



ENVIRONMENTAL HEALTH PROJECT

Report for the File No. 448

WORKPLAN YEAR 5

June 2003

Prepared for the U.S. Agency for International Development
under EHP Project No. 26568/ WORKPLAN.Y5

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
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INTRODUCTION

This work plan describes activities under Task Order 1 (TO1) only and covers the period from July 1, 2003, to June 21, 2004. As requested by our CTO, this year's work plan is condensed and presented in a table format with brief narrative sections introducing each major section. The sections correspond to tasks 2-6 per an amendment of TO1 in September 2002.

Because this is the final year of the Task Order, there are no activities planned under Task 1. Also, based on the amendment, the seventh task, "Other," which appeared in prior work plans, has been eliminated; and activities formerly listed there have been integrated into other tasks, principally Task 3, CESH. Urban health activities are now consolidated as a fifth subtask under CESH. [Note that although a new Task 7 was included as part of the September 2002 amendment, USAID subsequently decided not to implement it]

The Integrated Programs component of ECHO (ECHO/IP in Madagascar) is now a separate task, Task 5, replacing a broader small grants activity that was never activated by USAID and thus eliminated by the amendment.

As in years past, there is a brief section to cover general office support outside the specific tasks and a financial summary.

Expected Project Results

The U.S. Agency for International Development (USAID) established the second phase of the Environmental Health Project (EHP II) to achieve two objectives:

1. Reduce mortality and morbidity in children under five years old, as well as mortality and morbidity associated with infectious diseases of major public health importance, by improving environmental conditions or reducing exposure to disease agents
 2. Provide a mechanism to respond to diverse interests within USAID in environmental health
- Consistent with these objectives, USAID designed EHP II as an indefinite-quantity contract (IQC) with two main parts. TO1, which was awarded at the same time as the umbrella IQC, is focused on achieving the first objective above. The IQC also provides for other task orders, which gives USAID missions and other parts of the agency a mechanism for requesting assistance specifically tailored to their needs, allowing EHP to respond in a manner that achieves the second objective.

TO1 aims to improve child health through reducing children's exposure to life threatening illnesses, particularly diarrhea and malaria. EHP addresses environmental determinants of these

diseases, including behaviors, and provides global leadership in the development, implementation, and promotion of new and improved, cost-effective, and scaled-up environmental health interventions. TO1 is specifically designed to accomplish two of USAID's intermediate results (IRs):

- IR 1—Community-based Environmental Sanitation and Hygiene (CESH): Improved environmental health interventions will be implemented at the community and household levels, as well as taken to scale at the national level, using innovative methods proven to be effective in reducing childhood mortality and morbidity due to diarrheal disease, acute respiratory infections (ARI), and malaria as well as other vector-borne diseases.
- IR 2—Environmental Change and Health Outcomes (ECHO): Surveillance systems and interventions which support and exploit improved understanding of the connections between environmental factors and health outcomes at the local, national, and regional levels will be developed and implemented. Consistent with the overall objective of EHP, this result is focused on reducing childhood mortality and morbidity, as well as preventing and controlling infectious diseases of major public health importance. In part, this result will also elucidate the health implications of increased stress placed upon natural resources at the local, regional, and global scales, including water in its fundamental role in supporting good health.

LIST OF CHARGE CODES

CHARGE CODE	DESCRIPTION
LLP.PROG.Y5	Lessons Learned & Policies-Program Year 5
LLP.ME.Y5.PERF	Lessons Learned & Policies – Monitoring & Evaluation – Performance Year 5
LLP.ME.Y5.INDICATORS	Lessons Learned & Policies – Monitoring & Evaluation – Indicators Year 5
LLP.MEET.Y5	Lessons Learned & Policies – Meetings Year 5
LLP.PART.Y5.PPP/CORE	Lessons Learned & Policies – Partnership – Public/Private Partnership & CORE
LLP.PART.Y5.OTHER	Lessons Learned & Policies – Partnership – Other meetings
LLP.PVO.Y5	Lessons Learned & Policies – Private Voluntary Organizations Year 5
LLP.LESSONS.Y5	Lessons Learned & Policies – Lessons Learned Year 5
LLP.FINREP.Y5	Lessons Learned & Policies – Final Report Year 5
LLP.REPORTS.Y5	Lessons Learned & Policies – Reports Year 5
CESH.SANPOLICY.Y5	CESH Sanitation Policy Year 5
CESH.TOOLS.PM&E.Y5	CESH Participatory Monitoring & Evaluation Tools Year 5
CESH.TEAM.Y5	CESH Team staff meeting Year 5
CESH.NEPAL.Y5.HANDWASHING	CESH Handwashing initiative in Nepal Year 5
CESH.PERU.Y5.HANDWASING	CESH Handwashing initiative in Peru Year 5
CESH.WAWI.M&E.Y5	CESH West Africa Water Initiative – Monitoring & Evaluation Year 5
CESH.DRC.SANRU.Y5	CESH Democratic Republic of Congo – SANRU Year 5
CESH.CIMCI.PAHO.Y5	CESH Community-based Integrated Management of Childhood Illness – PAHO Year 5
CESH.DR.Y5	CESH Dominican Republic Year 5
CESH.MG.WASH	CESH Madagascar – Water Sanitation & Hygiene Initiative (WASH)
CESH.LACSAN	CESH Sanitation in Latin American Countries
CESH.UH.IN.Y5	CESH Urban Health India Year 5
CESH.UH.ANE.EGYPT.Y5	CESH Urban Health Africa and Near East – Egypt Year 5
E.V.5.LCSTUDIES	ECHO Vector management – Larval Control Studies Year 5
E.V.5.ASTMH	ECHO Vector management – American Society for

	Tropical Medicine & Health – Year 5
E.V.5.IVMGUIDE	ECHO Vector management – Integrated Vector Management Guide Year 5
E.V.5.WHOPANEL	ECHO Vector management – World Health Organization Panel Year 5
E.V.5.INFODIS	ECHO Vector management – Disseminate information on IVM
E.V.5.MANAGE	ECHO Vector management - Management
E.X.ER4.RISKSTRAT	ECHO Cross Vectoral Surveillance – Eritrea Year 4 – Risk Strategy
E.X.ER5.FORECAST	ECHO Cross Vectoral Surveillance – Eritrea Year 5 - Forecasting
E.X.5.XSREPORT	ECHO Cross Vectoral Surveillance - Report
E.X.5.INFODIS	ECHO Cross Vectoral Surveillance – Disseminate Information
E.X.5.MANAGE	ECHO Cross Vectoral Surveillance - Management
E.X.5.VCEVALMETH	ECHO Cross Vectoral Surveillance – Vector Control Evaluation Methods
E.V.5.CAPFRAME	ECHO Vector Control – Framework for Capacity [building]
E.X.ER5.XXX	ECHO Cross Vectoral Surveillance – Eritrea Year 5 Activity
E.V.5.UG.XXX	ECHO Vector Control – Uganda Year 5 Activity
E.V.5.ZAM.XXX	ECHO Vector Control – Zambia Year 5 Activity
E.X.NE6.XXX	ECHO Cross Vectoral Surveillance – Nepal Year 6 Activity
E.X.5.ANE.XXX	ECHO Cross Vectoral Surveillance – Africa & Near East Year 5 Activity
E.X.5.IN.XXX	ECHO Cross Vectoral Surveillance – India Year 5 Activity
E.V.5.CAR.XXX	ECHO Vector Control – Central Asia Region Year 5 Activity
E.I.MG5	ECHO Integrated Programs – Madagascar Year 5
IC.Y5.STRAT	Information Center – Strategy Year 5
IC.Y5.PART	Information Center – Partnership Year 5
IC.Y5.SERV	Information Center - Services
GENOFF.Y5.LABOR	General Office – Labor Year 5
GENOFF.Y5.CLOSEOUT	General Office – Closeout Year 5

TASK 2: LESSONS LEARNED AND POLICY (LLP)

Task 2, Lessons Learned and Policy, includes a range of activities. Taken as a whole, these activities describe work that EHP will undertake under Task Order 1 at the project and global levels to influence policy, develop partnerships, provide quality management for all of EHP, and capture and disseminate lessons learned.

(1) Monitoring and Evaluation includes several key elements of the EHP quality management system, including quarterly reports and monitoring and evaluation plans (LLP. PERFORMANCE)) and improvements in indicators and measurement at an international and organizational level in collaboration with key partners (LLP. INDICATORS) (2) Policy Meetings and Reports focuses on participating in meetings or the development of documentation to influence policy at a country or international level (3) Partnerships describes the collaborative activities that we have been doing and plan to do this coming year with a wide variety of partners, including USAID cooperating agencies, the United Nations and other international agencies, and various international and national nongovernmental organizations (NGOs) and private voluntary organizations (PVOs). Finally, (5) Lessons learned and policy captures lessons learned and keep USAID updated on its progress and activities. Several of the subactivities are highlighted below.

LLP.PERFORMANCE

The information Center produces quarterly and annual reports where progress was reported according to EHP performance indicators and milestones.

LLP.INDICATORS

EHP is participating in the advisory group for the WHO/UNICEF Joint Monitoring Programme (JMP); the Urban-DHS working group to develop an urban environmental health module; the working group developing a handbook on child health indicators led by Measure DHS, and monitoring and evaluation working group of the CORE Group that will revise the KPC 2000.

LLP.REPORTS

EHP has jointly produced one policy report with UNICEF, World Bank, and BASICS entitled “The Story of a Public-Private Successful Partnership in Central America.” This publication included a long narrative document describing the PPP for Hand washing with soap in Central America, a cd-rom with resource materials, a short advocacy document, and Spanish and French versions of the short document and the cd-rom.

A second policy document, entitled Best Practices for Dengue Prevention and Control in the Americas, by Linda S. Lloyd was produced by EHP for USAID's Bureau for Latin America and Caribbean and disseminated at a regional State of the Art workshop.

Other efforts to develop and produce policy reports included the development of two concept papers, one on Hygiene links to Food Security and Nutrition Programs and one on Hygiene links to HIV/AIDS. The former paper was the subject of a technical brainstorming meeting held to further gauge interest in the topic and to develop next steps for the policy report. An opportunity to incorporate hygiene into the Bureau for Global Health's Nutrition Operation Plan as an intervention presented itself EHP responded by producing a short narrative on the importance of hygiene and proposed interventions for incorporating hygiene into nutrition programs.

In Year Five, three additional policy reports on Urban Health Programs, Madagascar's Population, Health and the Environment program, and a report from the WHO Technical Advisory Panel on vector control will be completed to meet the end of project target of five policy reports under this activity.

LLP.PART.Y5.PPP/CORE

One of the outcomes of EHP's partnership strategy is to maintain and strengthen established partnerships. Under LLP.PART.Y5.PPP/CORE, EHP will continue to participate in consultations and technical meetings related to the Global steering committee of the PPP and to CORE's semi-annual membership meetings and working group (IMCI, M&E, others) meetings.

LLP.PVO.Y5

EHP will pursue a number of activities with the CORE working group and individual PVO's in support of their efforts to include hygiene improvement in their child health programs. Most of these activities are following on technical assistance provided in Years 1-4 of EHP and are in response to requests from the partners. EHP will play a technical and facilitating role in the development of a global meeting for CORE members on the Multi-Sector Platform and C/IMCI. This meeting is scheduled for February 2004 and will involve the production of a technical paper and the identification of case studies of successful multi-sector child health programs. Other activities with PVO's include support to CRS for curriculum development for the training of Community Health Workers in IMCI, review of Hesperian Foundation's Manual on Environmental Health, and other tasks as requests come in during the year. EHP annually reviews Child Survival and Health Grants Detailed Implementation Plans under this activity.

EHP Year 5 WorkPlan – Lessons Learned & Policies

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ^{t1}			
			SO3	SO5	OTHER	
LLP.PROG.Y5	<ul style="list-style-type: none"> - Capture Lessons Learned - Participate in USAID and EHP staff meetings 	Same as Year 4	\$250k	\$100k		Meeting Action Item Notes
LLP.ME.Y5.PERF	<ul style="list-style-type: none"> - Annual and Quarterly reports, Annual Performance and Milestone Report - Routine achievement and milestone review with AM at team meetings or at least bi-monthly - Review of SOWs, TORs and workplans - Review/input to revision of M&E plans (Eritrea, Nepal) and any new long-term field activities (India) - Day- o- ay support of activities as agreed upon with AMs and Coordinators (program specific or EHP-ide, i.e., revision of the EHP brochure, policies and procedures) 	Same as Year 4	\$50k			<ul style="list-style-type: none"> - Y4 Annual Performance and Milestone Report (1st quarter of Y5) - Summary of EHP achievements and performance against EHP M&E plan indicators (4th quarter of Y5)

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ^{t1}			
			SO3	SO5	OTHER	
LLP.ME. Y5.INDICATORS	<ul style="list-style-type: none"> - Collaborate with WSSCC and specific partners on improving monitoring and indicator issues related to Vision 21 and other international-level monitoring programs: secretariat for monitoring task force, WSH survey instrument developed - Collaborate with the CORE Group (US PVOs): Health Facility Hygiene Improvement module, KPC survey revision - Provided input to a Child Health Guide: handbook for indicators, monitoring and evaluation that is developed by Measure Evaluation - Collaborate with Measure DHS plus: added hygiene improvement questions to core module, drafted hygiene improvement module for urban DHS - Member of JMP and specific partners for improving monitoring and indicators on a global level (WHO/UNICEF) 	<ul style="list-style-type: none"> - Collaborate with WSSCC and specific partners on improving monitoring and indicator issues related to Vision 21 and other international-level monitoring programs: contribute WAWI experience if applicable, continued refinement of indicators and survey instruments - Collaborate with the CORE Group (US PVOs): focus on KPC survey revision - Participate finalizing Child Health Guide: handbook for indicators, monitoring and evaluation - Collaborate with Measure DHS plus: refine hygiene improvement questions to core module, refine hygiene improvement module for urban DHS - Member of JMP and specific partners for improving monitoring and indicators on a global level (WHO/UNICEF) 	\$40k			<ul style="list-style-type: none"> - Application of hygiene improvement monitoring guide in field programs (Mali, India) - Draft water supply, sanitation and hygiene component of environmental health module for Urban DHS (3rd quarter of Y5) - Presentation of JMP water supply, sanitation and hygiene monitoring guide at WSSCC forum in Dakar (March 2004).
LLP.MEET.Y5	<ul style="list-style-type: none"> - EHP staff and consultant attended GHC, WSSD and Kyoto water forum 	<ul style="list-style-type: none"> - EHP staff and consultant to attend WASH/WSSCC meeting in Dakar March 03 and GHC May 04. 	\$56k			<ul style="list-style-type: none"> Attend Dakar Meeting March 2004 Attend GHC May 2004

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ^{t1}			
			SO3	SO5	OTHER	
LLP.PART.Y5.PPP/ CORE	<p>PPP</p> <ul style="list-style-type: none"> - Represent USAID and EHP at PPP meetings which occur 4- times per year. - Advise on communication and other Global Steering Committee decisions/activities - Provided Monitoring framework to overall M&E component <p>CORE</p> <ul style="list-style-type: none"> -Actively participate in working group meetings: IMCI, M&E, and malaria (less) -Attend and participate through presentations and working group planning at CORE meetings – twice a year. - Provide input on documents, other issues when requested <p>EHP with the CORE group and BASICS provided assistance in the design and organization of an "Expert Consultation on C/IMCI" held in Managua, Nicaragua. The workshop goal was to highlight the role that PVO's can play in scaling up of C/IMCI and drew 75 participants (PVO, MOH, PAHO, USAID and others) from 7 countries in the LAC region. The workshop also included a one-day session on integrating Environmental Health into C/IMCI that was carried out by EHP</p>	<p>PPP</p> <ul style="list-style-type: none"> - Participation on Global Steering Committee which meets 4 times a year - Advise on communication and other decisions/activities <p>CORE</p> <ul style="list-style-type: none"> - Participation in CORE working group meetings - Participation in CORE member meetings (twice a year) - TA to documents and other products produced by CORE 	\$32k			<p>Attend Global Steering Committee meetings (all quarters)</p> <p>Attend CORE Fall Meeting (October)</p> <p>Attend CORE Working Group Meetings (each quarter)</p>
LLP.PART.Y5.OTHER	<ul style="list-style-type: none"> - EHP staff to attend meetings with UNICEF, World Bank, WSSCC, WHO and other non-PVO organizations 	<p>EHP staff to attend meetings with UNICEF, World Bank, WSSCC, WHO and other non-PVO organizations</p>	\$26K			

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ^{t1}			
			SO3	SO5	OTHER	
LLP.PVO.Y5	<ul style="list-style-type: none"> - Developed hygiene section for CRS IMCI handbook - Provided input to PSI /Haiti for CDD materials on diarrhea prevention - DIP reviews (3-4 per year) and follow up - Mini- university participation (Chris and Lisa) - Provided input to FFH on CDD materials and training 	<ul style="list-style-type: none"> -TA to CORE Working Group on IMCI for Global Meeting on Multi-sector Platform -TA to CRS on curriculum development for C/IMCI training -TA to Hesperian for Environmental Health manual - TA to PSI India / other on CDD prevention components 	\$50K		\$50K	<ul style="list-style-type: none"> Draft outline for working group paper on Multi-sector platform produced (first quarter) Draft agenda for Global Meeting produced (second quarter) Curriculum produced with CRS (second quarter) Review and input of Hesperian manual (first quarter) Assistance to PSI India and other country programs (TBD)
LLP.Lessons.Y5	New activity for Year 5	Documentation, publishing, and dissemination of EHP II Lessons Learned	\$30K			LL from EHP (1999-2004) documented and disseminated
LLP.FINREP.Y5	New activity for Year 5	Documentation, publishing and dissemination of EHP II end-of-project report	\$15K			End of project report documented and disseminated
LLP.REPORTS.Y5	<ul style="list-style-type: none"> - Central American Handwashing Experience joint publication – policy paper - Dengue Best Practices Paper - Concept papers prepared on Hygiene/ Nutrition / Food Security link; HIV/AIDS and Hygiene link - Section prepared to include hygiene in BGH / nutrition operational plan - Developed case study on Water and Sanitation funding trends in El Salvador (decided to drop as a paper topic due to incomplete information) 	Papers to be finalized and included as policy reports: <ul style="list-style-type: none"> - Madagascar - Urban ANE - WHO Technical advisory panel report on vector control 				<ul style="list-style-type: none"> - 3 papers to be completed by May 2004

Table of Funds for Lessons Learned & Policies - Year 5			
	SO3 Funds	SO5 Funds	Others
LLP.PROG.Y5	\$ 250,000.00	\$ 100,000.00	
LLP.ME.PERF.Y5	\$ 50,000.00		
LLP.ME.Y5.INDICATORS	\$ 40,000.00		
LLP.MEET.Y5	\$ 56,000.00		
LLP.PART.Y5.PPP/CORE	\$ 32,000.00		
LLP.PART.OTHER	\$ 26,000.00		
LLP.PVO.Y5	\$ 50,000.00		\$ 50,000.00
LLP.LESSONS.Y5	\$ 30,000.00		
LLP.FINAL REPORT.Y5	\$ 15,000.00		
SUBTOTAL	\$ 549,000.00	\$ 100,000.00	\$ 50,000.00

TASK 3: COMMUNITY-BASED ENVIRONMENTAL SANITATION AND HYGIENE (CESH)

This section describes, the Community-Based Environmental Sanitation and Hygiene (CESH) component of EHP and characterizes the plan of action for its implementation. The Hygiene Improvement Framework (HIF) is used as a conceptual model for program planning. The CESH component of EHP focuses on hygiene improvement, which is a comprehensive approach to preventing diarrheal diseases by expanding access to hardware, conducting hygiene promotion, and supporting an enabling environment. The CESH component contains five subtasks, related to (1) operations research, (2) sanitation policy, (3) tool development, (4) supporting field programs, and, as of the September 2002 amendment, (5) urban health. The operations research subtask is intended to identify programmatic innovations that have the potential to reduce diarrheal disease in young children. The sanitation policy subtask aims to improve national-level support for policies that decrease diarrheal disease. Activities under the tool development subtask contribute to answering the frequently expressed questions regarding how nongovernmental organization (NGO) and governmental program managers quantify impacts, analyze conditions, monitor improvements, change behaviors, and integrate hygiene improvement into the health sector in order to reduce diarrheal disease. The field programs then apply the tools to realize positive health impacts. Field program activities are related to the first three subtasks in two ways: (1) they contribute to operations research and provide an opportunity for developing and testing tools; and (2) they build on results, products and tools that have been developed.

Urban Health is now subsumed under CESH, but it constitutes a distinct programmatic area that is more broadly defined than CESH. EHP's Urban Health activities focus mainly (but not exclusively) on the ANE Region, and on improving child health in underserved settlements. Our largest program is in India, covering 3 mid-size cities and addressing service delivery and health behavior promotion through NGOs. Funds from the ANE Region for an Urban Health Initiative have led to a literature review, a pilot program in an unrecognized settlement in Cairo, and will end with a regional UH workshop in Delhi to develop guidelines for child health programming in underserved and marginalized urban areas."

Progress to Date for CESH activities can be summarized as follows.

1. Two operations research activities are in progress: (1) a review of the literature about children's feces disposal is close to completion; and (2) an evaluation of the Safe Water System in Zambia is in its planning stage.
2. A sanitation policy assessment guide has been completed in a collaborative effort with key partners.

3. Four tools with guidelines are developed under CESH: (1) A HIF advocacy document is available as a final draft; (2) a draft guideline is available for monitoring HIF indicators; (3) a literature review of Participatory Community Monitoring has been completed and a PCM toll is developed in Nicaragua; and (4) a draft of an Action learning Guide for planning hygiene promotion has been developed.
4. CESH activities are conducted in the following countries and regions: Peru (handwashing through public-private partnership, C-IMCI in partnership with PAHO); West African Water Initiative – WAWI (Mali, Ghana); DR Congo (hygiene promotion and training in water supply and sanitation); Nicaragua (support to NicaSalud, C-IMCI in partnership with PAHO); Dominican Republic (hygiene behavior-centered programming); Latin America (small towns sanitation guide and workshops); Nepal (handwashing through public-private partnership).
5. Urban Health activities: (1) a major and long-term urban health program has started in India with a focus on child and neonatal health and water supply, sanitation and hygiene; (2) a pilot urban slum program in Cairo/Egypt has started with a situation analysis and DHS as part of a broader ANE Initiative; and (3) an urban health assessment has been carried out in Ghana.

Activities planned for year 5 can be summarized as follows:

1. Two operations research activities will be completed: (1) article about children’s feces disposal will be published in a peer-review journal; and (2) the Safe Water System in Zambia will be evaluated to determine who uses point-of-use water treatment.
2. A sanitation policy assessment will be conducted in Peru and possibly in a second country (Ghana).
3. Four tools with guidelines will be completed under CESH: (1) A HIF advocacy document; (2) a guideline for monitoring HIF indicators; (3) a guideline for Participatory Community Monitoring; and (4) an Action learning Guide for planning hygiene promotion.
4. CESH activities will continue in the following countries and regions: Peru (market research for handwashing through public-private partnership documented, C-IMCI progress and processes documented using quantitative and qualitative data in partnership with PAHO); West African Water Initiative – WAWI (Mali, Ghana – support of a monitoring system and potentially conducting a baseline survey); DR Congo (document achievements of hygiene promotion and training in water supply and sanitation based on household surveys and project monitoring); Nicaragua (support to

NicaSalud, C-IMCI progress and processes documented using quantitative and qualitative data in partnership with PAHO); Dominican Republic (hygiene behavior-centered programming progress and processes documented using quantitative and qualitative data); Latin America (workshops); Nepal (market research for handwashing through public-private partnership documented); Madagascar (support of the national WASH initiative).

5. Urban Health activities: (1) baseline and key activities of urban health program in India documented with a focus on child and neonatal health and water supply, sanitation and hygiene; and (2) pilot health approach documented in an urban slum in Cairo/Egypt and (3) ANE Urban Health synthesis and guidelines development workshop held in Delhi.

In summary, the focus of CESH and Urban Health activities in year 5 will be on documenting achievements and lessons learned in collaboration with key partners to reach a broad target audience.

EHP Year 5 WorkPlan - CESH

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
CESH.SANPOLICY.Y5	<ul style="list-style-type: none"> - Document is being used in three countries to develop national sanitation policies - Field test in Peru approved and schedule to start in July - Possible field test in Ghana 	<ul style="list-style-type: none"> - Likely field test in Ghana to start in Y5 - Taking stock of various applications 	\$50K			Sanitation policy assessment report in Peru Report or revised assessment guidelines based on experience over past 18 months
CESH.TOOLS.PM&E.Y5	<ul style="list-style-type: none"> - Initial planning and startup with NICASALUD in Feb. - Development of proposal for PM&E development and implementation subcontract - Possible follow-up consultancy to NicaSalud for development of PM&E approach 	<ul style="list-style-type: none"> - Follow-up consultancy to NICASALUD - Finalization of PM&E methodology and guide - Use in India - Promotion of PM&E Guide 	\$45K			Participatory Community-based Monitoring methodology Training Guide for NGOs in PCM methodology
CESH.TEAM.Y5	<ul style="list-style-type: none"> - mechanism for PMT staff time for CESH planning and monitoring - provided for Manoff input to CESH planning 	<ul style="list-style-type: none"> - ongoing mechanism for PMT staff time for CESH planning and monitoring 	\$75K			Synthesis document for CESH
CESH.NEPAL.Y5.HANDWASHING	<ul style="list-style-type: none"> - Subcontract with private sector expert to provide TA to PPP partnership with UNICEF - TOR prepared and bids received and under review - Workplan developed - MOU between UNICEF and USAID signed - Private sector firms (large and small) contacted 	<ul style="list-style-type: none"> - Implementation of national communication strategy - Development and support of materials production - TA as determined by UNICEF to marketing firm and PPP 	\$65K			Research report completed – First Quarter. Behavior change materials prepared – Second Quarter. Media placement of messages – Third Quarter.

Charge Code	Progress to Date	Projected Year 5				
		Description	Budget ¹			Milestones
			SO3	SO5	OTHER	
CESH.PERU.Y5. HANDWASHING	<ul style="list-style-type: none"> - TOR developed - USAID Peru support established - PPP local coordinator hired by WSP and TOR to be released by WSP 	<ul style="list-style-type: none"> - Market and consumer research completed - Communication strategy developed - Materials produced 	\$35K			<p>Research data analyzed and report completed – First Quarter.</p> <p>Behavior Change Materials prepared – Third Quarter.</p>
CESH.WAWI.M&E.Y5	<ul style="list-style-type: none"> - Activity set up (SOW, budget, and DER) - SOW reviewed and approved by key WAWI partners - All WAWI partners contacted to ID M&E specific staff - EHP invited to Start- p Workshop (in June) - Work ongoing; first drafty doc expected by Start- p workshop 	TBD, based upon an opportunistic strategy following on to initial M&E activity	\$175K			<p>First Quarter: Request from WAWI Partners for additional TBD TA</p> <p>Second Quarter: Implementation of 1, or possibly 2, follow-on TBD activities</p> <p>Third Quarter: Participation in WAWI Evaluation</p> <p>Fourth Quarter: None expected</p>
CESH.DRC.SANRU.Y5	<ul style="list-style-type: none"> - Action plan developed - Behavior change strategy developed - BC training completed - Begin implementation in communities in May/June - Second TOT for WS&S coordinators planned for May 	<ul style="list-style-type: none"> - Monitoring and evaluation of BC strategy - TA as determined by M&E - Scale up to other zones in spring 04 	\$175K			<p>Scale-up strategy developed</p> <p>Post-intervention survey completed.</p> <p>Summary activity report.</p>
CESH.CIMCI. PAHO.Y5	<ul style="list-style-type: none"> - Training/promotion of hygiene improvement activities - Operations research resulting in microbehavior identification - Completion of phases 2/3/4 of BC strategy - Baseline survey - Launch of implementation phase 	<ul style="list-style-type: none"> - Implementation of BC activities - Monitoring/Evaluation – (phases 5 & 6) midterm and final - Process Guidelines/ Manual – Documentation of operations research and process for implementation. - Promotion/adaptation of process 	\$168.6K			<p>Development of process guide.</p> <p>Monitoring/evaluation report.</p> <p>EHP final summary report.</p>

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
CESH.DR.Y5	<ul style="list-style-type: none"> - Dominican Trainers completed training through participation in Peru and Nicaragua workshops - CRS and MUDE continuing Hato Mayor hygiene behavior change (HBC) activity, including plans for longitudinal assessment - Alianza contracted to promote and coordinate use of HBC approach and materials among NGOs and public sector; EHP providing interim technical and financial support. 	<ul style="list-style-type: none"> - Continue technical support to Alianza and partner NGOs to sustain and expand hygiene behavior change approach, - Transition/exit strategy activities such as linkages to new USAID/DR project - Additional (3rd) survey and analysis for Hato Mayor activity and final survey report covering three measurement points - Preparation and dissemination of final Activity report 	\$50K		\$50K (from USAID/DR ??)	<ul style="list-style-type: none"> Training workshops conducted by Alianza and materials distributed to NGOs and other users by Dec '03 -Final Hato Mayor survey conducted by Feb'04 -final Activity report completed by May '04
CESH.MG.WASH	none	<ul style="list-style-type: none"> - Provide assistance in WASH campaign. -Limited information to date. - Proposal received from WaterAid 	\$35K			Subcontract with WaterAid to support WASH campaign
CESH.LACSAN	<ul style="list-style-type: none"> - Completed and disseminated methodology - Conducted two regional workshops - Initiated follow-up 	<ul style="list-style-type: none"> - TA to USAI/Paraguay. -TA to USAID/Panama. - Ongoing dissemination of key products 			\$130K	<ul style="list-style-type: none"> - National workshop in Panama. - Development of sanitation plan in Itagua, Paraguay. - Participation in conferences and meetings.

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
CESH.UH.IN.Y5	<ul style="list-style-type: none"> - Subcontracted 5 local NGOs in Indore and hired local Indore coordinator - Hired local Jamshedpur coordinator - Organized and held Urban Health Symposium and essay contest - Created task force to develop Madhya Pradesh state-level plan for urban health - Participated in World Bank meeting - Developed new scopes of work and budgets 	<ul style="list-style-type: none"> - Establish UH Program offices in Indore and Jamshedpur - Launch program in Uttarhanchal and possibly 1 more area (Agra) - Expand city-based program to address additional child health priorities - Hold National Urban Health Conference - Carry out baseline surveys in Indore and possibly another city - Continue Advocacy efforts to GOI and others - Plan for transition to follow-on project 			\$980 K	<ul style="list-style-type: none"> -Operationalizing of Indore city-based program through NGO subcontracts and local coordinator - Indore situation analysis available
CESH.UH.ANE. EGYPT.Y5	<ul style="list-style-type: none"> - Desktop literature review of child health status and determinants completed and published - Developed initial scopes of work - Scoping visit carried out - Hired local coordinator - Began development of program parameters and baseline survey - Identified consultants and implementing partners - EHP Technical Director participated in working group to develop slum EH module for DHS - Situation analysis carried out - Stakeholder meeting held 	<ul style="list-style-type: none"> - Carry out hygiene improvement and other interventions in Cairo slum program - Hold ANE Urban Health Synthesis Workshop in India - Produce and distribute ANE Region advocacy/guidelines document with case studies and LL 			\$318 K	<ul style="list-style-type: none"> - Decision made not to subcontract but to engage a team of consultants for situation analysis - USAID/Egypt agreed to sample slums during interim DHS

Table of Funds for CESH - Year 5			
	SO3 Funds	SO5 Funds	Others
POLICY.Y5	\$ 50,000.00		
PM&E.Y5	\$ 45,000.00		
CESH TEAM.Y5	\$ 75,000.00		
NEPAL.Y5.HANDWASHING	\$ 65,000.00		
PERU.Y5.HANDWASHING	\$ 35,000.00		
WAWI.M&E.Y5	\$ 175,000.00		
DRC.SANRU.Y5	\$ 175,000.00		
CIMCI.PAHO.Y5	\$ 168,000.00		
DR.Y5	\$ 50,000.00		\$ 50,000.00
MG.WASH	\$ 35,000.00		
LACSAN			\$ 130,000.00
UH.IN.Y5			\$ 980,000.00
UH.ANE.EGYPT.Y5			\$ 318,000.00
SUBTOTAL	\$ 873,000.00	\$ -	\$ 1,478,000.00

TASK 4: ENVIRONMENTAL CHANGE AND HEALTH OUTCOMES (ECHO)

EHP's program on Environmental Change and Health Outcomes (ECHO) includes core components for integrated vector management, cross-sectoral surveillance, and capacity building. It also includes field activities that provide technical assistance to national disease control programs.

ECHO Core Activities

Integrated Vector Management

EHP has established strong partnerships with WHO/AFRO, the International Centre for Insect Physiology and Ecology (ICIPE) in Nairobi, and the Univ. of Durham (UK) to advance technical investigations and policy discussions on Integrated Vector Management (IVM), especially concerning the use of chemical and environmental methods for controlling larval populations of malaria vector mosquitoes. During Year 4, U. Durham laid the groundwork for new field trials of larval control methods; these will start in Year 5. EHP sponsored an international symposium on larval control methods during Year 3; this yielded an invitation to participate in two prominent sessions of the next ASTMH Annual Meeting, scheduled for December 2003 in Philadelphia. EHP has supported AFRO's efforts to develop and promote IVM over several years, including developing draft versions of IVM guidelines for use by national malaria control programs in Africa; the guidelines will be completed in Year 5. AFRO's initiative has convinced the malaria staff at WHO/HQ to consider adopting IVM as a framework for controlling vectors of human disease. In Year 5, EHP will help WHO/HQ convene an international advisory panel on malaria vector control.

Cross-Sectoral Surveillance

EHP is partnering with several organizations, including ICIPE, the International Research Institute for Climate Prediction at Columbia University (IRI), and the Danish Bilharziasis Laboratory, to develop and test methods for cross-sectoral surveillance (XS). An EHP working group reviewed XS program activities in Year 4 and endorsed the focus on risk mapping, epidemic forecasts, and routine surveillance. In Year 5, EHP will prepare a report summarizing key concepts and progress on this work, with examples from EHP field activities. EHP has supported applications of such methods in Eritrea and Nepal. For Eritrea, IRI has prepared several draft versions of malaria risk maps; these will be refined and completed in Year 5. IRI will also model the relationship between climate variables and malaria transmission in Eritrea, and use the results to prepare malaria risk forecasts for the country.

Capacity Building

EHP has supported annual meetings of the African Network for Vector Resistance (ANVR) for several years. EHP has also trained field technicians in entomological methods as part of on-going programs in Eritrea, Nepal, and Uganda. In Year 5, EHP will develop materials for a new course on field methods for evaluating vector control interventions, to be offered via the ANVR in association with WHO/AFRO. Our collaboration with WHO/AFRO over the last several years, and our field work in Eritrea, Uganda, and Zambia have revealed the dire shortage of skilled personnel in Africa for planning, implementing, and evaluating vector control programs. In Year 5, working with a broad cross-section of relevant institutions, EHP will help develop a general framework for building human resource capacity for IVM in Africa.

ECHO Field Activities

In Africa

Eritrea

EHP provides technical assistance to the National Malaria Control Program (NMCP) in Eritrea, to help strengthen its surveillance systems, operational research program, evidence-based decision making, and vector control operations. Over the last three years, EHP has supported a national survey of malaria vector species, longitudinal studies of vector dynamics and behavior, a national survey of malaria parasite prevalence, and field studies to determine the efficacy and effectiveness of mosquito larval control methods. EHP has also prepared malaria risk stratification maps for the country, supported planning for new entomological laboratories and sentinel surveillance sites, helped prepare and deliver a training program for new public health technicians, assembled an historical data set of reported malaria cases, and written a manual on epidemic preparedness and response.

In Year 5, EHP will continue support for the Village Pilot Program to assess the operational feasibility and effectiveness of larval control methods for mosquitoes. EHP will also continue work on malaria surveillance: assemble and analyze historical data on malaria program interventions; update malaria risk maps using historical case data; prepare epidemic forecasting models and provide risk estimates for the next transmission season; work with zonal malaria managers to use the risk maps, seasonal forecasts, and other data to support annual planning and evaluation; support start-up at the new entomology laboratory in Mendefera. EHP will also continue to support the public health training program and will assist the NMCP to integrate the first class of 30 public health technicians (due to graduate in December 2003) into the NMCP's zonal-level operations.

Uganda

EHP is supporting an operational field study and trial to determine whether controlling breeding sites for *anopheline* mosquitoes in two cities in Uganda will reduce malaria transmission in the adjacent urban areas. During EHP Year 4, EHP performed entomological and parasitological surveys to establish baseline data for four sites, two in Kampala and two in Jinja. Larval breeding sites were mapped, transmission rates were assessed, and prevalence rates were estimated for parasitemia in children 6 months to 5 years of age. Local partners (Ministry of Health, local governments, and community representatives) will meet in June to select the most appropriate methods for eliminating or controlling the breeding sites.

In EHP Year 5, the local partners will implement action plans to eliminate or reduce mosquito larvae in the selected breeding sites. EHP will support monitoring and assessment activities for the trial, including: surveying breeding sites to monitor the reduction of anopheline larvae, and monitoring to assess the impact of mosquito controls on malaria transmission and prevalence. EHP will also work with municipal and national authorities to evaluate the trial and develop recommendations on applying such controls and process in other urban areas in Uganda.

Zambia

EHP will begin providing technical assistance to the national malaria control program in Zambia during EHP Year 5. The first activity will support a training needs assessment for the program's vector control function and training on maintenance procedures for equipment used for indoor application of residual insecticides. Later in Year 5, EHP will help the malaria control program prepare national guidelines for the use of malaria vector control methods and plan future operational research on malaria vector distribution, behavior, and ecology. This work will be performed in collaboration with the MoH's National Malaria Coordination Centre (NMCC) and WHO's Southern Africa Malaria Control Program (SAMC).

In Asia

Nepal

EHP is the implementing mechanism for the HMG Nepal - USAID Program for the Prevention and Control of Selected Infectious Diseases in Nepal. Under this program, EHP provides technical assistance for improving control programs for kala-azar, Japanese encephalitis, and malaria. The program has made notable progress in improving available data and use of data, enhancing policy dialogue, strengthening disease surveillance, and expanding operational options for the disease control programs. For the past two years, EHP has focused on developing community-based interventions for kala-azar, while also continuing support for improvements to the Early Warning and Response System (EWARS), institutional development at the Vector-

Borne Disease Research and Training Centre in Hetauda, and cross-border collaboration with the kala-azar control program in India.

EHP's work in Nepal started under the EHPI contract, so the coming year (Year 5 of the EHPII contract) will be the sixth and final year of EHP activity in Nepal. During Nepal's year six, EHP's work will focus on achieving several key outcomes:

- Transitioning the community-based intervention activities to the National Family Health Program (USAID/Nepal's bilateral health program);
- Phasing down and completing activities such as EWARS support and cross border activities, for hand-over to the MoH's Epidemiology and Disease Control Division;
- Documenting evaluation results and other lessons learned within each of the five program objectives.

A work plan will be prepared and discussed with USAID Nepal and the MOH to determine the activities, resources, and specific steps for achieving the key outcomes.

South Asia

EHP is providing facilitative and technical support to help establish common surveillance procedures for priority vector-borne diseases in Bangladesh, Bhutan, India, and Nepal ("BBIN"), as part of the USAID Bureau for Asia and the Near East's (ANE) regional strategy for infectious diseases. The ANE program emphasizes support to help national institutions share information and monitor regional trends, including the prevalence and incidence of malaria, kala azar, and Japanese encephalitis (JE), and levels of resistance to anti-malarial drugs (MDR). To date, EHP's assistance has helped establish a general agreement among the BBIN countries to harmonize their surveillance methods, and specific agreements on the use of standard case definitions, diagnostic methods, and reporting protocols for JE and MDR. EHP's work has also helped establish closer coordination and greater momentum on these issues among national and regional institutions, including the WHO Regional Office for South East Asia (WHO/SEARO).

In Year 5, EHP will work with national and regional counterparts to support: a national conference in India on JE surveillance and case management; coordinated MDR studies in Jhapa District, Nepal and West Bengal, India; continued advocacy for adopting standard protocols for JE and MDR surveillance in Bangladesh and Bhutan; and continued operation of the BBIN Website, as a primary mechanism of regional information sharing.

Central Asia

USAID/Almaty is providing financial support for malaria control activities in Central Asia, in collaboration with Merlin International (a British NGO) and the WHO Regional Office for Europe (WHO/EURO). Because the planned activities include use of indoor spraying with

residual insecticides, and insecticide-treated bednets, the mission must prepare a Pesticide Evaluation Report and Safe Use Action Plan (PERSUAP) to satisfy USAID requirements for environmental review. EHP will provide technical assistance to the mission for preparing the PERSUAP.

EHP Year 5 Work Plan – ECHO Core Activities

Integrated Vector Management

Charge Code	Progress to Date	Projected Year 5				
		Description	Budget			Milestones
			SO3	SO5	OTHER	
E.V.5.LCSTUDIES	<ul style="list-style-type: none"> - Study protocols developed - Two sites identified for new studies - Leads developed for selecting a 3rd site - Budget requirements for 2-year study refined 	Develop evidence of effective larval control methods for malaria control in Africa		\$175K ¹		New field studies initiated – 2 nd Qtr
E.V.5.ASTMH	<ul style="list-style-type: none"> - Larval control methods tested in Eritrea and Uganda - International symposium held on use of larval control methods for malaria vectors in Africa - EHP invited to present results and chair session at the ASTMH Annual Meeting 	Report progress from the Eritrea Village Pilot Program & LCStudies at the ASTMH Annual Meeting in Dec 2003		\$27K		Papers presented at ASTMH Meeting – 2 nd Qtr
E.V.5.IVMFMWK	<ul style="list-style-type: none"> - Draft IVM Framework prepared 	Work with WHO/MAL to prepare global framework for IVM		\$25K		IVM Guidelines published as EHP Activity Report – 3 rd Qtr
E.V.5.WHOPANEL	<ul style="list-style-type: none"> - Worked with WHO/AFRO on IVM guidance - Worked with WHO/HQ on vector control program needs assessment protocol - Asked to help WHO/HQ form a Technical Advisory Panel on malaria vector control 	Support formation of WHO Technical Advisory Panel on IVM		\$50K		WHO Technical Advisory Panel convened – 2 nd Qtr
E.V.5.INFODIS		Disseminate information on IVM		\$5K		
E.V.5.MANAGE		Manage the IVM program		\$35K		
E.V.5.IVMPSHIP	<ul style="list-style-type: none"> - Supported formation of IVM partnership for Africa 	Document progress in promoting IVM in Africa and support partnership meeting		\$32K		Activity report on IVM in Africa – 3 rd quarter

¹ Includes \$99K of SO5 funds carried over from EHP Year 4

EHP Year 5 Work Plan – ECHO Core Activities (continued)

Cross-Sectoral Surveillance

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget			
			SO3	SO5	OTHER	
E.X.ER4.RISKSTRAT	- Draft malaria risk maps prepared for Eritrea	Revise malaria risk maps to reflect malaria case data				- Revised malaria risk maps – 1 st Qtr
E.X.ER5.FORECAST	- Malaria risk models prepared and historical case data assembled	Prepare epidemic forecasting models for malaria in Eritrea		\$60K ²		- Provide malaria risk forecasts for 2004 – 3 rd Qtr
E.X.5.XSREPORT	- XS Technical Working Group endorsed focus on risk stratification, epidemic forecasting, and routine surveillance	Prepare report on key concepts and progress for the XS program		\$30K		- EHP Activity Report: Improving Malaria Surveillance – 1 st Qtr
E.X.5.INFODIS		Disseminate information on XS		\$10K		
E.X.5.MANAGE		Manage the XS program		\$30K		

Capacity Building

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget			
			SO3	SO5	OTHER	
E.X.5.VCEVALMETH	New activity in Year 5	Prepare course on field methods for targeting and evaluating vector control interventions		\$45K ²		- Complete course syllabus and materials – 1 st Qtr
E.V.5.CAPFRAME	New activity in Year 5	Prepare a framework for building human resource capacity for IVM programs in Africa		\$50K		- EHP Activity Report: Framework for Building IVM Capacity in Africa – 4 th Qtr

² Funded with SO5 funds carried over from EHP Year 4.

EHP Year 5 Work Plan – ECHO Field Activities

Activities in Africa

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget			
			SO3	SO5	OTHER	
Eritrea E.X.ER5.xxx	<ul style="list-style-type: none"> - Baseline data collected for malaria prevalence, vector distribution & behavior, and larval ecology - Efficacy of larvicides demonstrated - Operational trials for use of larval control underway - Surveillance protocols defined for sentinel sites - Draft malaria risk maps developed - Historical data set compiled for malaria cases - Epidemic preparedness manual completed - Public health technicians (PHTs) trained - Field entomology technicians trained - Other malaria operational research supported 	<ul style="list-style-type: none"> - Continue operational trials for larval control methods - Continue supporting improvements in malaria surveillance and data use. - Help integrate new PHTs into the malaria control program 			\$600K	Risk maps revised based on malaria case data – 2 nd Qtr Impact of malaria interventions evaluated – 3 rd Qtr Results reported for 2 nd Year of Village Pilot Program – 4 th Qtr
Uganda E.V.5.UG.xxx	<ul style="list-style-type: none"> - Identified breeding sites - Completed entomological and clinical surveys to collect pre-intervention data on larval productivity, entomological inoculation rate, and parasite prevalence - Identified potential methods for controlling active breeding sites - Initiated consultative process to select interventions and develop action plans 	<ul style="list-style-type: none"> - Local partners will implement action plans to control mosquito breeding sites - Provide TA for implementing and monitoring intervention 		\$50K	\$150K	Interventions started at two sites – 1 st Qtr Entomologic and clinical data collected to monitor impact – 2 nd and 3 rd Qtr Results reported – 4 th Qtr

Charge Code	Progress to Date	Description	Projected Year 5			Milestones
			Budget			
			SO3	SO5	OTHER	
Zambia E.V.5.ZAM.xxx	New activity in EHP Year 5	<ul style="list-style-type: none"> - Support training needs assessment and workshop on sprayer maintenance - Prepare guidance on vector control - Design studies on malaria vectors 		\$50K	\$50K	<ul style="list-style-type: none"> - Training needs assessment completed – 1st Qtr - Vector control manual completed – 3rd Qtr

EHP Year 5 Work Plan – ECHO Field Activities

Activities in Asia

Charge Code	Progress to Date	Projected Year 5				
		Description	Budget			Milestones
			SO3	SO5	OTHER	
Nepal E.X.NE6.xxx	<ul style="list-style-type: none"> - Pilot activities implemented in two districts for prevention and control of malaria and kala-azar (KA) -- BCC, training, health system improvements - Changes in EWARS implemented to improve data collection and data analysis - KA drug trials underway at local research institution - VBDRTC staff development supported - Policy environment improved for dialogue on improving KA control and treatment - Cross-border collaboration started with Bihar State, India to improve KA surveillance and control - Partnerships with AFRIMS and other institutions established, maintained, and strengthened through joint collaboration on operations research with MOH (EDCD) 	Phase out USAID support to VBDRTC Evaluate changes to Early Warning and Reporting System Implement KA interventions in two districts Recommend steps for scaling up KA interventions Support HMG Nepal collaboration with India to improve KA and malaria surveillance			\$1452K ³	Transition plan for Year 6 – 1 st Qtr Recommendations on scaling up KA interventions -- 2 nd Qtr Malaria Drug Resistance study report (Nepal) – 2 nd Qtr Evaluation of EWARS improvements – 3 rd Qtr

³ Includes \$352K in funds from USAID/Nepal field support carried over from EHP Year 4 (Nepal Year 5).

Charge Code	Progress to Date	Projected Year 5				
		Description	Budget			Milestones
			SO3	SO5	OTHER	
South Asia E.X.5.ANE.xxx E.X.5.IN.xxx	<ul style="list-style-type: none"> - Network established of vector-borne disease control officers from Bangladesh, Bhutan, India, and Nepal (BBIN) - Standard surveillance procedures promoted for Japanese encephalitis (JE), KA, and anti-malarial drug resistance (MDR) among BBIN countries - India and Nepal are collaborating on cross-border activities for MDR and JE - India and Nepal have adopted standard surveillance methods for JE and MDR 	JE surveillance workshop in India MDR studies in India and Nepal Advocacy for JE and MDR surveillance in Bangladesh & Bhutan Maintain BBIN website			\$205K ⁴	Report from JE Workshop in India – 1 st Qtr Malaria Drug Resistance study report (India) – 2 nd Qtr EHP Activity Report summarizing work to improve VBD surveillance in South Asia – 3 rd Qtr
Central Asia E.V.5.CAR.xxx	New activity in EHP Year 5	Prepare draft Pesticide Evaluation Report and Safe Use Action Plan for use by USAID/CAR			\$30K	- PERSUAP completed – 1 st Qtr

⁴ Includes \$100K in funds from USAID/ANE Bureau carried over from EHP Year 4

Table of Funds for ECHO XS - Year 5			
	SO3 Funds	SO5 Funds	Others
E.V.5.LCSTUDIES		\$ 175,000.00	
E.V.5.ASTMH		\$ 27,000.00	
E.V.5.IVMGUIDE		\$ 25,000.00	
E.V.5.WHOPANEL		\$ 50,000.00	
E.V.5.INFODIS		\$ 5,000.00	
E.V.5.MANAGE		\$ 35,000.00	
Reserve for Contingency		\$ 32,000.00	
E.X.ER4.RISKSTRAT			
E.X.ER5.FORECAST		\$ 65,000.00	
E.X.5.XSREPORT		\$ 30,000.00	
E.X.5.INFODIS		\$ 10,000.00	
E.X.5.MANAGE		\$ 30,000.00	
E.X.5.VCEVALMETH		\$ 45,000.00	
E.V.5.CAPFRAME		\$ 50,000.00	
E.X.ER5.XXXX		\$ 60,000.00	\$ 600,000.00
E.V.5.UG.XXXX		\$ 50,000.00	\$ 150,000.00
E.V.5.ZAM.XXXX		\$ 50,000.00	\$ 50,000.00
E.X.NE6.XXXX			\$ 1,452,000.00
E.X.5.ANE.XXXX - E.X.5.IN.XXXX			\$ 205,000.00
E.V.5.CAR.XXXX			\$ 30,000.00
SUBTOTAL	\$ -	\$ 739,000.00	\$ 2,487,000.00

TASK 5: ECHO/IP

The central hypothesis of ECHO/IP is that by integrating activities in natural resources management, population, and health, these activities will be more effective and sustainable than if they were implemented vertically. EHP's efforts in this area have focused exclusively on Madagascar. The purpose of the Madagascar activity is test this hypothesis to determine if such benefits occur when activities are integrated.

Over the past four years, EHP has accomplished the following:

- Established a partnership (Voahary Salama) of Malagasy organizations as a mechanism to coordinate integrated activities. Voahary Salama is now a legal association and EHP assisted VS in developing a plan to expand its capacity including the ability to raise and manage its own funds.
- Conducted a baseline survey in 2001 that will provide a basis for evaluating program effectiveness over time
- Established a local EHP office staffed by Malagasy professionals that serves as the secretariat for Voahary Salama
- Provided direct support to two local NGOs to implement integrated activities at the community level.
- Strengthened the capacity of local NGOs to implement integrated activities.
- Developed three model approaches and IEC materials for integrating activities at the community level
- Disseminated the results of this activity so that Voahary Salama is now a widely recognized example of integration in the international community

At the end of Year 4, the concept of integrated programming has become well accepted by USAID/Madagascar and this activity is gaining ever increasing international exposure as a prime example of the value of integrated programming. USAID has increased its field support to EHP and the Office of Population has agreed to provide an additional \$200,000 from the Flexible Fund. Integrated activities are now being implemented in communities totaling 120,000 people.

The focus of Year 5 will be the following:

- Develop and implement a plan for the \$200,000 from the Flexible Fund
 - Conduct a post intervention survey to determine whether the integration of activities has resulted in increased program effectiveness
 - Continue direct support to three local NGOs
 - Continue development of integrated approaches and the strengthening the capacity of NGOs to implement them.

- Continue the institutionalization of Voahary Salama. This will include entering into a subcontract with Voahary Salama in September 2003 for its management instead of funding these directly through EHP's local office.
- Document and disseminate the results of the activity.

EHP Year 5 WorkPlan – ECHO/IP

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
EI.MG5	<ul style="list-style-type: none"> - Support provided to two NGOs - Several tools for integration developed and being implemented - Continued role in acting as secretariat for Voahary Salama - Strategy for institutionalizing developed Presentations planned for Montreal and GHC	<ul style="list-style-type: none"> - post intervention survey - continued support to two NGOs - direct support to institutionalization of VS - ongoing strengthening of local NGOs - reporting and dissemination 	\$50K		\$250K	<ul style="list-style-type: none"> - Subcontract with VS - Post-intervention survey completed - Final summary activity report

TASK 6: INFORMATION CENTER

Overview

Task #6 under Task Order1 is to establish an information center to support all other tasks in the documentation and dissemination of EHPII reports and contract deliverables. The Information and Communication Unit established under EHPI laid a solid foundation on which to build the EHPII Information Center (IC). IC's basic strategy is to make documentation and dissemination an integral part of EHPII activities. The basic approach to implement the strategy is to use electronic transmission (web and email) as the principal channel for information sharing and dissemination, utilizing existing and new technologies, existing and new information products, and existing and new partners. The Center's activities will be closely aligned with and supportive of EHP II's Tasks 2, 3 and 4. IC will play a key role in disseminating EHPII results and lessons learned within and outside the Agency.

Expected Results

Subtask 1: Strategy support to Tasks #2, #3 and #4. (IC.Y5.STRAT.SUP)

Support to EHP staff and USAID staff is provided related to information needs, conference and meeting support, documentation, production and dissemination of work plans, annual reports, quarterly reports, lessons learned and end-of-project report.

Subtask 2: Partnerships with other centers, organizations and services with complementary capabilities and specialties for information exchange, sharing of technologies, and to reach an expanded audience. (IC.Y5. PARTNS)

- Partnerships are developed for information exchange, joint provision of services, sharing of technologies, to reach an extended audience and for "long-term" dissemination of information.

Subtask 3: Provide information and dissemination services. (IC.Y5. SERV)

- Support to EHP staff is provided for documentation, production and dissemination of contract deliverables and key products developed under EHP's key focus areas.
- An end-of-project transition plan to ensure "long-term" information dissemination is developed and implemented. This will be an important year 5 activity. "Long-term" dissemination of information will ensure that information, data, lessons learned and products from EHPII will be available on an ongoing basis at the end of the project, and

that the information will become part of the institutional memory of USAID and other selected organizations working in environmental health.

EHP Year 5 WorkPlan – Information Center

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
IC.Y5.STRAT	<ul style="list-style-type: none"> - Support to contract deliverables <ul style="list-style-type: none"> • 1 WorkPlan (Year 4) • 1 Annual Report (Year 3) • 5 Quarterly Reports - Conference support <ul style="list-style-type: none"> • Africa Sanitation • WSSD • MIM • Workshops in Peru, Honduras and Nicaragua • Aga Khan • Global Health Council Conference - Literature searches based on information requests 	<ul style="list-style-type: none"> - Support to contract deliverables <ul style="list-style-type: none"> • LL document • EOP report • ARs and QRs - Support to conferences - Literature searches based on information requests 	\$ 61K			Brief and CDROM on LL from EHP (1999-2004), documented, developed and disseminated
IC.Y5.PART	<ul style="list-style-type: none"> - Partnerships established with PSSMC, IRC/Delft, Malaria Consortium, Health Information and Publications Network (HIPNET); PHNIP; DEC. 	<ul style="list-style-type: none"> - Partnerships for institutionalization of EHP information 	\$27.5K			

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
IC.Y5.SERV	<ul style="list-style-type: none"> - Responded to information requests - HP website update and maintenance - Bulletins—newsletter, malaria bulletins, hygiene updates - Webliographies - Published <ul style="list-style-type: none"> • 8 activity reports • 7 strategic reports • 2 joint publications • 9 EHP Briefs - Archived 61 reports to the file 	<ul style="list-style-type: none"> - Respond to information requests - HP website - Bulletins - Webliographies - Publication and dissemination support - Institutionalization of EHP information 	\$210.5K	\$80k		End-of-project transition plan for EHP information products (reports, posters, brochures, etc) developed and implemented
IC TOTAL FOR YEAR 5			\$300K	\$80K		

EHP Year 5 WorkPlan – Genoff/Closeout

Charge Code	Progress to Date	Projected Year 5				Milestones
		Description	Budget ¹			
			SO3	SO5	OTHER	
GENOFF.Y5.LABOR	- General Support to EHP	General Support to EHP	\$200K		\$550K	
GENOFF.Y5. CLOSEOUT		Closeout	\$15K			

Financial Summary

Table 1

**EHP YEARS 1, 2, 3, and 4
June 21, 1999 - June 30, 2003
Financial Summary by Funding Source**

Task	Years 1, 2, 3, & 4 Actuals/ Accruals*	G/PHN			Non-G/PHN
		SO1	SO3	SO5	
1. WORKPLAN	\$ 540,000	-	\$ 474,000	\$ 66,000	-
2. LESSONS LEARNED AND POLICY SUPPORT	\$ 3,058,050		\$ 2,853,595	\$ 144,000	\$ 60,455
3. CESH/URBAN HEALTH	\$ 6,798,145	-	\$ 2,744,078 (2)	-	\$ 4,054,067
4. ECHO/XS	\$ 8,030,445	-	\$ 477,600 (1)	\$ 2,133,769	\$ 5,419,076
5. ECHO/IP	\$ 1,003,258	\$ 454,832	\$ 448,426	-	\$ 100,000
6. IC	\$ 1,453,312	-	\$ 1,220,312	\$ 233,000	-
GENERAL OFFICE SUPPORT	\$ 2,585,560	-	\$ 1,489,299	-	\$ 1,096,261
START-UP	\$ 184,997	-	\$ 184,997	-	-
TOTAL	\$ 23,653,767	\$ 454,832	\$ 9,892,307	\$ 2,576,769	\$ 10,729,859

*Actual cost through April 2003, plus estimated accruals through June 2003

(1) EHP1 Commitments

(2) Includes EHP1 Commitment (\$75,000)

Table 2						
Year 5						
July 1, 2003 - June 21, 2004						
Financial Summary by Funding Sources						
TASK	Projected Budget					Carryover to Y5
	Budget	G/PHN FY 03			FY 03 Non G/PHN	
		SO1	SO3	SO5		
1. Workplan Y5	\$ -					
2. Lessons Learned & Policy Support	\$ 699,000.00		\$ 549,000.00	\$ 100,000.00	\$ 50,000.00	
3. CESH & Urban Health	\$ 2,351,000.00		\$ 873,000.00		\$ 1,478,000.00	
4. ECHO/XS	\$ 3,166,000.00			\$ 470,000.00	\$ 2,035,000.00	\$ 661,000.00
5. ECHO/IP	\$ 550,000.00	\$ 300,000.00	\$ 50,000.00		\$ 200,000.00	\$ 40,000.00
6. ICU	\$ 380,000.00		\$ 300,000.00	\$ 80,000.00		
7. General Office Support/Closeout	\$ 215,000.00		\$ 215,000.00			
TOTAL	\$ 7,361,000.00	\$ 300,000.00	\$1,987,000.00	\$ 650,000.00	\$ 3,763,000.00	\$ 701,000.00

Table 3				
EHP Funds Available				
July 1, 2003				
	FY 03	Carryover to Y5	Total Funds Available	Year 5 Budget
PHN				
SO1	\$ 350,000.00	\$ 80,000.00	\$ 430,000.00	
SO3	\$2,035,000.00		\$ 2,035,000.00	
SO5	\$ 650,000.00	\$ 300,000.00	\$ 950,000.00	
Subtotal PHN	\$3,035,000.00		\$ 3,415,000.00	
MAARDS & FIELD SUPPORT				
India - Urban	\$ 850,000.00	\$ 80,000.00	\$ 930,000.00	
India - ID	\$ 105,000.00		\$ 105,000.00	
ANE/Egypt	\$ 100,000.00	\$ 300,000.00	\$ 400,000.00	
ANE/ID	\$ 50,000.00	\$ 100,000.00	\$ 150,000.00	
Nepal	\$1,100,000.00	\$ 352,000.00	\$ 1,452,000.00	
LAC	\$ 65,000.00	\$ 125,000.00	\$ 190,000.00	
Eritrea	\$ 500,000.00	\$ 125,000.00	\$ 625,000.00	
Madagascar	\$ 200,000.00	\$ 40,000.00	\$ 240,000.00	
Uganda - IV	\$ 50,000.00		\$ 50,000.00	
Uganda (MAARD)	\$ 80,000.00		\$ 80,000.00	
CAR	\$ 7,910.00		\$ 7,910.00	
Zambia	\$ 80,000.00		\$ 80,000.00	
Dom. Republic (MAARD)	\$ 122,000.00		\$ 122,000.00	
Egypt/MCW	\$ 100,000.00		\$ 100,000.00	
DRC/MCW	\$ 25,000.00		\$ 25,000.00	
Subtotal MAARDS & Field Support	\$3,434,910.00	\$1,122,000.00	\$ 4,556,910.00	

