissioner, and secretary for health within the districts to share experience from previous years, allocation and spending allocated funds to NTD activities, and sharing ways or opportunities on sustaining domestic resource allocation. The MOH, with support from RTI and R4D, will also use these visits to ascertain the extent to which the NTD budgets were released for FY24.
 - **NTD budget allocation workshops.** The MOH will conduct a 1-day (per district) budget allocation workshop with nine districts, with support from RTI and R4D, following issuance of the second budget call circular and before the MOH’s Regional Annual Performance Review meetings. The workshops will focus on generating actionable evidence for increasing NTD funding and on greater prioritization of NTDs during the integrated district planning and budgeting process. In addition to the central MOH, participants will include the district health officer, NTD focal person, chief finance officer, district planner, and chief administrative officer for each district.
- **Support Nationwide Roll-out of MOH NTD Budgeting Guidelines (RTI, R4D):** Act | East has provided technical support to the MOH to develop an NTD Planning Guide to assist districts in budgeting for NTDs during the annual budget cycle and has piloted this Guide in 5 districts in FY24. In FY25, the MOH plans to roll out the NTD Planning Guide for country-adoption at its Regional Annual Performance Review meetings organized by the MOH’s Planning Division. Four regional meetings are planned to bring together representatives from each district in March or April 2025, before the budget cycle is finalized.
- **Support the MOH to develop a post-validation surveillance (PVS) plan for LF (RTI).** A key provision of the LF dossier is demonstrating that the country has established a PVS plan. Act | East will support the MOH and partners to identify all potential opportunities to integrate the PVS into routine systems, using the integrated surveillance toolkit for NTDs.¹ Act | East will support a 3-day workshop to support the development of an LF PVS plan. During the meeting, some time will be reserved to discuss potential options for a trachoma PVS plan. The outcome of the meeting will be an LF PVS plan.

4. IR3 PLANNED ACTIVITIES: SCH, STH

In FY25, Act | East will support the following SCH and STH activities:

- **SCH and STH MDA in five districts (RTI).** Act | East will support the NTDCP to conduct MDA in five highly endemic districts. All these districts are in the Albertine Region (Pakwach, Maracha, Kikuube, Ntoroko, and Buliisa Districts). Depending on the availability of albendazole and

¹ PATH. (2023, May 19). *Integrated surveillance planning toolkit for neglected tropical diseases in post-validation or verification settings*. Available at https://www.path.org/our-impact/resources/integrated_pvs_planning_toolkit_for_ntds_landscaping_report/

mebendazole, integrated MDA will be carried out for SCH and STH. This can be best done if MDA for SCH is implemented during Child Health Days in October 2024 and April 2025. Electronic data collection (EDC) for the SCT will be used during support supervision in the five districts.

- **Grant post-award meeting for SCH/STH (RTI).** Following the signing of the grant agreements with the districts, Act | East will organize a 2-day post-award and orientation meeting with key district officials at each district to review the grant and administration process and lessons learned from previous years.
- **Grants Monitoring in 5 Districts (RTI).** Act | East will support grants monitoring trips during MDA implementation to minimize risk and support successful implementation. During this financial supervision, the team will check compliance with the grant agreement and ensure that any challenges faced during the implementation are addressed.
- **GESI behavior change activity in two SCH/STH districts—Pakwach and Buliisa (WI-HER).** Act | East will conduct the GESI behavior change activity in two high-need districts, which were identified as being well suited for these interventions and that include remote areas and populations. Act | East will capacitate district NTD teams and health facility workers in mobilizing community and school leaders, influencers, and parents in BCTs to design and implement relevant, locally led solutions to GESI MDA uptake barriers, including focusing on parents of and children who are frequently absent from school. In FY25, Act | East will complete this activity by capacitating district officials on the GESI barriers to SCH MDA, supporting them in selecting four low MDA uptake villages per district, and conducting rapid root cause analysis and community leader capacitation. Through coaching meetings, MDA monitoring, and supervision and debrief meetings with district technical and political teams, successful community-led solutions will be disseminated and integrated into district MDA planning and implementation.

Host government- or partner-supported activities

The MOH supports Child Health Days, during which deworming and other services are provided to children aged under 5. TCC will support treatment of SCH and STH in the districts within the Acholi and Lango Subregions and Kasese District, where it currently supports OV MDA.