THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT,
GENDER, ELDERLY AND CHILDREN

SUSTAINABILITY PLAN FOR THE NEGLECTED TROPICAL DISEASES CONTROL PROGRAM JULY 2021 – JUNE 2026

TANZANIA MAINLAND

"Sustain the Gains for Control and Elimination of NTDs"

TABLE OF CONTENTS

FOREWORD

Neglected Tropical Diseases (NTDs) are communicable diseases linked with poverty and prevalent in areas with poor sanitation, inadequate safe water supply and substandard housing conditions. NTDs are estimated to affect over one billion people in the world, majority being in developing countries. NTDs refers to a group of 21 medically diverse diseases prevalent in tropical and subtropical areas in Africa, Asia, and South America. These diseases include some of protozoans, Bacterial, Helminthes and Viral infections for example, Lymphatic Filariasis (LF), Onchocerciasis, Schistosomiasis, Soil Transmitted Helminths (STH), Trachoma, and have been confirmed to be endemic in Tanzania. NTDs are known to debilitate, deform, blind, and kill sizeable proportions of the Tanzanian population. The focus of NTD Programme-Tanzania- had been on the main 5-PC NTDs (LF, STH, schistosomiasis, trachoma, and onchocerciasis).

Preventive Chemotherapy (PC) against NTDs reached a geographical coverage of 100% countrywide from 2016 (meaning, Mass Drug Administration (MDA), is provided in all endemic district councils requiring MDA). Lymphatic Filariasis, Onchocerciasis, Trachoma, Schistosomiasis and Soil Transmitted Helminths are targeted for elimination, thus, striving to reach the criteria to stop MDA implementation across all endemic councils. All targets for preventive chemotherapy treatment were met in 2018 while in 2019 only two targets (Onchocerciasis and Trachoma) were met. The reason behind for not meeting these targets was lack of fund to support some of the Mass Drug Administration activities (HSSP V, status of the NTD interventions progress).

This Sustainability Plan (2021 – 2026) builds on the achievements gained and interventions implemented in order to integrate them into current health system structure through Government commitment to Universal Health Coverage by maintain the gains and interventions of the Neglected Tropical Diseases is among a few key priorities.

The document highlights the preconditions necessary to subsequent results of integrating the NTD interventions into the essential health package and provided in routine bases. The document also envisions the commitment of the government financing the NTD interventions at least 60% by 2026. This will go hand in hand with capacitating the healthcare system through improvement of health facility infrastructure, installation of diagnostics equipment and ICT, strengthening the health facilities and LGAs with NTD bottom-up quantification and planning into CCHP following the planning reforms of bottom-up planning. The need for proper training and orientation to the health service providers and Community Health Workers / Community Drug Distributors will be conducted as well as engaging community trusted bodies, civil society organizations, NGOs to promote and address the Gender and social inclusion issues to increase the uptake of Mass Drug Administration to the specific groups of drop out pupils'/street children who could not take drugs because of different cultural or gender barriers.

The control and elimination of the NTDs will be a major contribution to poverty alleviation and attainment of the Sustainable Development Goals (SDGs) as stipulated in

the SDG goal 3, target 3.3 (WHO 2016). This document will assist programme implementation and thereby alleviate the impact of these diseases. The document has been developed by various stakeholders while involving regional and districts representations, and will be made available to all LGAs, health professionals, programme managers working on NTDs, as well as development partners without leaving behind other sectors like water, education, agriculture, and the like. The MOHCDGEC appreciates the contributions of all stakeholders involved in development of this Multi-Year Sustainability Action Plan. It is highly anticipated that all partners will make concerted efforts to the successful implementation of this plan in a collaborative manner to achieve the goal of the NTDs Control Programme.

Prof. Abel N. Makubi

PERMANENT SECRETARY

ACKNOWLEDGEMENTS

The preparation and finalization of the National Sustainability and Gender Action Plan of Neglected Tropical Diseases has been made possible through a series of consultative meetings and workshops. During this process, the valuable contributions of our NTD partners and programme stakeholders have been crucial. On behalf of the Director of Preventive Services, NTD Programme is very much thankful for the support received to implement activities and this plan highlights the key achievements attained.

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) in collaboration with President's Office –Regional Administration and Local Government (PORALG) acknowledges all organizations especially USAID through RTI and IMA World Health (and individuals designated by them) for their contribution in the preparation, fine-tuning and finalization of this first edition of the National Sustainability Action Plan for Neglected Tropical Diseases, 2021/2026. It is highly anticipated that all NTD stakeholders in the country and outside Tanzania will work towards its implementation under the government's directions. It is our greatest anticipation that this plan will make us achieve our collective goal of NTD elimination in Tanzania.

Dr. Aifello W. Sichalwe
CHIEF MEDICAL OFFICER

ABBREVIATIONS

AIDS	Acquired immunodeficiency Syndrome
APOC	African Programme for Onchocerciasis Control
BCC	Behaviour Change Communication
CBOs	Community Based Organization(s)
CBR	Community Based Rehabilitation
CCHP	Comprehensive Council Health Plan
CDTI	Community Directed Treatment with Ivermectin
CHMT	Council Health Management Team
CSSC	Christian Social Services Commission
DBL	Danish Bilharziasis Laboratory
DED	District Executive Director
DFID	Department for International Development
CHMT	Council Health Management Team
RHMT	Regional Health Management Team
DIP	Detailed Implementation Plan
DMO	District Medical Office
DP(s)	Development Partners
DPS	Director (ate) of Preventive Services
DRC	Democratic Republic of Congo
DTLC	District Tuberculosis and Leprosy Coordinator
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
GAELF	Global Alliance for Elimination of Lymphatic Filariasis
GDP	Gross Domestic Product
GLRA	German Leprosy and Tuberculosis Relief Association
GoT	Government of Tanzania
GSK	GlaxoSmithKline
HAT	Human African Trypanosomiasis
HIV	Human Immunodeficiency Virus
HKI	Helen Keller International
IEC	Information, Education and Communication
IHI	Ifakara Health Institute
IMA	Interchurch Medical Assistance
IMR	Infant Mortality Rate
ITI	International Trachoma Initiative
IVM	Integrated Vector Management
JHU	Johns Hopkins University
LF	Lymphatic Filariasis
LGAs	Local Government Authority(s)
MB	MultiBacillary (Leprosy)
MDA	Mass Drug Administration

MDGs	Millennium Development Goals
MDT	Multidrug Therapy
MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MMAM	Mpango wa Maendeleo ya Afya ya Msingi
MMP	Monitoring Master Plan
MMR	Maternal Mortality Ratio
MOFEA	Ministry of Finance and Economic Affairs
MOEVT	Ministry of Education and Vocational Training
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and children
MR	Mortality Rate
MSD	Medical Stores Department
MSU	Michigan state University
MTEF	Mid Term Expenditure Framework
MUHAS	Muhimbili University of Health and Allied Sciences
NECP	National Eye Care Programme
NFSD	Novartis Foundation for Sustainable Development
NGDO	Non-Governmental and Development Organisation
NIMR	National Institute for Medical Research
NLFEP	National Lymphatic Filariasis Elimination Programme
NOCP	National Onchocerciasis Control Programme
NSGRP	National Strategy for Growth and Reduction of Poverty
NSSCP	National Schistosomiasis and Soil Transmitted Control Programme
NTDs	Neglected Tropical Diseases
NTLP	National Tuberculosis and Leprosy Program
OIE	Office International des Epizooties (World Organization for Animal Health)
PB	Pauci bacillary (leprosy)
PCT	Preventive Chemotherapy
PHC	Primary Health Care
PHCSDP	Primary Health Care Service Development Programme
PHDR	Poverty and Human Development Report
PO-RALG	President's Office-Regional Administration and Local Government
POD	Prevention of Disability
PPP	Public Private Partnership
PPRA	Public Procurement Regulatory Act Authority
PZQ	Praziquantel
RCHS	Reproductive and Child Health Services Section
REMO	Rapid Epidemiological Mapping of Onchocerciasis
RSs	Regional Secretariat
RTLC	Regional Tuberculosis and Leprosy Coordinator
SAFE	Surgery, Antibiotic, Face washing and Environmental Improvement
SCH	Schistosomiasis

SCHi	Intestinal Schistosomiasis
SCHu	Urinary Schistosomiasis
SCI	Schistosomiasis Control Initiative
SER	Social Economic Rehabilitation
SPRS	Septic Preventive and Reconstructive Surgery
SSI	Sightsavers International
STH	Soil Transmitted Helminthiasis
SUA	Sokoine University of Agriculture
TBRF	Tick Borne Relapsing Fevers
TFDA	Tanzania Food and Drug and Authority
TFNC	Tanzania Food and Nutrition Centre
TLA	Tanzania Leprosy Association
TPRI	Tanzania Tropical Pesticides Research Institute
TT	Trachomatous Trichiasis
UCLAS	University College of Lands and Architectural Studies
UDSM	University of Dar es Salaam
UNICEF	The United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

DEFINITIONS OF TERMS

NTDCP Sustainability: Is defined as the ability of the health system through government commitments to maintain the gains and interventions of Neglected Tropical Diseases. This further means that the national health systems should have the capacity and commitment to maintain the provision of NTD interventions at levels that will continue progress toward control or elimination of diseases in accordance with national NTD goals.

NTDCP Action Plan: Is a document that lists preconditions necessary to be taken and required resources to achieve the goal of Sustaining the Gains and Interventions of Neglected Tropical Diseases.

NTDCP Goal: Is defined as an idea of the future that NTDCP envision, plan, and commit to achieve.

NTDCP Inputs: Is defines as resources such as health service providers, stakeholders, Data, information, commodities, equipment, supplies, logistics or finance applied to the activity to obtain a desired output.

NTDCP Outcomes: Is defined as changes NTDCP expect to result from implementing the planned activities or preconditions.

NTDCP Preconditions: Is defined as activities that must be implemented before or is necessary to subsequent results.

NTDCP Indicator: This is what will be used to measure successes on the Preconditions.

NTDCP Target Population: Is defined as the population to whom the Neglected Tropical Diseases Control Program expect to make change.

NTDCP Baseline: Is defined as the current status of the target population reflecting the implementation of NTDCP program e.g., Disease prevalence, MDA coverage rates, service delivery capacity level at the health facilities.

NTD Threshold: Is defined as how much the target population have to change in order to feel that Neglected Tropical Diseases Control Program have successfully Achieved the objective.

NTDCP Timeline: is defined as how long will it will take the target population to reach threshold of change on the indicator.

The health system:WHO defines health System consists of all organizations, people, and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health improving activities.

NTD Services: defined as all organizations, people and actions whose primary intent is to promote, detect, prevent, restore or maintain health of the people by eliminating and controlling NTDs.

Control: Reduction of disease incidence, prevalence, morbidity and/or mortality to a locally acceptable level as a result of deliberate efforts; continued interventions are required to maintain the reduction. Control may or may not be related to global targets set by WHO.

Disability-adjusted life year (DALY): A measure of overall disease burden, expressed as the number of years lost due to ill health, disability, or early death; introduced in the 1990s to compare overall health and life expectancy in different countries. DALYs for a disease or health condition are calculated as the sum of the years of life lost due to premature mortality in the population and the years lost due to disability resulting from the health condition or its consequences.

Disability: Inability to perform routine daily activities adequately or independently such as walking, bathing and toileting; the negative aspects of the interaction between a person with a health condition and his or her context (environmental and personal factors).

Elimination (interruption of transmission): Reduction to zero of the incidence of infection caused by a specific pathogen in a defined geographical area, with minimal risk of reintroduction, as a result of deliberate efforts; continued action to prevent re-establishment of transmission may be required. Documentation of elimination of transmission is called verification.

Elimination as a public health problem: A term related to both infection and disease, defined by achievement of measurable targets set by WHO in relation to a specific disease. When reached, continued action is required to maintain the targets and/or to advance interruption of transmission. Documentation of elimination as a public health problem is called validation.

Equity: The absence of avoidable or remediable differences among groups of people defined socially, economically, demographically, geographically or by sex.
Eradication: Permanent reduction to zero of the worldwide incidence of infection caused by a specific pathogen, as a result of deliberate efforts, with no risk of reintroduction.

Extinction: Eradication of a specific pathogen, so that it no longer exists in nature or in the laboratory, which may occur with or without deliberate work.

Gender equality and social inclusion: Gender equality in NTD programming is achieved when girls, boys, women, and men have the same rights to NTD services and opportunities. Social inclusion is achieved when disadvantaged individuals and groups are identified and covered in NTD prevention, control, and elimination efforts.

Gender mainstreaming in NTDs: Gender mainstreaming involves the integration of gender concerns into policies, programs, projects, monitoring and evaluation processes with the objective of reaching the last mile through achieving equality and equity for all individuals and groups targeted by the NTD program.

Hygiene: Conditions or practices conducive to maintaining health and preventing disability.

Integrated vector management: A rational decision-making process to optimize the use of resources for vector control.

Mass drug administration: Distribution of medicines to the entire population of a given administrative setting (for instance, state, region, province, district, subdistrict, or village), irrespective of the presence of symptoms or infection; however, exclusion criteria may apply. (In this document, the terms mass drug administration and preventive chemotherapy are used interchangeably).

Morbidity: Detectable, measurable clinical consequences of infections and disease that adversely affect the health of individuals. Evidence of morbidity may be overt (such as the presence of blood in the urine, anemia, chronic pain or fatigue) or subtle (such as stunted growth, impeded school or work performance or increased susceptibility to other diseases).

Monitoring and evaluation: Processes for improving performance and measuring results to improve management of outputs, outcomes and impact.

Platform: Structure through which public health programmes or interventions are delivered.

Preventive chemotherapy: Large-scale use of medicines, either alone or in combination, in public health interventions. Mass drug administration is one form of preventive chemotherapy; other forms could be limited to specific population groups such as school-aged children and women of childbearing age. (In this document, the terms preventive chemotherapy and mass drug administration are used interchangeably).

Reverse logistics: relating to the reuse of products and materials, it is the process of moving goods from their typical final destination for the purpose of capturing value or proper disposal.

EXECUTIVE SUMMARY

Tanzania has made significant progress towards combating NTDs. The overall prevalence of highly endemic diseases have gone down and the number of endemic districts that need treatment is also going down. These results follow after effective implementation of the NTD Integration Master Plan 2012 to 2017. The government through health policy 2007 is committed to efficiently prevent and manage the NTDs and dedicated to;

i. Promote public awareness on NTDs.
ii. Increase access to care for people already affected with NTD morbidity
iii. Enhance NTD management systems, monitoring and evaluation.
iv. Strengthen operational research and surveillance capacity for early detection of NTDs and any recrudescence

The main goal of the master plan was to reduce morbidity due to NTDs in Tanzania to a level that they are no longer a public health problem by 2017 through community and school-based delivery mechanisms. A number of successes have been achieved; these achievements have come due to collaborative effort of local communities, government, partners and implementing team. Some of these successes include,

- Attainment of full (100%) geographical coverage for MDA in all councils. MDA for onchocerciasis reached full coverage by 2009, for LF in 2014 and for STH and SCH in 2015/16. Over 42 million people were reached with treatments of Ivermectin, Albendazole, Praziquantel and Zithromax,
- Scaling down of MDA for LF and trachoma: For Lymphatic Filariasis the country scaled down from the previous 120 endemic districts that needed MDA to 24 (80% reduction) in 2019 and for Trachoma the country scaled down from the previous 71 districts that needed MDA to 6 (92% reduction) districts that needed MDA in 2019.

With all good achievements however, there is still limited surveillance to ensure any signs of recrudescence is detected early and addressed appropriately. In addition, there is limited access to care for people already affected with NTD morbidity.

The development process of this plan followed participatory and interactive approaches for purpose of ensuring comprehensiveness and wide ownership. It involved reviews of various relevant documents, series of consultations and interviews with key informants and working session with multi-level stakeholders including key staff from the Ministry of Health Community Development Gender Elderly and children (MOHCDGEC), President's Office Regional Administration and Local Government (PO-RALG).

Other stakeholders where from development partners, major programs, Private sector, Regional and Council Health Management Teams (CHMTs and RHMTs). The

plan is developed by reflecting the health system six blocks and NTD guidelines recommended by WHO.
The sustainability plan identifies four broad objectives that will be the focus of achievement in the next five years. These are;

- Objective One: Improve NTD services, both at the facility and community level
- Objective Two: Strengthening the availability and quality of NTD data to improve decision making
- Objective Three: Integrate NTD planning into wider health systems planning/coordination structures
- Objective Four: Increase Domestic financing of NTD intervention to at least 60% by 2026

These broad objectives are translated into several operational strategies, long, medium- and short-term targets and activities for accomplishment. Performance indicators are further established for measuring performance of the program and progress against the set objectives and targets as part of ongoing monitoring and evaluation.

The successful implementation of the sustainability plan will highly depend on continuous commitments and collaborative efforts of key stakeholders from government sector, non-governmental sector, and development partners. Creating demand to improve utilization by clients including individuals, households and community will be a crucial part of measuring success of implementation

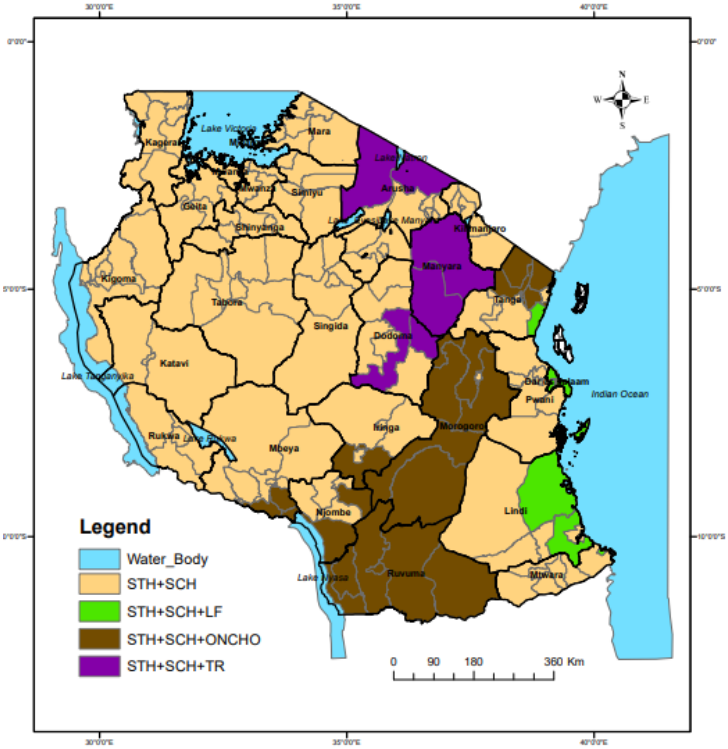
Chapter One

1. BACKGROUND

Integrated NTD Control program has been in operation since 2009 and was guided by the first NTD Master Plan which started from 2012 to 2017. Like any other national vertical programs NTDCP has been operating vertically more or less as periodical interventions and inadequately harmonised into common health care delivery system as routine services.

The Master Plan served as an essential tool in ensuring effective plans are set forth for the implementation of NTD control programme in the country. The resources mobilization and planning were organized centrally by NTDCP where at implementation level (Councils) the activities were coordinated through the appointed NTD coordinator under the assistance of council's formulated NTD committees in which these committees had a role on planning and implementation of NTD's interventions at Council level.

NTDs are endemic all over the country. Patients get treatment at the nearest health facility. Case Management NTDs for hydrocoele, Lymphoedema as well as trichiasis are managed at the Health Facility through NTDCP and other support from the district. Due to stigmatization some patients do not seek the services. Such patients are identified by the CDDs during pre-MDA census. Whenever possible, the programme in collaboration with partners organizes a camp to cater for the big backlog of patients in an endemic area. Some Neglected Tropical Diseases patients do seek treatment and are always treated on routine basis in the health facility.

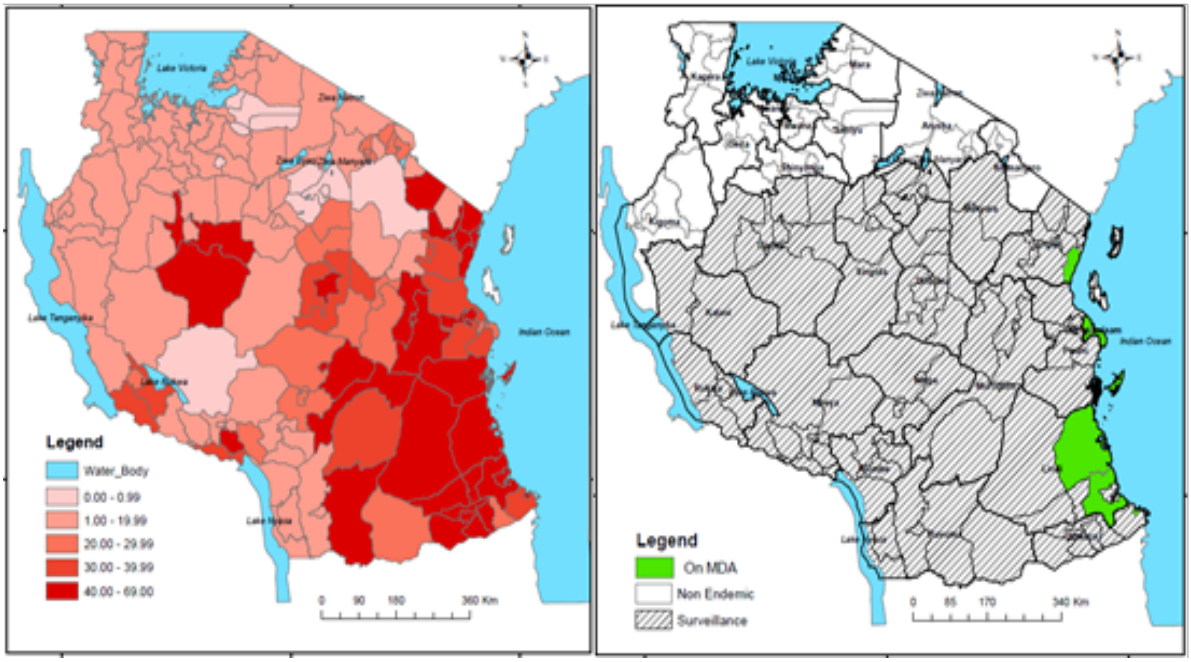


In Tanzania 5 PCT targeted NTD are co-endemic in various districts. The Map on the left side illustrates the types of overlap which are 5 as of year 2020. Some districts have two to three PCT NTDs.

For LF, Trachoma, Onchocerciasis, STH and Schistosomiasis, MDA campaign is done at least once a year whereby the targeted population get Prevention of the named diseases with Ivermectin & Albendazole, Zithromax, and Praziquantel

respectively.

Distribution of these drugs follow a Community Directed Treatment Initiative (CDTI) approach whereby the community chooses their own Drug distributor. The Community Drug Distributors (CDDs) are responsible for distributing drugs house to house and sometimes in booth (schools, markets, bus stands etc). CDDs and teachers (for Praziquantel) are trained pre-MDA on drugs importance, dosage and data recording. Supervision of CDDs and teachers is done by the local health facility workers. (NTD Master Plan 2021-2026).



Maps showing LF endemicity in 2004 (left) and 2020 (right)

1.1 Implementation of NTD Master Plan 2012-2017

The NTDCP has been working with other stakeholders to deliver services to the community through Mass Drug Administration (MDA) and within health facilities. As of 2018, 80% of lymphatic filariasis (LF)-endemic districts and 89 percent of trachoma-endemic districts had stopped mass drug administration (MDA). And as of June 30, 2019, Tanzania has stopped LF MDA in 105 of 119 endemic districts. For trachoma, only 6 districts, of an initial 71, still require MDA. More effort is required to reach out to more than 6 million people who are still at risk of onchocerciasis (OV) (in 28 of 184councils), and 100 percent of the country's districts where schistosomiasis (SCH) and soil-transmitted helminths (STH) are endemic.

In the year 2019, the MOHCDGEC has done a significant work to distribute preventive chemotherapy to 6,774,380 School Aged Children (SAC) for SCH/STH in all 134 councils, and 1,174,088 people (89%) for Trachoma, 5,297,491 people (82%) Onchocerciasis and 1,161,582 people (82%) for LF in the respective endemic districts.

Morbidity management is another key aspect to those affected by NTDs. In 2019, the MOHCDGEC in collaboration with stakeholder was able to conduct 1,387 surgeries for LF in Lindi, Tanga, Pwani and Dar es Salaam regions. On the other hand, Trachoma Trichiasis Surgeries were done to 3,235 people in 10 regions where Trichiasis is highly prevalent.

The table below provides a summary of the existing preventive chemotherapy programmes.

Table 1: Information on Existing Preventive Chemotherapy Programs

NTD	Year of Program Up/Down Scalling	Total Number of Districts Targeted	No. Of Districts Covered (Geographic Coverage)	Total Population in Target Districts	No of Population Covered (%)	Types of Interventions	Key Partners
TRACHOMA	2020	6	71	1.8 million	100%	SAFE, Health Education and Promotion	IMA, ITI, SS, HKI, CROWN AGENTS, RTI, PFIZER, WHO
SCH	2020	184	184	51.5 million	100%	MDA, Health Education and Promotion	IMA, SCI, WHO, RTI, CROWN AGENTS, WHO
STH	2020	184	184	51.5 million	100%	MDA, Health Education and Promotion	IMA, SCI, CROWN AGENTS, GSK, WHO
LF	2020	24	121	9.8 million	100%	MDA, MMDP, Health Education and Promotion	IMA, ENDFUND, CROWN AGENTS, RTI, MERK, WHO
ONCHO	2020	28	184	6.3 million	100%	MDA, Health Education and Promotion	IMA, RTI, MERCK, WHO

(Source: NTD Annual aggregated reports)

1.2 Sustainability Plan writing process

The development process of this plan followed participatory and interactive approaches for purpose of ensuring comprehensiveness and wide ownership. It involved reviews of various relevant documents, series of consultations and interviews with key informants and working session with multi-level stakeholders including key staff from the Ministry of Health Community Development Gender Elderly and children (MOHCDGEC), President's Office Regional Administration and Local Government (PO-RALG). Other stakeholders were from development partners (IMA WorldHealth), major programs, Private sector, Regional and Council Health Management Teams (CHMTs and RHMTs). The plan is developed by reflecting the health system six blocks and NTD guidelines recommended by WHO.

1.3 Sustainable NTD program definition

Sustainability is when NTD services are fully implemented through health care delivery systems and can be easily maintained by the government own sources. To accomplish this, it requires the national health system to have the capacity and commitment to maintain the provision of NTD interventions at levels that will continue progress toward control or elimination of diseases in accordance with national NTD goals. Furthermore, sustainability is best addressed when inter-sectoral collaboration is considered (Health in all policy) in order to address environmental factors that increase NTD risks, Gender and Social issues like inclusions of all people, social impact of NTDs and poverty alleviation.

Sustainability of NTD services focus on maintaining and improving the provision, of quality and impactful services. Sustainability is a process where government is taking a drive seat to finance the NTD interventions however other partners and NTD interested stakeholders are encouraged to compliment resources for the provision of NTD services. At the same time NTDCP should take a lead in setting priorities, building capacity of the LGAs, health facility committees to provide NTD services to the community.

To make sure sustainability is built within the community, NTDCP needs to empower people to manage their health and reshape the society demand of NTD services. The community structures should be involved, and this include, trusted community groups, community-based organizations, and other community initiatives to advocate and promote provision of NTD services. All initiatives should consider the prevalent social, cultural and gender barriers in a society.

Chapter Two

2. TANZANIA HEALTH SYSTEM AND POLICY CONTEXT

2.1 NTD OPERATIONAL ENVIRONMENT - POLICY CONTEXT

The commitment by the government and international communities to address NTD problems is revealed in health policy 2007 and other number of strategies. The policy and strategies call for strengthening the NTD national capacity to early detect and mitigate appropriately as well as increasing the access to care for people already affected with NTD morbidity. The directional strategies and policy have been used to provide a framework and guidance for the development of this sustainability plan. They provide not only a focus and key issues of concerns by various stakeholders that have been considered in the development of this plan but also a sense of commitment that facilitate implementation. Some of such strategies and policy are outlined as follows.

2.1.1 Sustainable Development Goals (SDGs)

The sustainable development goals aim at ending poverty and hunger, in all their forms and dimensions and to ensure that all human beings can fulfill their potential in dignity and equality and in a healthy environment. NTD sustainability plan has been developed to ensure availability of necessary resources such as adequate skills health workforce, relevant systems for early NTD detection and NTD morbidity care management.

2.1.2 National Strategy for Growth and Reduction of Poverty

The strategy advocates for improvement in the quality of life and well-being of all Tanzanians. Neglected Tropical Disease Sustainability plan to a greater extent has identified effective interventions that will have direct impact on quality of life and well-being of all Tanzanians by ensuring availability of early detection of NTD with appropriate mitigation, provision of Mass Drug Administration for children and adults and provision of NTD morbidity care management.

2.1.3 Tanzania Development Vision 2025

Tanzania Development Vision is a wider government official roadmap and a dream towards sustainable human development through achieving high quality livelihood for all. The vision identifies health and social welfare as a priority, and therefore the NTD sustainability plan as one of the components of health and social welfare has been developed to reflect vision 2025 for macro-policy linkage.

2.1.4 National Health Policy 2007

The National Health Policy aims at implementing national and international commitments. These are summarized through policy vision, mission, objectives and strategies. The health policy vision is to have a healthy community, which will contribute effectively to development of individuals and the country as whole. The

mission is to facilitate the provision of basic health services, which are proportional, equitable, good quality, affordable, sustainable and gender sensitive. The NTD sustainability plan seeks to implement strategies related to Neglected Tropical Disease as outlined in the policy (2007, pg26) where the government will;

- Promote public awareness on NTDs.
- Increase access to care for people already affected with NTD morbidity
- Enhance NTD management systems, monitoring and evaluation.
- Strengthen operational research and surveillance capacity for early detection of NTDs and any recrudescence

2.1.5 NTD implementation Statement (WHO, Road Map 2030)

The WHO believes "Effective control can be achieved when selected public health approaches are combined and delivered locally. Interventions are guided by the local epidemiology and the availability of appropriate measures to detect, prevent and control diseases". This NTD sustainability plan has developed interventions to enhance effective detection, prevention, and control of NTDs.

2.1.6 Universal Health Coverage (UHC)

The Government of Tanzania has made a commitment to universal health coverage (UHC), the World Health Organization defines UHC as comprising coverage with comprehensive health services, prevention, promotion, treatment, rehabilitation and palliative care and coverage with financial risk protection for everyone (WHO,2013). The NTD considers the poor and marginalized population being into higher risks of the NTD, this sustainability plan promotes for enhanced NTD services provision be available at all levels of health facilities and increase community engagement.

2.1.7 Health Sector Strategic Plan V

The strategic priorities of HSSP V for 5 PCTs NTDs set are that the Government in collaboration with partners will continue to fight specific diseases through mass drug application, environmental interventions, case and co-morbidities management such as elephantiasis, hydrocele and trachomatous trichiasis. The government will continue to implement various interventions to eradicate previously neglected tropical diseases and will enhance access to and supply of medicines. People are given preventive medicine in their community for the elimination of non-priority communicable diseases (neglected tropical diseases). The government will strengthen health promotion and education component for the prevention of NTD and increase uptake of treatment interventions in order to reduced morbidity and mortality due to infectious diseases as a result of preventive measures, early detection and early treatment for infectious diseases of public health importance.

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2.1.8 Tanzania Package for Essential Health Services - 2015

Tanzania is prevalent with eight Neglected Tropical Diseases (NTDs) affecting the poorest of the poor nations. These diseases are Onchocerciasis (river blindness), Lymphatic Filariasis (elephantiasis), Trachoma, Plaque, Schistosomiasis (bilhazia), human African trypanosomiasis (sleeping sickness), Soil transmitted helminthiasis (intestinal worms) and leprosy. Whist Tanzania has made great strides in tackling these diseases, through single disease programmes, a change in approach was necessary to maximize the use if the limited resources available.

Tanzania has embarked on an integrated approach to NTD control. The NTD programme was designed to limit duplication, maximize use of resources and work by and with the community in holistic approach. In 2012 NTD implementation was up scaled to 94 districts in 14 regions of Tanzania mainland this was a great achievement. Currently Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) through the National Neglected Tropical Diseases Control Programme (NTDCP) is responsible for coordination of the implementation of interventions stipulated in the Strategic Master Plan for the Neglected Tropical Diseases Control Programme (2021-2026).

All health providers are therefore referred to the NTDCP manual and delivery services accordingly for the following diseases: Trachoma, Schistosomiasis, Onchocerciasis, Filariasis,andSoil Transmitted Helminthesis

2.2 Institutional Arrangement of the National Health system

The national health system operates in a decentralized system of governance. It is organized in a referral pyramid, made up of three main levels namely; District level, Regional level and National level. The classification of private health facilities follows the criteria of the national health system.

2.2.1 District Level:

According to the current arrangement, the local government authorities have full mandate for planning, implementation, monitoring and evaluation of health related interventions. The responsible structure for services delivery at this level is the Council Health Management Team (CHMT). The District Medical Officer (DMO) heads the CHMT as in charge of all District Health Services. The CHMT follows guidelines for planning and management of district health issued jointly by MOHCDGEC, PO-RALG and Ministry of finance and Economic Affairs. The DMO is accountable to the Council Director on administrative and managerial matters and responsible to the Regional Medical Officer (RMO) on technical matters.

The District Health Secretary (DHS) aids the DMO. The NTD needs for the district are supposed to be established in support of the CHMT by the management of the relevant health facilities i.e., dispensaries, health centers and the district hospital (or

designated district hospital where the government hospital is not available) and forwarded to the council to be incorporated into the Comprehensive Council Health Plan. Once the plan is approved, it is the responsibility of CHMT to execute. Currently the CHMT is inadequately planning, managing, monitoring and evaluating the NTD services provision in the district.

2.2.2 Regional Level

The regional secretariat plays a linking role and oversight for health services delivery in the region. At this level the responsible structure for the management of NTD issues is the Regional Health Management Team (RHMT) headed by the Regional Medical Officer (RMO). The RMO is the assistants administrative Secretary (AAS) of the health and therefore reports directly to the regional secretariat (RS). The RHMT is responsible for scrutinizing the health plans in the region to ensure that they correspond to the National priorities and providing oversight to local governments. The RHMT also provides technical support and oversight to the respective Regional Hospitals.

2.2.3 National level:

The MoHCDGEC is charged with the responsibility of ensuring the provision of quality health services in the country. To accomplish this responsibility, the ministry's functions are divided into seven directorates which includes, Curative services, Preventive services, Policy and Planning, Human Resource Development, Social Welfare, Procurement and Supply and Administration and Personnel. These departments are further divided into sections for more effective implementation. Each of the department plays a crucial role in the management of NTD in terms of governance and coordination, operationalization, finance, quality management, community demand creation and monitoring and evaluation. It is important however to note that, though the organization and management of NTDCP functions are undertaken within the parameters of the MoHCDGEC mandate, the overall management of the health system is a collaborative process that involves the Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC), President Office Regional Administration and Local Government (PO-RALG), the ministry of finance and economic affairs, the ministry of education and vocational training and others more through the Prime Minister's Office.

Chapter Three

3. NTD CURRENT SITUATION

3.1 NTD Planning, Governance and Coordination

Considerable development is recorded around NTD planning. This includes capacity development at all levels, having NTD coordinators at all councils and strengthening information system. In the efforts to ensure the planning of NTD interventions is focused and is in line with national priorities, sustainability plan has been developed.

The plan is meant to guide NTDCP in terms of streamlining the NTD services into health system, strengthening the governance of NTD service provision and increasing the collaboration space for improvement of the NTD services in the country. Despite the successes achieved there are several challenges. First the devolution of NTD planning role to other levels is limited. The bottom-up planning has not effectively included the NTD interventions. Therefore, the CHMT has given less attention in the planning and implementation of NTD interventions. Another challenge is the limited collection of routine, campaign, and community data. Limited availability of analyzed data and information, limitation in sharing data and information for planning and quantification.

3.2 NTD Operationalization

The concept of NTD preventive chemotherapy and morbidity management is adequately emphasized and institutionalized. NTD operational guidelines are not customized and have been adequately operationalized. The preventive chemotherapy has been confined to Mass Drug Administration and camping for morbidity management which mainly complicates the roles between CHMT, health facilities and the other delivery teams. There is inequity in accessing the services of Mass Drug Administration by community members due to different reasons like, out of school pupils, migrated communities, community with certain social determinants etc. The laboratory services is the essential for certainly determining the exactly cause of the patient illnesses currently the NTD laboratory services requires relevant technology, guidelines that will describe the disease type, diagnostic process and procedures in order to increase the efficiency of the NTD diagnostic services.

Community engagement is very important to effectively create the community demands for NTD services. This needs more emphasize into creating effective promotion activities, identifying, and using the trust bodies, like groups, CSOs, traditional leaders and special groups' involvement. The most challenge to implement the essential health package directives is the delays of formulating the NTD operational manual and guidelines for NTD service provision that is supposed to be used by all health service providers.Currently the districts that receive the Mass

Drug Administration and other morbidity management services are only those selected districts which mean NTDCP does not support the districts on need bases rather only those selected ones.

3.3 NTD Monitoring, Evaluation and ICT

To better inform NTD planning and resource, mobilization data and information to visualize the magnitude and burden of NTDs is very crucial considering the scarcity of resources VS other national priorities. The efforts are ongoing harmonizing the NTD information system to the national health information system.

The central level will be able to capture the data, analyze and share for further technical analysis and use. NTDCP has not used the HMIS before and therefore will need to conduct a pilot by selecting several districts and use the HMIS tools to collect data as efforts of verifying the data collection accuracy, feasibility, and quality. The needs of understanding the nature of different types of data against type of data collection tool is important to establish the capacity needs by all levels in order to increase the data collection efficiency The other gap includes limited emphasis on evaluation of the previous implemented master plan 2012-2017. All NTD data needs to be available at central level.

3.4 NTD Research, Publication and Utilization of Research Findings

The MOHCDGEC realizes the importance of NTD research in the provision of information for health planning and decision making. Currently NTDCP needs to establish issues that need further investigation to understand and generate appropriate mitigation for improvement of NTD services. The challenge part is coordination and utilization of NTD findings to inform NTD planning, policies, and strategies because most of the previous studies focused more on identifying "what and how much questions" and less on "How and Why question."

3.5 Financial Resources Mobilization and Management

The major gap identified around financing is the insufficient allocation of domestic resources to support NTD programming, due mainly to the insufficient knowledge of NTDCP and use of planning, budgeting, financing, and accounting systems in place. Though routine government planning for NTD budgets occurs on an annual basis, resource need and funding gap estimates are not regularly conducted. In the past, TIPAC-excel was used to determine resource needs at the national level, although this tool was used on only a sample of regions but does not conduct this exercise annually.

Given the large portion of NTDCP staff seconded from partner organizations, the completion of any planning and resource estimation costs requires at least minimal technical assistance. Furthermore, data on NTD expenditures are not regularly collected by the government, due in part to the largely donor-funded nature of NTD activities.

Government has currently new financing guidelines, the DCF (Development Cooperation Framework), DHFF both has implications in terms of planning, budgeting, and implementation that the NTD stakeholders are not much aware of.
There is a gap in understanding the cost of NTD elimination v/s the investment returns to have a wide knowledge of importance of investing into eliminating the NTD by the decision makers and political leaders. The lower facility levels planning committees is missing the burden of NTD diseases data the factor that contributes to lower resources allocation for NTD at council level.

Chapter Four

4. KEY RESULT AREAS, STRATEGIES, GOAL AND OBJECTIVES

The key results areas, Goal, Objectives and strategies of this Sustainability plan emanate from thorough NTD current situation analysis enriched by data and information from different sources including NTD Master Plan, empirical information from field works, local research evidence and international literatures. Important documents like, Sustainability Development Goals (SDGs), Tanzania Development vision 2025, National Health Policy 2007, National Strategy for Growth and Reduction of Poverty, Tanzania Package for Essential Health Services and Health Sector Strategic Plan IV & V were used to guide and inform the development of this plan.

In addition, the inputs from group discussion with key PO-RALG office staff members, NTD staff as well as staff members of Policy and Planning department the units of Health Sector Secretariat and Monitoring and Evaluation (MoHCDGEC). The information gathered created basis for setting NTD priority issues. It helped in defining sustainability goal and objectives to improve NTD governance, coordination, operationalization, Quality, M&E, ICT, Research and Publication as well as financial resources management and mobilization for improved NTD services provision.

4.1 NTD Sustainability strategies

The strategies advocate for a comprehensive approach to National NTD Planning and Implementation

- Improve governance through coordination and collaboration
- Focused NTD Technical Support
- Sustained Advocacy
- Strengthen Leadership
- Responsive NTD Plans
- Improved NTD services management and utilization
- Learning and Improvement

4.2 NTD Key Result Areas

Key Result Area 1	Governance and Coordination
Broad objective	Integrate NTD planning into wider health systems planning and coordination structures

Governance and Coordination GAP	Rationale

• Insufficient of harmonization of various stakeholders, development partners and government agencies programmes
• Insufficient of effective NTD promotion and advocacy activities highlighting the Impact of NTD Economically, Socially and personally targeting;
  ○ The sector departments and agencies, (decision makers, technical personnel, heads of departments and programs)
  ○ Out of sector stakeholders (DPs, Civil societies organizations, NGOs)
  ○ Inter-sector ministries (WASH), MOE, Agriculture (vector control) (Attract interest of PMO Office)
• Insufficient of linkages with training institutions, professional bodies for sharing the knowledge and skills gap that needs updates of the training curriculum
• Inadequate of NTD integration,
  ○ SWAP - TWG
  ○ Ministry planning and budgetary (MTEF)
  ○ Health planning tool (CHOP, CCHP, Facility plan)
  ○ National Health intervention package
  ○ Comprehensive Supportive supervision
• Inadequate linkages with other ministries to increase the NTD control measures, smoothen the MDA and promotion activities at community and schools.
• Insufficient of knowledge of planning cycle and process for the councils and lower facilities
• Insufficient knowledge of NTDCP on other potential program's activities to effectively implement the sustainability plan in holistic approach
• Insufficient of NTD operational guidelines that reflects the local context
	The NTDCP operations and achievements gained are not very well known and promoted for more engagements and support. This is associated by lack of knowledge of the functionality of the health system by NTDCP staff and partners. The related objective focuses on creating synergies among departments, programs, ministries and stakeholders through effective partnership, coordination, planning and implementation of existing procedures.

Key Result Area 2	Operationalization and Diagnostic Services
Broad Objective	Improve NTD services, both at the facility and community levels

Operationalization GAP	Rationale
• limitation of NTD services coverage: The focus/support is concentrated highly into those selected districts or NTD working areas. concentration should focus on all areas with needs. • Inadequate NTD routine based services provision at the health facility levels • The program concentrated more into Mass Drug Administration	There are still challenges in streamlining NTD services into routine base because to large extent the NTD program focused more into Mass Drug Administration and covering only those selected districts, this is because of the funding issues and requirements of some existing guidance. The strategies in this part focuses in

• Inadequate services for NTD morbidity management by the health facilities • Insufficient of post activities targeting those good performing councils in terms of Mass Drug Administration • Lack of NTD operational guideline for the lower facilities to be able to include NTD interventions into their routine activities, (outreach activities, group treatment approach, population catchment servicing) • Inadequate NTD quality services • NTDCP lack of knowledge on needs and conditions of quality assurance for the lower facility levels. • Lack of NTD surveillance and control information at Council level. • Inadequate NTD outreach activity by health facility workers. • Insufficient NTD morbidity management knowledge and skills by health workers. • Low up take of Mass Drug Administration	increasing NTD services to all areas with needs, improving the diagnostics and services delivery by strengthening staff capacity, increasing community demands and setting effective NTD National operational guidelines
Diagnostic GAP Lack of sufficient NTD diagnostic facilities in the health facilities attributed to; • Lack of knowledge of the NTD diagnostic kits available in the market • Lack of knowledge of type of different diagnostic kits for NTD diagnostic available/required depending with facility level. • Lack of NTD diagnostics services guideline.	

Key Result Area 3	Quality, M&E, ICT and Research and Publication
Broad Objective	Strengthening the availability and quality of NTD data to improve decision making

Quality management, M&E and ICT GAP	Rationale
Quality Management System • Inadequate integration of NTD waste management • Insufficient of surveillance system	There has been limited evidence base information for production of comprehensive and realistic NTD plans. This is contributed by data misallocation, untimely update and inadequately analyzed and utilized. Similar there has been inadequate dissemination of NTD surveillance and surveys to all levels. The relevant strategies intends to address all critical issues related to NTD M&E, Quality management, research and publication to guide and facilitate effective functioning of the NTD program
M&E and ICT • Insufficient NTD data captured by DHIS2 • Missing of NTD data into DHIS2, most of the NTD Survey data available at NIMR server, needs to be uploaded into DHIS portal • Incomlete integration of Mass Drug Administration drugs into eLMIS • Limited scope of data collection to cover the whole NTD interventions • Inadequate use of routine data for decision-making. • In adequate data quality assessment • Indicators not integrated in Ministry of Health M&E	

framework. • NTD program needs to establish data shows magnitude of disease burden	
Research and Publication • Lack of identified areas for operational research • Lack of publications of surveys and researches	
Key Result Area 4	Financial Resources Mobilization and Management
Broad Objective	To increase Domestic financing of NTD intervention to at least 60% by 2026
Financial Resources Mobilization and Management GAPs	Rationale
• Insufficient resources (funds) for operational services - Donor dependence program (Supplies, logistics, commodity purchase and staffing (seconded)) • Lack of financial and accounts management by NTDCP • Inadequate resource mobilization capacity • Inadequate financial management capacity • Inadequate mechanism to solicit Social Cooperate services support • Government Funding- • Higher costs of performing NTD morbidity management (surgeries) • Inability of the poor families to pay for NTD morbidity management services • Limitation of insurance schemes to cover NTD services	The focus of various donors is shifting to other agenda and area of interests, domestic financing is still at lower side this is contributed because of insufficient knowledge of domestic funds mobilization followed by the insufficient knowledge of government financial and accounts practices and procedures by the NTDCP. This objective intends to enhance the financial management capacity of the NTDCP and increase efficiency in domestic resource mobilization through the ministry structure and coordination

a. NTD SUSTAINABILITY PLAN GOAL AND OBJECTIVES

4.3.1 Goal: To Sustain the Gains and Interventions of Neglected Tropical Diseases Control and Elimination

4.3.2 Objective One: Improve NTD services, both at the facility and community levels

- Specific Objective 1.1.Strengthen the diagnostic and treatment capabilities of health facilities and hospitals across all five PC diseases
- Specific Objective 1.2. Improve NTD supply chain system
- Specific Objective 1.3.Develop country specific guidelines, where needed
- Specific Objective 1.4.Strengthen community engagement in NTD programs
- Specific Objective 1.5. Address knowledge and attitudes that contribute to weak MDA uptake

4.3.3 Broad Objective 2: Strengthening the availability and quality of NTD data to improve decision making

- Specific Objective 2.1. Integrate NTDMIS (MDA), DSAs and MMDP into DHIS2
- Specific Objective 2.2.Improve data collection quality at community and facility levels
- Specific Objective 2.3. Strengthen surveillance functions

4.3.4 Broad Objective 3: Integrate NTD into wider health sector /coordination / structures

- Specific Objective 3.1: Integrate of NTD with all SWAp TWGs.
- Specific Objective 3.2:Strengthen engagement of NTD into PPP platform at all levels of health care delivery
- Specific Objective 3.3:Strengthen integration of NTD into Ministry's planning and budgeting (MTEF)
- Specific Objective 3.4:Strengthen integration of NTD interventions to the Comprehensive Council Health Plan (CCHP), CHMT, RRHMT, RHMT

4.3.5 Broad objective 4: To increase Domestic financing of NTD intervention to at least 60% by 2026.

- Specific objective 4.1:To strengthen knowledge of current NTD revenues and expenditures (from all sources) to inform planning and budgeting
- Specific Objective 4.2:To advocate for NTD domestic resource mobilization to different platform

ANNEX 1: SUSTAINABILITY PLAN IMPLEMENTATION MATRIX

The implementation matrices provide implementers and stakeholders with a logical view of strategies from implementation to monitoring and evaluation. The matrices allow stakeholders who are interested in supporting specific component of this sustainability plan to be able to implement and measure the result and their contribution in the overall attainment of the country's NTD vision. The framework calls for strong commitments from both implementers and development partners to play their key roles in making this Sustainability Plan a reality.

Broad Objective 1: Improve NTD services, both at the facility and community levels

Specific Objective 1.1: Strengthen the diagnostic and treatment capabilities of health facilities and hospitals across all five PC diseases

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
1.1.	Service Delivery	NTD Preventive and Curative services	NTD Preventive and Curative services strengthened at all 184 councils by 2025	To conduct assessment of availability of NTD diagnostic service in health facilities	Laptop, Allowances, Transportatio n, stationaries and supplies	-Number of health facilities assessed -Type of NTD diagnostic services available per each facility assessed	June 2021	LGAs/MO HCDGEC/ PORALG/ NTDCP	NTD Diagnostic services improved and available to all council
1.2	Service Delivery	NTD Preventive and Curative services	NTD Preventive and Curative services strengthened at all 184 councils by 2025	To procure and distribute NTD diagnostic reagents, commodities and equipment at all councils as required	Fees, charges, contracts	-Number and type of NTD diagnostic equipment procured	June 2023	LGAs/MO HCDGEC/ PORALG/ NTDCP	NTD diagnostic equipment available to all councils
	Service	NTD Preventive	NTD Preventive	To supervise and review facility	Allowances, transportatio	Supervision and review of facility	June 2022	LGAs/MO HCDGEC/	Support supervision during

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
1.3	delivery	and Curative services	and Curative services strengthened at all 184 councils by 2025	plans to include budget for NTD commodities	n, projector, stationaries and supplies	plans conducted and report available		PORALG/ NTDCP	facility planning assured
1.4	Service delivery	NTD Preventive and Curative services	NTD Preventive and Curative services strengthened at all 184 councils by 2025	To conduct supervision of bottom-up NTD commodities quantification and ordering through LMIS	Allowances, transportatio n, projector, laptop stationaries	Supervision conducted and report available - ▪	June 2022	LGAs/MO HCDGEC/ PORALG/ NTDCP	Bottom – up NTD commodities quantification supervised
1.5	Service delivery	NTD Preventive and Curative services	NTD Preventive and Curative services strengthened at all 184 councils by 2025	To conduct supervision of NTD inventory management	Allowances, transportatio n, projector, laptop stationaries	Supervision conducted and report available	June 2022	LGAs/MO HCDGEC/ PORALG/ NTDCP	Health providers understands the process and procedures of NTD inventory management
1.6	Service delivery	NTD Preventive and Curative services	NTD Preventive and Curative services strengthened at all 184 councils by 2025	To train/orient 552 (3people@council x184) health care providers on NTD diagnosis	Allowances, transportatio n, laptop, printing, stationaries and supplies	Number of health care providers trained	Decem ber 2021	LGAs/MO HCDGEC/ PORALG/ NTDCP	Health care providers are capacitated with knowledge and skills of NTD diagnosis
1.7	Service delivery	Case Management	All NTD cases are treated at all 184	To train health care providers on management of	Laptop, venue, refreshments,	Number of health care providers	Decem ber 2021	LGAs/MO HCDGEC/ PORALG/	Health providers capacitated on management of

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
			councils	NTD cases	allowances, transportatio n, stationaries and supplies	trained by sex		NTDCP	NTD cases
1.8	Service delivery	Case Management	All NTD cases are treated at all 184 councils	To train case finders/CDDs	Laptop, venue, refreshments, allowances, transportatio n, stationaries and supplies	Number of CDDs trained by sex	Decem ber 2021	LGAs/MO HCDGEC/ PORALG/ NTDCP	Case finders and CDDs within the community are capacitated
1.9	Service delivery	Morbidity Management and Disability Prevention (MMDP)	Morbidity and Disability impact of NTD mitigated	To conduct case finding for morbidity management.	Allowances, transportatio n, printing, stationaries	Number of cases found by sex	June 2021	LGAs/MO HCDGEC/ PORALG/ NTDCP	Mitigation for NTD morbidity management available
1.10	Service delivery	Morbidity Management and Disability Prevention (MMDP)	Morbidity and Disability impact of NTD mitigated	To conduct training on Hydrocelectomy to health care providers	Laptop, venue, refreshments, allowances, transportatio n, stationaries and supplies	Number of health care providers trained on Hydrocelectomy by sex -Number of patients received Hydrocelectomy surgery by sex	June 2021	LGAs/MO HCDGEC/ PORALG/ NTDCP	Health care providers capacitated
1.11	Service delivery	Morbidity Management and Disability	Morbidity and Disability impact of	To conduct training on lymphoedema	Laptop, venue, refreshments,	Number of health care providers	June 2021	LGAs/MO HCDGEC/ PORALG/	Health care providers capacitated

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
		Prevention (MMDP)	NTD mitigated	management to health care providers	allowances, transportatio n, stationaries and supplies	trained on Lymphoedema management by sex -Number of patients received lymphoedema management by sex		NTDCP	
1.12	Service delivery	Morbidity Management and Disability Prevention (MMDP)	Morbidity and Disability impact of NTD mitigated	To conduct training on trachoma trichiasis surgery to health care providers	Laptop, venue, refreshments, allowances, transportatio n, stationaries and supplies	Number of health care providers trained on Trichiasis surgery by sex -Number of Trichiasis surgeries done by sex - Number of patients who, after being offered trichiasis surgery, refuse to accept, by sex	June 2021	LGAs/MO HCDGEC/ PORALG/ NTDCP	Health care providers capacitated
1.13	Service delivery	Morbidity Management and Disability Prevention (MMDP)	Morbidity and Disability impact of NTD mitigated	To conduct rehabilitation of the impaired vision due to trachoma	Allowances, transportatio n, fees	Number of patients rehabilitated by sex	June 2023	LGAs/MO HCDGEC/ PORALG/ NTDCP	Services for Morbidity and disability management available

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
1.14	Service delivery	NTDs Prevention	NTD control measures improved by June 2025	To provide Mass Drug Administration (MDA)	Transportatio n, allowances, refreshments, laptop, printing, stationaries, and supplies	Number of districts implemented MDA -Coverage rate(Proportion of eligible people who received MDA)	June 2025	LGA/MOH CDGEC	NTD control measures available at all councils as required
1.15	Service delivery	NTDs Prevention	NTD control measures improved by June 2025	To provide NTD vector control -To establish collaboration with other programs for vector control e.g., malaria program	Transportatio n, refreshments, allowances, printing, stationaries, supplies	Number of Districts provided with NTD Vector control -Collaboration established and MOU available	June 2025	LGA/MOH CDGEC/N TDCP	NTD vector control strengthened
1.16	Service delivery	NTDs Prevention	NTD control measures improved by June 2025	To provide MDA to school dropout, school aged non-enrolled, health and culturally disadvantaged pupils	Transportatio n, allowances, refreshments, laptop, printing, stationaries, and supplies	Proportion of school dropouts, school aged non-enrolled and health and culturally disadvantaged pupils provided with MDA by sex	June 2025	LGA/MOH CDGEC/N TDCP	MDA is provided to drop out pupils/children because of different gender and social barrier
1.17	Service delivery	Planned Preventive	Repair 50% of nonfunctionin g diagnostic	Prepare preventive maintenance plan	Contracts, fees, charges, allowances	Preventive maintenance plan available	On going	LGAs/MO HCDGEC/ PORALG/	Quality of services assured

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
		Maintenance	equipment	Conduct maintenance of diagnostic equipment example microscopes		Number of lab equipment repaired		NTDCP	
1.18	Service delivery	Infrastructure	Infrastructure for NTD service provision improved at all 184 councils	To conduct health facility assessment and develop the needs for improvement To rehabilitate health facilities infrastructure for provision of NTD services	Contracts, allowances, fees	Assessment report and BOQ available Number of health facilities rehabilitated	5 years	MOHCDG EC and PORALG	Health facilities are rehabilitated for the provision of NTD services
1.19	Service delivery	Infrastructure	Infrastructure for NTD service provision improved at all 184 councils	To equip health facilities with working tools for NTD service provision	Contracts, allowances, fees	Number of equipment supplied	3 years	MOHCDG EC and PORALG	Health facilities are equipped with required tools for NTD provision

Specific Objective 1.2: Improve NTD Supply Chain System

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
1.2.1	Operational capacity	NTD commodities (Medicine and supplies)	NTD commodities procured and distributed to 184 councils each year	Provide mentorship on proper quantification of commodities	Transportation, allowances, printing, stationaries	Quantity and type of medicine and supplies procured(Procurement of MDAs will be conducted centrally while routine procurement will be done at facility level	On going	LGAs/MOHCDGEC/PORALG/NTDCP	Councils are properly quantified the NTD commodities
1.2.2	Operational capacity	NTD commodities (Medicine and supplies)	NTD commodities procured and distributed to 184 councils each year	To supervise councils to budget (CCHP) for NTD commodities (facilities will procure (using their own sources) will procure commodities for routine services)	Transportation, allowances, projector, stationaries	Number of Supervision activities conducted and reports available	June 2022	LGAs/MOHCDGEC/PORALG/NTDCP	NTD Commodities are budgeted in the CCHP
1.2.3	Operational capacity	NTD commodities (Medicine and supplies)	NTD commodities procured and Distributed to 184 councils each year	To procure and Distribute NTD commodities (MSD)	Fees, charges, payments, transportation	Type and quantity of NTD commodities procured	June 2022	LGAs/MOHCDGEC/PORALG/NTDCP	NTD Commodities available and utilized
1.2.4	Operational capacity	NTD commodities (Medicine and supplies)	NTD commodities procured and Distributed to 184 councils each year	Conduct quality assurance of procured Medicine and supplies	Fees, invoice payments	Quantity of Medicine and supplies approved -quality assurance report available	On going	MOHCDGEC (TMDA and MSD)	NTD commodities quality assured
1.2.5	Operational capacity	MDA services	Mass Drug Administration uptake coverage increased from ….to….. (%) by June 2023	To identify the district with low MDA coverage	Laptop	Councils for MDA identified	June 2021	LGAs/MOHCDGEC/PORALG/NTDCP	MDA services are strengthened
1.2.6	Operational capacity	MDA services	Mass Drug Administration uptake increased from…to… (%)	To develop a work plan for MDA as required	Laptop, projector	Work plan developed	June 2021	LGAs/MOHCDGEC/PORALG/NTDCP	MDA services to be integrated into Councils plans.

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
			by June 2023						
1.2.7	Operational capacity	MDA services	Mass Drug Administration uptake increased (%) by June 2023	To share MDA work plan with councils	Laptop, internet, projector	Work plan shared	June 2021	LGAs/MOHCDGEC/PORALG/NTDCP	Councils are informed about MDA work plan and lead the implementation
1.2.8	Operational capacity	MDA services	Mass Drug Administration uptake increased (%) by June 2023	To quantify Praziquantel tabs for adults needed per year To procure NTD medicine for adult (Praziquantel for schistosomiasis) enough for Praziquantel need per year	Fees, charges, invoices	Quantity of Praziquantel for adult procured each year	June 2021	LGAs/MOHCDGEC/PORALG/NTDCP	NTD Medicine for adult available
1.2.9	Operational capacity	NTD Supply chain	NTD supply chain integration into eLMIS	To conduct training to council pharmacist on eLMIS for them to train Health facility pharmacists	Laptop, transportation, allowances, projector	Number of council pharmacists trained on eLMIS	June 2022		The RHMT, CHMT and health providers are capacitated with knowledge of NTD quantification and use of eLMIS
1.2.10	Operational capacity	NTD Supply chain	NTD supply chain integration into eLMIS	Council pharmacists conduct training to health facility pharmacists on eLMIS	Laptop, transportation, allowances, projector	Number of health facility pharmacists trained on eLMIS	June 2022		
1.2.11	Operational capacity	NTD Supply chain	NTD supply chain integration into eLMIS	To orient RHMT, CHMT and service providers, Council NTD team on quantification of Medicine in eLMIS	Laptop, transportation, allowances, projector,	Number HF using eLMIS to request MDA medicine	June 2022	LGA/MOHCDGEC/NTDCP	
1.2.12	Operational	NTD Supply	NTD supply	To conduct	Projector,	Number of SSconducted	June	LGA/MOHCDGEC/NTDCP	Support

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Time frame	Respo nsible	Milestones
	capacity	chain	chain integration into eLMIS	support supervision by RHMT, CHMT and service providers, Council NTD to mentor Health facility in-charges on projection of Drugs for NTD disease and MDA (in the eLMIS)	laptop, transportation, refreshments	at all levels	2022		supervision to health facilities NTD Drugs planning is strengthened

Specific Objective 1.3: Develop Country Specific Guidelines where needed

SN	Thematic area	Priority Intervention	Target	Activity	Inputs	Indicator	Time frame	Respo nsible	Milestones (Time required to shift tasks and responsibilities to the government agencies)
1.3.1	Policy Issues	Operational guidelines	NTDs operational guidelines developed and used by June 2022	To review the available operational guidelines	Laptop, printing, venue, allowances, transportation	Number of guidelines reviewed	June, 2022	MOHCD GEC	NTD guidelines are harmonized
1.3.2	Policy Issues	Operational guidelines	NTDs operational guidelines developed and used by June 2022	To develop needed operational guidelines	Printing, laptop	Number of guidelines developed	June 2022	MOHCD GEC	NTD interventions are smoothly operated
1.3.3	Policy Issues	Operational guidelines	NTDs operational guidelines developed and used by June 2022	To share a draft guideline with stakeholders and partners	Laptop, internet, venue, allowances, transportation	Number of stakeholders/partn ers involved	June, 2022	MOHCD GEC	NTD stakeholders are harmonized
1.3.4	Policy Issues	Operational guidelines	NTDs operational guidelines developed and used by June 2022	To produce and disseminate operational guidelines	Printing, logistics	Number of councils covered	June, 2022	MOHCD GEC	Utilization of NTD guideline is strengthened
1.3.5	Operational	Operational guidelines	NTD Surveillance system developed by June 2021	To develop surveillance guideline	Laptop, allowances, transportation, stationaries, projector	Guideline developed	June 2023	NDTCP	NTD control is strengthened

Specific Objective 1.4: Strengthening Community Engagement in NTD program

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Timeframe	Responsible	Milestones
1.4.1	GESI	Gender and Social Inclusion	Equitable NTD services provided by June, 2025 Equitable NTD services means reaching pastoralists, migrants, people living too far to be reached by CDD, people who experience side effects, children out of school, and people who refuse MDA, and all men, women, boys and girls eligible for prevention packages, surgery and other NTD treatment	To conduct social and gender dynamics analysis (KAP)	Allowances, transportation, laptop, stationaries, fees, contracts	Analysis conducted and report available	June 2021	LGAs/MOHCDGEC/PORALG/NTDCP	Information on gender and social dynamics available and utilized
1.4.2	GESI	Gender and Social Inclusion	Equitable NTD services provided by June, 2025	To develop contexts specific intervention packages -Develop material on GESI training for integration in TOTs and CDD training	Projector, allowances, transportation	Intervention package developed	June 2023	LGAs/MOHCDGEC/PORALG/NTDCP	NTD Gender and social inclusion package available
1.4.3	GESI	Gender and Social Inclusion	Equitable NTD services provided by June, 2025	To train/orient community groups/organizations to provide NTD gender and social barriers	Projector, allowances, printing, stationaries, supplies	Number of community groups/organizations trained	June 2022	LGAs/MOHCDGEC/PORALG/NTDCP	Community groups/trusted organizations capacitated on delivering the NTD services to the groups associated with social and gender barriers
1.4.4	GESI	Gender and Social Inclusion	Equitable NTD services provided by June, 2025	To conduct training and mentorship to the NTD technical staff (National, Regional, district, Health facility) on gender and social inclusion in provision of services	Projector, allowances, printing, stationaries, supplies	Capacity building conducted Number of NTD staff trained/mentored in GESI focused service delivery	June 2022	LGAs/MOHCDGEC/PORALG/NTDCP	Gender and social inclusion integrated and capacitated at all levels of NTD services delivery
1.4.5	GESI	Gender and Social Inclusion	Equitable NTD services provided by June, 2025	To conduct gender and social inclusion advocacy to community groups/organization	Transportation, allowances, printing, stationarie	Number type of community groups/organizations GESI advocacy was conducted to	June 2022	LGAs/MOHCDGEC/PORALG/NTDCP	Community trusted bodies and organization are well informed about

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Timeframe	Responsible	Milestones
					s, supplies				the gender and social issues in delivering NTD services
1.4.6	Operational	NTDs health promotion	NTDs awareness, surveillance and control improved by June 2025	To design NTD awareness messages to suit various communication media (Radio, TV, print materials and social media)	Laptop, allowances , Fees,	Type and quantity of message developed by media type	June 2025	LGAs/MOHCDGEC/PORALG/NTDCP	NTD prevention measured promoted to facilitate good knowledge to community
1.4.7	Operational	NTDs promotion	NTDs awareness, surveillance and control improved by June 2025	To prepare and produce NTDs communication strategy	Venue, refreshments, allowances , Transportation	Communication strategy developed and available	June 2025	LGAs/MOHCDGEC/PORALG/NTDCP	The decision making bodies and key stakeholders are advocated at all level
1.4.8	Coordination	NTDs Prevention	NTD control measures improved by June 2025	To strengthen collaboration with (WASH) program and wash stakeholders	Transportation, allowances , refreshments, laptop, printing, stationaries and supplies	Number of people participated WASH activities	June 2025	LGA/MOHCDGEC/NTDCP	Other programs/methodology of NTD prevention applied

Specific Objective 1.5 Address knowledge and attitudes that contribute to weak MDA uptake

SN	Thematic area	Priority Intervention	Target	Activity	Inputs	Indicator	Timeframe	Responsible	Milestones
1.5.1	Operational	Knowledge and Skills Capacity building	NTDs gaps between current performance and objectives established by December 2021	To identify gaps between current performance and objectives	Laptop, transportation, allowances, venue, stationeries, and supplies	Gaps identified	June 2024	LGAs/MOHCDGEC/PORALG/NTDCP	Information of NTD performance gaps is established for the improved NTD service provision
1.5.2	Operational	Training need assessment	NTDs gaps between current performance and objectives established by December 2021	To conduct NTD implementation performance GAP at council and facility level	Laptop, venue, refreshments, allowances, transportation	Work plan developed	June,2024	LGAs/MOHCDGEC/PORALG/NTDCP	Training needs assessed

Objective Two: Strengthening the availability and quality of NTD data to improve decision making

Specific Objective 2.1. Integrate NTDMIS (MDA) and DSAs into DHIS
Specific Objective 2.2. Improve data collection quality at community and facility levels
Specific Objective 2.3. Strengthen Surveillance functions
Specific Objective 2.1. Integrate NTDMIS (MDA) and DSAs into DHIS

SN	Thematic Area	Priority Intervention	Target	Activity	Inputs	Indicator	Timeframe	Responsible	Milestones (Time required to shift tasks and responsibilities to the government agencies)
2.1.1	Health information	Health Management Information System	NTD MIS integrated into HMIS at all levels	To identify key programme performance indicators	Laptop, stationaries	Integrated NDT performance indicators	June 2021	LGA/MOHCDGEC /NTDCP	NTD services indicators identified and integrated into DHSI2 system
2.1.2	Health information	Health Management Information System	NTD MIS integrated into HMIS at all levels	To conduct review of HMIS tools to capture NTD data (MDA, Community, routine)	Laptop, projector	Review conducted	June 2021	LGA/MOHCDGEC /NTDCP	The HMIS tools integrated the NTD data needs
2.1.3	Health information	Health Management Information System	NTD MIS integrated into HMIS at all levels	To Improve DHIS2 Data base to accommodate NTD data.	Laptop	Number of indicators integrated into DHIS2	June 2021	LGA/MOHCDGEC /NTDCP	DHIS2 integrated NTD indicators

Specific Objective 2.2. Improve data collection quality at community and facility levels

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Timeframe	Responsible	Milestones
2.2.1	Health information	Health Management Information System	NTD MIS integrated into HMIS at all levels	Conduct data quality assessment	Laptop, refreshments	Availability Quality data.	June 2021	LGA/MOHCDGEC/NTDCP	NTD data quality is assured
2.2.2	Health information	Health Management Information System	NTD MIS integrated into HMIS at all levels	To train RHMT, CHMT and service providers on techniques of data processing and interpretation	Projector, laptop, allowances, transportation, stationaries, supplies	Number of RHMT, CHMT and Health service providers trained	July 2021	MOHCDGEC &PO - RALG	Knowledge and skills of data collection techniques, processes and interpretation is impacted to RHMT, CHMT and health service providers

Specific Objective 2.3. Strengthen Surveillance functions

SN	Thematic Area	Priority Intervention	Target	Activity	Input	Indicator	Timeframe	Responsible	Milestones
	Operational capacity	Operational Research and Surveys	NTD information (processed data) used in decision making in all councils	To develop surveillance guidelines	Consultancy fee, allowances, transport cost	Number of surveillance guideline developed	July 2022	NTDCP	Information of disease prevalence and magnitude of disease burden established and shared
2.3.1	Operational capacity	Operational Research and Surveys	NTD information (processed data) used in decision making in all councils	To conduct Survey of Disease Mapping, impact, and surveillance to establish magnitude of disease burden	Fees, allowances, transportation, laptop, projector	Number of surveys conducted	July 2021	LGA/MOHCDGEC/NTDCP	
2.3.2	Operational capacity	Operational Research and Surveys	NTD information (processed data) used in decision making in all councils	To conduct evaluation of the Action plan	Fees, transportation, allowances, stationaries	Evaluation conducted	June2025	LGA/MOHCDGEC/NTDCP	Best practices and challenges of NTD sustainability action plan implementation documented
2.3.3	Operational	Application of Technology	NTD service provision is improved by June 2024	To procure and installation of ICT equipment	Invoices payments, supply contracts, transportation	Number of ICT equipment installed	July 2021 On going	MOHCDGEC &PO - RALG	NTD services improved at facility level by application of relevant technology
2.3.4	Operational	Application of Technology	NTD service provision is improved by June 2024	To conduct ICT equipment maintenances and upgrading.	Maintenances contracts, allowances, transportation	Number ICT equipment maintained and upgraded	July 2023	LGA/MOHCDGEC/NTDCP	The technology applied is updated and maintained
2.3.5	Operational	Application of Technology	NTD service provision is improved by June 2024	To integrate surveillance system into IDSR	Laptop, refreshments, allowances	Surveillance system integrated	July 2023	LGA/MOHCDGEC/NTDCP	NTD routine information available for proper action and planning

Objective Three: Integrate NTD planning into wider health systems planning/coordination structures

Specific Objective 3.1. Connect with SWAp TWGs, especially TWG 9: Health prevention/promotion, to get NTD representation.

Specific Objective 3.2. Strengthen engagement with PHC and PPP at the District and Regional level as coordination platforms for NTD

Specific Objective 3.3. Strengthen integration of NTD interventions to the Comprehensive Council Health Plan (CCHP)

Specific Objective 3.1. Connect with SWAp TWGs, especially TWG 9: Health prevention/promotion, to get NTD representation.

SN	Thematic Area	Priority Intervention	Target	Activity	Inputs	Indicator	Timeframe	Responsible	Milestones
3.1.1	Coordination	Partners and Stakeholders mapping	Equitable distribution of resources achieved by June, 2026	To identify location and activities of various partners and stakeholders	Laptop, transportation, allowances	Number of stakeholders mapped	June, 2025	LGA/MOHCDGEC/PORALG/NTDCP	NTD stakeholders' coordination strengthened
3.1.2	Coordination	Partners and Stakeholders mapping	Equitable distribution of resources achieved by June, 2026	To reinforce partnership through MOUs	Laptop, printing, transportation	Number of Signed MOU	June, 2025	LGA/MOHCDGEC/PORALG/NTDCP	NTD interventions implemented through committed resources
3.1.3	Coordination	Partners and Stakeholders mapping	Equitable distribution of resources achieved by June, 2026	To write a membership request to SWAP secretariat for NTDC to be member of TWG no 9 and 7	Laptop, printing	Requests submitted	June 2021	NTDCP	Representation of NDT into SWAP structure is strengthened
3.1.4	Coordination	Partners and Stakeholders mapping	Equitable distribution of resources achieved by June, 2026	To identify key members for attending Technical Working Groups especially group number 9: Health prevention/Promotion	Laptop	Members identified	June 2021	NTDCP	NTDCP interventions are presented and linked with other programs

Specific Objective 3.2. Strengthen engagement with PHC and PPP at the district and regional level as coordination platforms for NTDs

SN	Thematic Area	Priority Intervention	Target	Activity	Inputs	Indicator	Timeframe	Respo nsible	Milestones (Time required to shift tasks and responsibilities to the government agencies)
3.1.5	Coordination	Public Private Partnership	Public private Partnership collaboration improved by June, 2022	Introduce and conduct Joint Planning Meeting	Venue, allowances, transportation, stationaries and supplies, projector, laptop	Number of meetings	June, 2022	MOHCDG EC/RAS/LG A	NTD stakeholders participatory harmonized
3.1.6	Coordination	Public Private Partnership	Public private Partnership collaboration improved by June, 2022	To reinforce partnership through MOUs (3.1.1 activity)	Printing, transportation	Number of signed MoUs	June, 2022	MOHCDG EC/RAS/LG A/NTDCP	NTD resources commitment is assured
	Coordination	PHC strengthened at all levels	PHC committees strengthened to integrate NTD agenda by June 2022	To orient RMOs and DMOs how to liaise with PHC committees' secretaries at regional and district levels to engage PHC committees as needed	Transportation, allowances, printing and stationeries, projector	Number of RMOs and DMOs in NTD endemic areas oriented for PHC engagement on NTD program implementation	June 2022	NTDCP	
3.1.7	Coordination	Public Private Partnership	Public private Partnership collaboration improved by June, 2022	To conduct participatory joint supportive supervision	Transportation, allowances, printing and stationeries, projector	Number of Supportive supervision visits	June, 2022	MOHCDG EC/RAS/LG A	NTD interventions strengthened
3.1.8	Policy issues	Public Private Partnership	Public private Partnership collaboration improved by June, 2022	To undertake Joint review meeting	Venue, projector, supplies and stationeries	Review meeting report	June, 2022	MOHCDG EC/RAS/LG A	NTD stakeholders landscape is increased

Specific Objective 3.3. Strengthen integration of NTD interventions to the Comprehensive Council Health Plan (CCHP)

SN	Thematic Area	Priority Intervention	Target	Activity	Inputs	Indicator	Time frame	Respo nsible	Milestones
3.3.1	Coordination	Integration of NTD interventions to CCHP	All NTD activities are planned through CCHP	To hold a meeting with RMOs and DMOs to initiate and promote the integration and ownership of NTD program implementation as one of their priorities	Laptop, transportation, allowances, projector,	Number of RMO and DMOs meetings done for initiating and promote integration and ownership NTD program implementation	June 2021	LGA/MOHC DGEC/NTDC P	NTD activities are planned and integrated within CCHP
3.3.2	Coordination	Integration of NTD interventions to CCHP	All NTD activities are planned through CCHP	Convening RHMT, CHMT to form NTD unit for governance and coordination purposes	Projector, laptop, transportation, refreshments	Number of meeting done	June 2021	LGA/MOHC DGEC/NTDC P	NTD activities are planned and integrated within CCHP
3.3.3	Coordination	Integration of NTD interventions to CCHP	All NTD activities are planned through CCHP	NTDCP hold a meeting/ collaborate with partners to align with government planning cycle and so ensure integration of NTD activities in CCHP	Projector, laptop, transportation, refreshments	Number of meeting done	June 2021	LGA/MOHC DGEC/NTDC P	NTD activities are planned and integrated within CCHP
	Coordination	Integration of NTD interventions to CCHP	All NTD activities are planned through CCHP	RHMT and CHMT conduct supportive supervision to councils and health facilities to ensure they align with CCHP guidelines	Projector, laptop, transportation, refreshments	Number of meeting done	June 2021	LGA/MOHC DGEC/NTDC P	NTD activities are planned and integrated within CCHP

Objective Four: To increase domestic financing of NTD interventions to at least 60% by 2026

Specific Objective 4.1. To strengthen knowledge of current NTD revenues and expenditures (from all sources) to inform planning and budgeting

SN	Thematic Area	Priority Intervention	Target	Activity	Inputs	Indicator	Timeframe	Responsible	Milestones
4.1.1	Finance	Planning, Budgeting, Financing, and accounting system (prioritization, based on the needs)	NTD stakeholders and partners oriented on government planning, budgeting, financing, and accounting system by June 2026	To conduct orientation meeting on government planning, budgeting, government priorities, calendar, and new financing policies.	Venue, refreshments, projector, laptop, allowances, transportation	Number of meetings conducted	June 2025	PORALG/RAS/LGA	The MOH defines a clear plan to implement health financing activities for the next three years
4.1.2	Finance	Planning, Budgeting, Financing, and accounting system (prioritization, based on the needs)	District planning officers, Accountants, Health secretaries, health facility governing board capacitated to track, process, and analyze financial data and produce compelling reports to inform decision-making by June 2026	To conduct orientation of finance and accounting tools and systems aiming at enhancing capacity to track, process, and analyze financial data and produce compelling reports to inform decision-making	Venue, refreshments, projector, laptop, allowances, transportation	Number of meetings and letters	June 2021	LGA/MOH CDGEC/PORALG/NTDCP	The MOH conducts a routine collection and analysis of financial data and has a resource tracking tool in place that provides timely and accurate information

Specific Objective 4.2. To advocate for NTD domestic resources mobilization to different platforms

SN	Thematic Area	Priority Intervention	Target	Activity	Inputs	Indicator	Timeframe	Respo nsible	Milestones (Time required to shift tasks and responsibilities to the government agencies)
4.2.1	Finance	Planning, Budgeting, Financing and accounting system (prioritization, based on the needs)	Annually implement detailed plans to advocate for increased domestic financing for NTDs within overall allocation to the Health Sector by June 2026	To conduct periodical estimation of NTD minimum service package per each level cost and investment return (Cost-benefit analysis)	Laptop, transportation, allowances, consultancy fee	NTD Elimination cost conducted	June 2021	LGA/MOHC DGEC/PORA LG/NTDCP	The MOH conducts a routine collection and analysis of financial data and has a resource tracking tool in place that provides timely and accurate information
4.2.2	Finance	Planning, Budgeting, Financing and accounting system (prioritization, based on the needs)	NTD interventions are financed through CCHP at all councils by June 2023	Disseminate and share estimation cost and investment returns	Venue, allowances, transportation, laptop, projector	Dissemination meeting conducted	June 2021	LGA/MOHC DGEC/NTDC P	NTD interventions costs and investment is strengthened
4.2.3	Finance	Planning, Budgeting, Financing and accounting system (prioritization, based on the needs)	Annually implement detailed plans to advocate for increased domestic financing for NTDs within overall allocation to the Health Sector by June 2026	To develop advocacy kit for mobilizing the domestic financing resources -Developing NTD financing strategy -Develop advocacy messages to advocate for NTD prioritization and fund allocation	Laptop, transportation, allowances	NTD Elimination cost conducted	June 2021	LGA/MOHC DGEC/PORA LG/NTDCP	
4.2.4	Finance	Planning, Budgeting, Financing and accounting system (prioritization, based on the needs)	NTD interventions are financed through CCHP at all councils by June 2023	Revising CCHP to include updated costing of minimum package of services assuming complete mainstreaming (integration) of NTDs	Venue, allowances, transportation, laptop, projector	Cost of minimum NTD package of services is available and shared	June 2021	LGA/MOHC DGEC/NTDC P	NTD value in the CCHP is calculated to understand the activities to be budgeted for

4.2.5	Finance	Planning, Budgeting, Financing and accounting system (prioritization, based on the needs)	NTD interventions are financed through CCHP at all councils by June 2023	To review the resource allocation criteria	Projector, laptop, allowances, transportation, stationaries, supplies	Resources criteria reviewed, report available and shared	June, 2021	LGA/MOHC DGEC/NTDCP	Allocation of resources is regularly reviewed in line with epidemiological changes, health needs and innovations in prevention and treatment interventions
4.2.6	Finance	Application of Technology	Resources allocations for NTD services is improved by June 2021	Enhance resource tracking to monitor spending allocations	Laptop, refreshments, allowances	NTD spending allocations is tracked, report is available and shared	June, 2023	LGA/MOHC DGEC/NTDCP	Allocation of resources is regularly reviewed in line with epidemiological changes, health needs and innovations in prevention and treatment interventions
4.2.7	Finance	Planning, Budgeting, Financing and accounting system (prioritization, based on the needs)	The government of Tanzania will increase domestic financing for NTDs by 30% by the year 2025, coordinating NTD program budgets from all sources by June 2023	To conduct annual NTD financing analytics aiming at tracking, expenditure, revenues and allocation for NTD Health financing analytics -Assess financial data availability, quality, completeness, potential users, and existing tracking tools and reporting mechanisms -Extract NTD-specific cost information from available financial and programmatic records -Train on how to process, analyze, and package NTD data for use in financial decision making, targeting NTDCP and district staff	Projector, laptop, allowances, transportation, stationaries, supplies, consultancy fee/TA	NTD investment case updated, report available and shared	June, 2021	LGA/MOHC DGEC/NTDCP	Allocation of resources is regularly reviewed in line with epidemiological changes, health needs and innovations in prevention and treatment interventions

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