



Neglected Tropical Disease Control Program

Semi-annual Report

October 1, 2010 – March 31, 2011

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Neglected Tropical Disease Control Program

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List of Acronyms

ALB	Albendazole
AOTR	Agreement Officer Technical Representative
APOC	African Programme for Onchocerciasis Control
APS	Annual Program Statement
CDC	Center for Disease Control
CDP	Child Days Plus
CNTD	Centre for Neglected Tropical Diseases
FGAT	Funding Gap Analysis Tool
FOG	Fixed obligation grant
GNNTD	Global Network for Neglected Tropical Diseases
HKI	Helen Keller International
IEC	Information, Education and Communication
IMA	IMA World Health
ITI	International Trachoma Initiative
IRs	Intermediate Results
LATH	Liverpool Associates in Tropical Health
LF	Lymphatic Filariasis
LOA	Letter of Authorization
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MOH	Ministry of Health
MOHFW	Ministry of Health and Family Welfare
MOHSW	Ministry of Health and Social Welfare
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
NTP	National Trachoma Program
OV	Onchocerciasis
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
PZQ	Praziquantel
RFA	Request for Application
RTI	RTI International
SCH	Schistosomiasis
SCI	Schistosomiasis Control Initiative, Imperial College, London
STH	Soil-Transmitted Helminthiasis
TAG	Technical Advisory Group
TAS	Transmission Assessment Surveys
TFGH	Task Force for Global Health
TRA	Trachoma
USAID	United States Agency for International Development
VHT	Village Health Teams
WHO	World Health Organization

1. Summary

Program Planning, Management and Reporting

Since October 1, 2006, the Program has received \$94,994,320 in funding. Less than 17% of total Program funds have been expended for overall management of the Program and its grants, monitoring and evaluation and reporting, documentation of best practices, technical advisory group meetings and advocacy activities.

A one-year no-cost extension of the cooperative agreement to September 30, 2012 was approved to ensure that MDA activities are fully supported and funding streams will be continuous for the approved activities during the entire work plan period. Additionally, the Program worked closely with USAID to identify appropriate timing for moving individual country programs to the USAID END in Asia and END in Africa projects and to plan for program overlap in countries where new grantees will implement MDA activities.

Direct Implementation of Integrated NTD Control

The Program provided support for integrated NTD control programs in the following countries during the first half of Year 5: Bangladesh, Burkina Faso, Cameroon, Ghana, Guinea, Haiti, Indonesia, Mali, Mozambique, Nepal, Niger, Philippines, Senegal, Sierra Leone, Southern Sudan, Tanzania, Togo, Uganda, and Viet Nam. Highlights of the first half of Year 5 achievements are summarized in Section 3.

Seven country programs conducted MDAs during the first half of Year 5 (Cameroon, Ghana, Haiti, Nepal, Sierra Leone, Southern Sudan, and Uganda), for a preliminary total of 30.5 million treatments delivered and 16.6 million people treated. MDA is ongoing in Cameroon, and data is currently being collected in Ghana, Nepal, and Uganda. Most of the country programs exceeded the targeted 80% program coverage.

In order to measure impact of MDA on disease prevalence, the NTD Control Program supported disease-specific assessments in Bangladesh, Haiti, Mali, Nepal and S. Sudan.

Technical assistance was provided to support grantees and country counterparts in work plan development, survey protocol and mapping, data analysis and data collection and reporting against Program indicators.

The Program has continued to work with representatives from WHO, CDC, TFGH and MSH to develop an international training curriculum for NTD Country Program Managers. We anticipate draft training materials ready for testing by end of Year 5. We also began the process of implementing a number of important updates and revisions to the Funding Gap Analysis Tool (FGAT), including a number of new and improved capabilities, a new user interface, as well as some reorganization of the modular design of

the tool which we believe will offer a more powerful and easier to use tool for NTD Program Managers. A new updated Beta tool will be ready to pilot by Q3.

Grants Administration for Country Programs

RTI conducted on-going monitoring of grant partners for compliance to OMB Circular A-133 audit requirements for US organizations or A-133 equivalent audit requirements for non-US organizations. Our grantees are meeting these requirements.

RTI finalized negotiations with IMA World Health on their grant to support NTD control activities in Tanzania. As the grantee equivalent in Nepal, RTI negotiated and issued a fixed obligation grant (FOG) to the National Trachoma Program (NTP) of Nepal accordance with our approved work plan. In Uganda, where RTI is also the grantee equivalent, Eighty-three (83) FOGs were issued to districts. The period of performance for these grants are October 1, 2010 to May 31, 2011 (40 Districts) and March 1 to June 30, 2011 (43 Districts). All partners are reporting cost share and RTI continues to monitor their progress towards meeting the requirements.

Technical Advisory Group

During the first half of Year 5, the planned TAG to define best approaches to schistosomiasis control and elimination was convened by WHO's NTD department, with planning and participant financial support by the NTD Control Program.

Documentation and Dissemination of Program Lessons

During the reporting period, the Program conducted a range of activities to highlight program success and share experience to date. Specific activities included updating of Program website, making presentations for partners and at technical meetings as well as publishing reports and publications, including *Integrated Implementation of Programs Targeting Neglected Tropical Diseases (NTDs) Through Preventive Chemotherapy (PCT): 1. Proving the Feasibility at National-Scale* published by the American Journal of Tropical Medicine and Hygiene in January 2011.

Advocacy and Resource Mobilization

During this reporting period, advocacy and resource mobilization efforts focused on strengthening, developing, and implementing country-level sustainability plans for NTD control. Advocacy activities and their results are highlighted in Section 7.

Monitoring and Evaluation

The focus of M&E activities during the first half of Year 5 was to generate Program results, to provide support to grantees and country programs for implementation of Program M&E requirements and M&E activities, and to develop international M&E

tools, standards and guidelines. During this reporting period, Year 4 Program results were finalized and will be incorporated into a manuscript for publication on identifying effective strategies for implementing integrated programs targeting NTDs through PCT. The Program has also worked closely with USAID to develop methods to demonstrate progress towards impact such as reductions in disease prevalence.

The M&E database has continued to evolve. Over the reporting period, it has been reorganized to facilitate the growing amount of information collected by the NTD control program and the dynamic reports needed by the program.

Program staff continued work with WHO to develop international standards and norms for integrated monitoring and evaluation guidelines for NTD control including contributions to the development of WHO's "Monitoring and Epidemiological Assessment of Mass Drug Administration in the Global Programme to Eliminate Lymphatic Filariasis: A manual for national elimination programmes."

Key Lessons Learned and Best Practices

Several lessons learned and best practices, including lessons regarding M&E for NTD Control, program management and integrated distribution platforms have been included in Section 9.

2. Program Planning, Management, Monitoring and Evaluation, and Reporting

2.1 Program Planning

A one-year no-cost extension of the cooperative agreement to September 30, 2012 was approved to ensure that MDA activities are fully supported and funding streams will be continuous for the approved activities during the entire work plan period. Year 5 Work Plans were finalized in Q1, with many grantees benefiting from completing the funding gap analysis tool (FGAT) for Year 5 to support a more efficient and improved work planning process based on realistic cost and epidemiologic data. Further, the FGAT results allowed grantees to develop cost-effective budgets and program managers to make better-informed decisions for its funding allocations. Additionally, the Program worked closely with USAID to identify appropriate timing for moving individual country programs to new funding mechanisms and plan for program overlap in countries where new grantees will implement MDA activities. RTI met separately with all grantees to make certain each was informed about transition plans for USAID-supported countries from the RTI led-Program to USAID's END in Africa and END in Asia projects. Burkina Faso and Niger - the first NTD Control Program country programs to transition to new funding mechanisms – required additional focus and site visits to ensure work plan deliverables were complete and ready for handover.

2.2 Program Management

Personnel

During this reporting period, the Program realigned staff responsibilities to accommodate job functions previously performed by Mary Linehan, Operations Director. Mary left the Program in February 2011 to accept a position with USAID Indonesia. Dr. Eric Ottesen, Technical Director increased his time to 75% and assumed full technical leadership of the Program; and Amy Doherty was promoted to take on many of the operations functions that Mary carried out. Margaret Davide-Smith assumed her role as the new Grants Manager in mid-October 2010; and Ruth Yohannes expanded her deputy grants management functions to include project administration. Recruiting to fill the Program Associate position left vacant by the departure of Samantha Reich is ongoing.

Expanding Partnerships

During the first half of Year 5 the Program continued to strengthen its close working relationships with key stakeholders and global NTD partners to assure the Program's access to key expertise and close collaboration in planning and allocation of NTD resources. As a result, the Program was able to make a significant contribution to the global dialogue on NTD control and the development of international standards and norms for integrated NTD control, as provided in Section 5. Additionally, the Program continued to work collaboratively with representatives from WHO, CDC and the Task Force for Global Health (TFGH) to develop the International Training Course for NTD Program Managers as detailed in Section 3.6. The course is a strong collaborative effort that will result in the formalization of international best practices for NTD PCT implementation, incorporating the experiences of the NTD Control Program as well as WHO norms and guidelines.

Cost Efficiencies

Demonstrating cost efficiency is a critical mandate of the NTD Control Program. Analysis of expenditures during the first four years of the Program show that RTI has successfully achieved the cooperative agreement mandate of assuring that at least 80% of program funds are spent on country program implementation. Through this reporting period the Program received \$94,994,320 in funding. Less than 17% of total Program funds have been expended for overall management of the Program and its grants, monitoring and evaluation and reporting, documentation of best practices, technical advisory group meetings and advocacy activities. During the reporting period, RTI continued to seek cost-effective ways to manage the Program's funding.

In Uganda RTI utilizes fixed obligation grants as a cost-saving strategy, dramatically reducing the management and labor costs, and shifting MDA implementation costs to grants, to which overhead fees are not applied. A similar approach will be replicated in

Indonesia where planning began to support 14 districts to conduct MDA activities during Year 5.

RTI, in discussion with USAID, also provided direct financial management and technical assistance to country programs such as funding a situation analysis in Bangladesh and a country assessment in Indonesia as well as other direct implementation activities, in place of establishing grantees in all countries as a cost-efficient approach to supporting national programs' needs.

And finally, Dr. Ottesen's joint appointment with RTI and the Task Force provides significant opportunity for cross-collaboration among donation programs, the NTD Control Program, and Gates-funded program activities. Dr. Ottesen attends a broad range of NTD-related meetings in his capacity with the Task Force, and is able to use his presence to represent the interests of the NTD Control Program at greatly reduced travel cost, while assuring the Program's visibility in a much wider range of critical meetings.

2.3 Program Reporting

Financial Reports

RTI submitted financial reports in accordance with 22 CFR 226.52. A pipeline analysis is included as Appendix B.

Annual Work Plan

The Year 4 Work Plan was submitted October 1, 2010. Comments for USAID were incorporated into a revised draft which was submitted on October 8, 2010.

Semi-Annual Program Reports

The Semi-Annual Program Report for the period April 1-September 30, 2010 was submitted November 8, 2010.

Additionally, the NTD Control Program management team briefed the USAID AOTR and other relevant USAID staff on Program progress on a regular basis, and prepared bi-weekly or monthly NTD Control Program Updates for USAID to share with Missions in participating countries.

Table 1. Program Planning, Management and Reporting Achievements

Program Planning, Management, M&E, and Reporting Benchmarks	Oct	Nov	Dec	Jan	Feb	Mar
Program Planning						
Comprehensive pipeline analysis completed	X			X		
Year 5 Work plan submitted to USAID	X					
Country Program work plans submitted and reviewed	X					
Program Management						
Grants Manager (Davide-Smith) hired	X					
Program Associate, (Reich) vacated			X			
Operations Director (Linehan) vacated					X	
Reporting						
Semi-Annual Report submitted to USAID	X					
SF 269 and SF 272 reports submitted to USAID	X			X		

3. Direct Implementation of Integrated NTD Control

3.1 Overview

The Program provided support for integrated NTD control programs in the following countries during the first half of Year 5: Bangladesh, Burkina Faso, Cameroon, Ghana, Guinea, Haiti, Indonesia, Mali, Mozambique, Nepal, Niger, Philippines, Senegal, Sierra Leone, Southern Sudan, Tanzania, Togo, Uganda, and Viet Nam. Highlights of the first half of Year 5 achievements are summarized below. Note that at the time of this report, all data are preliminary and based on reported coverage information. Data will be updated and finalized during Q3 of Year 5.

3.2 Coverage of mass drug administration

Seven country programs conducted MDAs during the first half of Year 5 (Cameroon, Ghana, Haiti, Nepal, Sierra Leone, Southern Sudan, and Uganda), for a preliminary total of 30.5 million treatments delivered and 16.6 million people treated. MDA is ongoing in Cameroon, and data is currently being collected in Ghana, Nepal, and Uganda. Results

will be finalized in the second half of Year 5. Most of the country programs exceeded the targeted 80% program coverage, as indicated in Table 2.

Table 2: Results of USAID-Supported MDA in Year 5, Q1-2

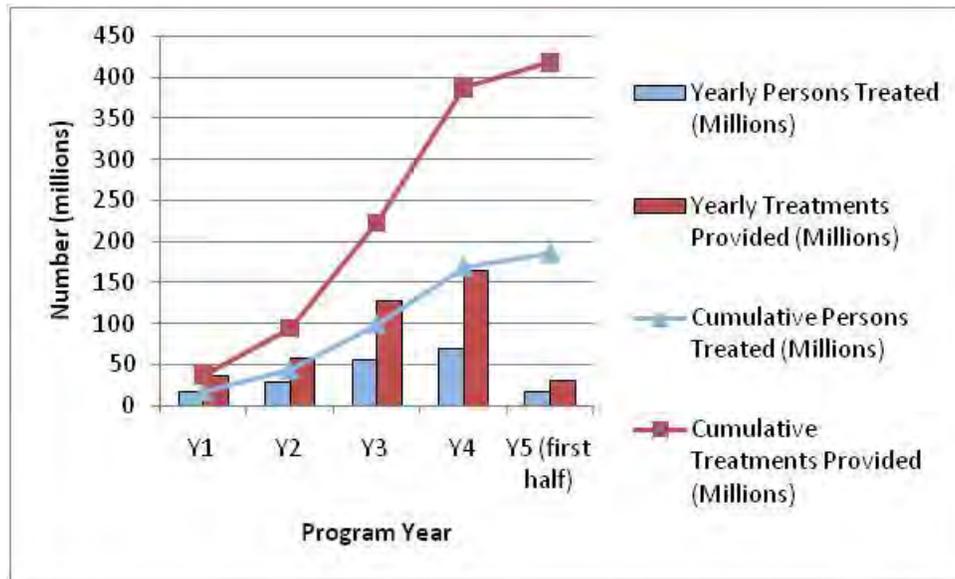
Country	Drugs Delivered	# Districts Treated	# Persons Treated (millions)	# Treatments Delivered (millions)	Program Coverage % (Range across drug packages)**
Cameroon	IVM, ALB	MDA Ongoing	MDA Ongoing	MDA Ongoing	Data collection ongoing
Ghana	IVM, ALB	130	7.2	16.4	77-85
Haiti	DEC, ALB	42	2.6	5.6	99
Nepal	DEC, ALB	36	Data collection ongoing	Data collection ongoing	Data collection ongoing
Sierra Leone	IVM, ALB	12	3.6	7.1	92
South Sudan	PZQ, ALB	1	.0038	.0076	11
Uganda	IVM, ALB, PZQ	6	.954	1.4	71-100

*This is preliminary data and will be finalized during the second half of the year.

**The denominator is the total eligible population targeted, which is sometimes subject to underestimates that can result in coverage calculations to exceed 100%.

Cumulatively, the NTD Control Program has supported MDA to approximately 185 million people with 418 million treatments during the first four and a half years of the Program, as indicated in Figure 1.

Figure 1. NTD Control Program Scale-Up: Years 1-5 (1st half)



3.3 Additionality

During the first half of Year 5, the NTD Control Program achieved significant additionality in all of the following areas:

- mapping of new geographic areas
- disease-specific assessments
- number of people treated
- number of treatments provided
- number of implementation units (geographic) targeted for treatment

Summary statistics are presented in the charts and tables below showing the progress made in the first four and a half years of the Program.

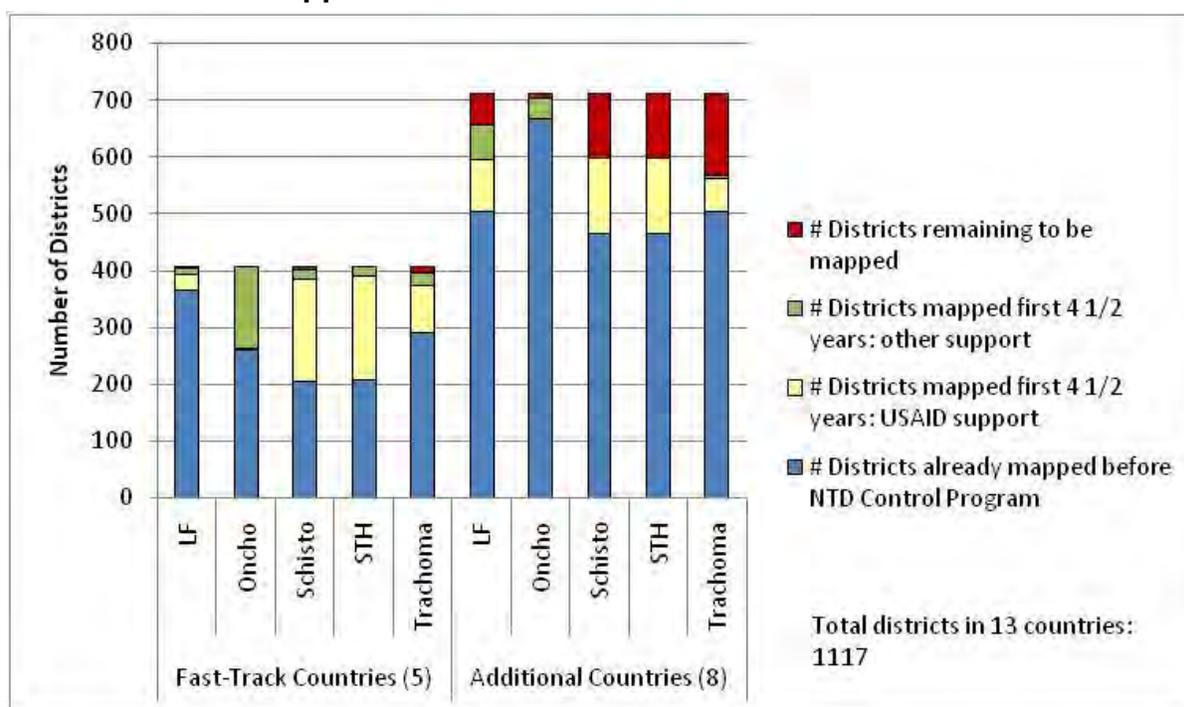
Mapping of new geographic areas. The Program supports the disease prevalence mapping required to identify target populations for intervention and meet the requirements of the drug donation programs. The following baseline mapping activities were carried out with NTD Control Program funding during the first half of Year 5:

Cameroon: Baseline mapping for SCH and STH in 64 districts began in March with USAID support. In addition, trachoma mapping was conducted in 14 districts. Preliminary activities for LF mapping, OV REMO, and further trachoma mapping have also started.

Togo: USAID supported mapping for trachoma in 3 districts in Togo; the results indicated that the prevalence of trachoma is not above the threshold requiring treatment.

Figure 2 shows the progress made in Program countries in completing the necessary baseline mapping by disease, to assure that co-endemic NTDs are properly targeted and drug donations can be obtained. USAID funding has made a major contribution to the evidence base for NTD control programs over the life of the Program. Baseline mapping is nearly complete in the 5 fast-track countries, and the NTD Control Program and other partners have made progress diminishing the gap in the additional 8 countries (Bangladesh, Cameroon, Haiti, Nepal, Sierra Leone, Southern Sudan, Tanzania and Togo). Countries embarking on scaling-up NTD activities should continue to prioritize completion of mapping for all endemic diseases. Trachoma remains the disease that most needs mapping in the Program countries.

Figure 2. Number of districts mapped Year 1-5 (1st half) and remaining districts to be mapped



Disease-Specific Assessments. In order to measure impact of MDA on disease prevalence, the NTD Control Program supports disease-specific assessments at defined intervals in line with WHO guidelines. USAID-supported disease-specific assessments during the first half of Year 5 include:

- **Bangladesh:** The NTD Control Program collaborated with Centre for Neglected Tropical Diseases (CNTD) and provided technical assistance for the implementation of transmission assessment surveys (TAS) for LF in three districts in Bangladesh.
- **Haiti:** LF sentinel site surveys were conducted in three communes in Haiti that have had 6 rounds of treatment.

- **Mali:** Results were received from the USAID-supported LF sentinel sites conducted in seven districts in Year 4, and trachoma impact surveys were conducted in five districts.
- **Nepal:** The NTD Control Program supported sentinel site surveys for STH in four districts that will receive MDA for STH with USAID support.
- **Southern Sudan:** A sentinel site survey was conducted for LF in one district.

Number of people treated. During the first half of Year 5, 16.6 million people were treated. Cumulatively over 185 million person contacts (“cumulative persons treated”) have been treated with USAID support in the last four and a half years.

Number of treatments provided. The NTD Control Program supported the delivery of 30.5 million treatments in the first half of Year 5; the cumulative number of treatments for the first four and a half years is approximately 418 million.

Number of districts targeted for treatment. During the first half of Year 5, USAID supported MDA in 227 districts.

Additionality and national scale up was also achieved during the first half of Year 5 through increased drug donations from the pharmaceutical partners, sustained and increased commitment by governments, and increased numbers of donors and resources mobilized.

Drug Donations. In NTD Control Program countries, over \$700 million worth of donated drugs were delivered to countries in the first half of Year 5. The value of donated drugs provided to country programs, including drugs procured by the Program, is presented in Table 3 below. In addition to the major donation programs, country programs were also able to obtain supplementary drug donations: Albendazole was donated mainly by GSK, with other contributions from the NTD Control Program (Niger and Uganda) and UNICEF (Niger and Togo). Ivermectin was donated by the Mectizan Donation Program/Merck. Praziquantel was procured by the NTD Control Program and donated by WHO in Cameroon, World Vision in Ghana and Mali, and SCI in Niger. Zithromax was donated by ITI/Pfizer. Mebendazole was donated by Children Without Worms/J&J (Bangladesh, Cameroon, and Uganda), and MRC-SL in Sierra Leone. DEC was procured for Haiti through the NTD Control Program as discussed in Section 3.5.

Table 3. Value of Donated Drugs Delivered to National NTD Programs first half of Year 5, by Country

Country	TOTAL (USD)
Bangladesh	951,720
Burkina Faso	180,123,854
Cameroon	1,118,290
Ghana	55,645,101
Haiti	360,900
Mali	108,310,719
Nepal	15,217,266
Niger	253,439,366
Sierra Leone	2,531
Southern Sudan	16,775,250
Tanzania	55,410,236
Togo	12,169,756
Uganda	2,106,376
TOTAL	701,631,364

Government Commitment. The Program supported countries to conduct a funding gap analysis for NTD activities during Year 5 (or the government fiscal year covering similar period); preliminary results of government contributions are shown in Table 4 below. As can be seen in the table, there is large variation in government commitment across countries, in part due to different levels of capturing commitment through salaries and in-kind contributions. The revised Funding Gap Analysis Tool (FGAT) will be beta tested in some Program countries during the second half of Year 5 with the aim to more accurately capture the government's commitment in a standardized method so that informed analyses can be made.

Table 4. Government Contribution for National NTD Control during Year 5 as reported by funding gap analysis

Country	Value of Government Commitment for Year 5 NTD Activities (Preliminary)
Ghana	\$1.2 million
Haiti	\$0.16 million
Nepal	\$4.9 million
Niger	\$0.17 million
Philippines	\$30.7 million (\$24 million staff salaries and in-kind contributions)
Senegal	\$4.8 million
Sierra Leone	\$0.62 million
Southern Sudan	\$0.07 million
Tanzania	\$2.1 million
Togo	\$0.34 million
Uganda	\$0.52 million

Two noteworthy examples of government commitment not captured through the FGAT include:

- **Mali:** Information concerning NTDs has been integrated into the national health information system. This indicates that these diseases are a priority for the Malian government and marks a substantial step in integrating this program into the national health system, work plans, and budgets.
- **Tanzania:** The Ministry of Health and Social Welfare (MOHSW) directed all districts/regions to nominate one person to assume the position of regional/district NTD control program coordinator whose primary role is to coordinate all NTD-related activities in their respective regions/districts in an integrated manner. This replaces the former system where each region/district had several coordinators representing each vertical program.

3.4 Capacity Building

During the first half of Year 5, the Program supported the training of over 51,000 individuals at central, regional and district levels for PCT-related activities, including MOH staff, teachers, supervisors and drug distributors in preparation for MDA. Table 5 shows the number trained by country programs with USAID support.

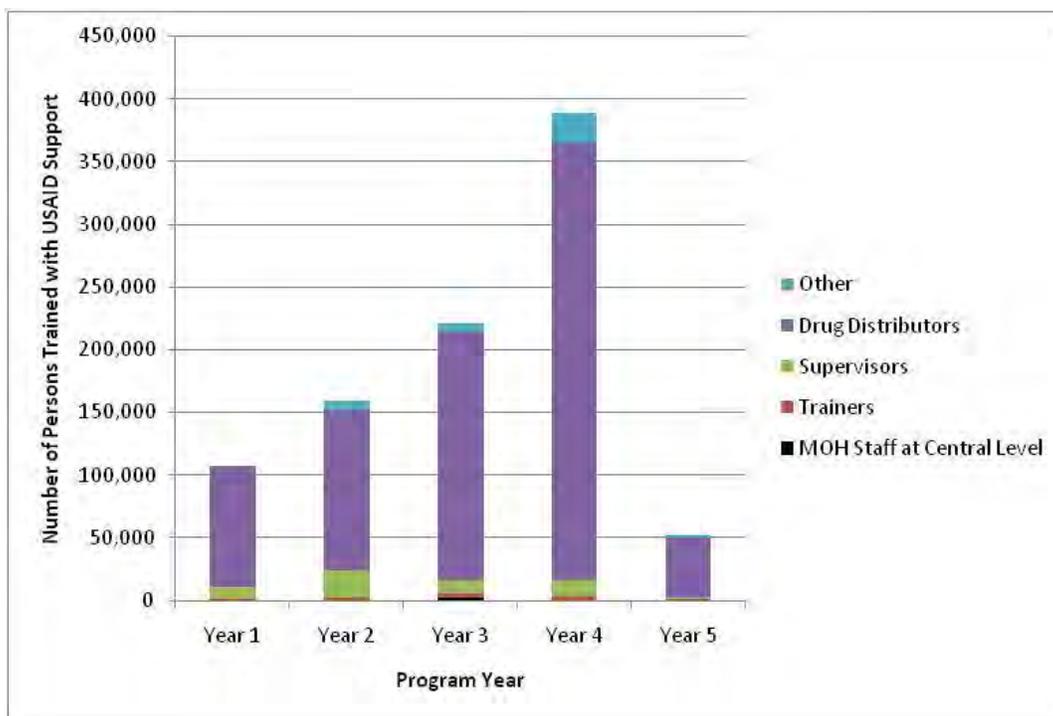
Table 5: Number of Persons Trained with Support from USAID, Year 5 Q1-2

Country	# Health Care Workers Trained
Cameroon	1,280
Ghana	Data collection ongoing
Haiti	13,962
Nepal	Data collection ongoing
Sierra Leone	21
South Sudan	326
Tanzania	502
Uganda	35,704
TOTAL	51,795

Many of these individuals have been trained more than once, participating in the MDAs year after year, thereby strengthening the delivery system. This also creates cost-efficiencies, as refresher trainings tend to require less time than first-time trainings.

Figure 3 indicates the substantial increase in the number of persons who received training through the support of USAID over the first four and a half years of the NTD Control Program. The vast majority are community drug distributors, thereby building community participation and ownership of NTD activities.

Figure 3. Health Care Workers in Training Programs Supported by USAID, Years 1-5 (1st half)



3.5 Drug Procurement and Management

NTD Control Program Drug Procurement

During the reporting period, a tender for the procurement of DEC for Year 5 of the Program was initiated by RTI through its corporate procurement team, in compliance with USAID and RTI procurement requirements and the terms of the Program’s drug waivers (Table 6). In addition, RTI tracked a procurement of PZQ initiated at the end of Year 4 for Year 5 MDAs. This PZQ procurement has been complicated by a shortage of the drug’s API, leading to significant production delays by both manufacturers, Cipla and Micro Labs. The NTD Control Program is working closely with our supplier, IDA, to stay updated on the situation and provide timely information to country programs.

During the reporting period the Program developed and implemented a drug management system to track the functional components of the procurement cycle from drug selection to procurement through to delivery to the country. The system has resulted in a set of practices to ensure the timely availability of adequate quantities of drug packages procured by the Program. It also allows the Program to monitor progress toward expected date of delivery of the drugs to the country; and quickly mitigate any issues that could impact on-time delivery. As a result of the PZQ production delays, RTI holds a weekly teleconference with IDA staff and communicates with IDA by email multiple times per week to ensure regular updates on production timelines, which are then communicated to

USAID and the country programs. To address concerns about future procurements, RTI is starting the tender process significantly earlier for the second half of Year 5, and has added penalties for delays to purchase orders with suppliers.

Table 6. Drug Procurement for Reporting Period by Drug

Country	PZQ	ALB	DEC
Burkina Faso	8,230,500		
Cameroon	3,520,000		
Ghana	8,838,000		
Haiti			9,600,000
Mali	4,503,000		
Niger	4,524,000	591,000	
Sierra Leone	4,337,500		
Tanzania	6,250,000		
Togo	3,546,500		
Uganda	6,480,000	4,500,000	
TOTAL	50,229,500	5,091,000	9,600,000

3.6 Development of Tools for Integration

Funding Gap Analysis Tool. Based on early Program experience, it became clear that donors and global policy makers require better information about the cost of implementing integrated NTD control activities to better forecast the resources that will be required to reach the national goals of endemic countries, WHO NTD disease control and elimination goals, and Millennium Development goals, WHO NTD disease control and elimination goals, and the national goals of endemic countries. During Year 4 we developed and tested the FGAT to allow countries to fully cost out their national plans of action and to make rational resource allocation decisions. The Program supported current country partners and grantees to conduct a national gap analysis.

During the first half of Year 5, we began the process of implementing a number of important updates and revisions to the tool, including a number of new and improved capabilities, a new user interface, as well as some reorganization of the modular design of the tool which we believe will offer a more powerful and easier to use tool for NTD Program Managers.

A team of consultants began developing a Beta version in November 2010, based on lessons learned implementing the original tool in several countries. In February 2011, the design team presented the updated tool to the RTI NTD Program staff and USAID,

identifying additional improvements that could be adopted to further strengthen the tool. As a result of this work, a new updated Beta tool will be ready to pilot by Q3 in Year 5.

Integrated NTD Control Training Course for Program Managers. The Program has continued to work with representatives from WHO, CDC, TFGH and MSH to develop a training curriculum for NTD Country Program Managers. In addition to phone teleconferences, two planning and course development meetings were conducted during the reporting period. In November, a Planning Meeting was held with course trainers and other technical contributors at in Atlanta, GA (in advance of the ASTMH Conference) to further refine the course organization and approach. In January, the group reconvened in Washington DC to review the modules that had been developed and draft remaining sessions and power point presentations. Participants in the two course development meetings included:

- November, 2010: Dr. Marco Albonico, RTI Consultant; Dr. Francesco Rio, WHO; Deborah Cocorullo, RTI Consultant; Mary Linehan, RTI; Dr. Eric Ottesen, RTI; Jennifer Leopold, RTI; Dr. Achille Kabore, RTI; Dr. Maggie Baker, RTI Consultant; Dr. Lisa Adams, RTI Consultant; Dr. Patrick Lammie, CDC; Katie Zoerhoff, RTI and Amy Doherty, RTI
- January, 2010: Mary Linehan, RTI; Dr. Eric Ottesen, RTI; Dominique Kyelem, TFGH; Jennifer Leopold, RTI; Dr. Achille Kabore, RTI; Dr. Maggie Baker, RTI Consultant; Dr. Lisa Adams, RTI Consultant; Dr. Patrick Lammie, CDC; Katie Zoerhoff, RTI; Philip Downs, RTI and Amy Doherty, RTI

The draft training materials have been posted to Google docs to permit wider online sharing. Viewing access has been provided to Christy Hanson, USAID; Angela Weaver, USAID; Dirk Engels, WHO; Patrick Lammie, CDC; Eric Ottesen, RTI/TFGH; Amy Doherty, RTI; Deborah Cocorullo, Consultant.

In March, the WHO NTD team met in Geneva to review the materials and discuss way forward. We continue to work with WHO to complete the course content and teaching guidelines for the materials.

3.7 Technical Assistance

The Program provided technical assistance to support grantees and country counterparts in work plan development, survey protocol and mapping, data analysis and data collection and reporting against Program indicators. Specific technical assistance provided during the reporting period is included in Table 7.

In addition to support to national programs for MDA, the Program provided specific, limited technical assistance to select other countries in support of national NTD control programs. Specifically:

Bangladesh

During the first six months of Year 5, the Program provided technical assistance to the Ministry of Health and Family Welfare (MOHFW) to develop and complete a

comprehensive situation analysis. The program also supported a technical assistant to assist MOH personnel in conducting CNTD-funded transmission assessment surveys in three districts. The surveys are underway to determine if LF MDA can be stopped in districts that have conducted more than five rounds of PCT.

Philippines

The Program provided TA for conducting a funding gap analysis in October 2010.

Senegal

The Program provided technical assistance for a funding gap analysis in Sept-October 2010, conducted jointly with WHO.

Table 7. Technical Assistance Provided during Reporting Period

Country	Assistance Provided	Technical Advisors
Bangladesh	Situation Analysis	Ramaiah
Burkina Faso	TA for grant close out	Kabore, Davide-Smith
Cameroon	Reviewing protocol for SCH mapping	Kabore
Ghana	Analysis of SCH validation map	Kabore, Downs
Guinea	Situation Analysis	Karam
Haiti	DEC Procurement	Downs, Crowley
Indonesia	NTD Country Assessment	Kumaraswami
Mali	Review of LF sentinel sites surveillance; Guidance for the internal final evaluation of program; Development of the Multiple Year NTD master plan for Mali based on WHO guidelines	Kabore
Nepal	Support for development of - <ul style="list-style-type: none"> • National Guidelines for the Elimination of Lymphatic Filariasis in Nepal • Disability Prevention and Alleviation Guidelines and related Training Manual • Guidelines for Ensuring the Safety of Distributed Drugs and related Training Manual • Integrated M&E plan for NTDs • STH Sentinel Site Protocol Transmission Assessment Survey Orientation	Albonico, Kumaraswami, Zoerhoff
Niger	TA for grant close out	Kabore, Davide-Smith
Philippines	Gap analysis	VanDalen, Zoerhoff
Senegal	Gap Analysis	Chu, Yajima
South Sudan	SAE reporting, TA for grant close-out	Downs

Country	Assistance Provided	Technical Advisors
Tanzania	Implementation of FGAT; planning and start-up meetings	Kabore, Linehan, Downs
Togo	Trachoma mapping	Dr. Amza, Trachoma Coordinator, Niger MOH
Uganda	Drug clearance and GRN compliance; Work Plan Development; M&E Technical Training; PZQ procurement; MDA Planning; FOG management ; Baseline data updating; Development of the Multiple Year NTD master plan for Uganda based on WHO guidelines	Downs, Zoerhoff, Onapa

4. Grants Administration for Country Programs

4.1 Overview

During the first half of Year 5, all work plan benchmarks for grants administration were achieved during the reporting period.

4.2 Issuance of Grants

During the first half of Year 5 no grants competition was conducted, however, new country activities were initiated in Indonesia. RTI began preparatory activities to issue fixed obligation grants to fourteen (14) district governments to support Year 5 mass drug administration (MDA) in selected districts. This involved the translation of grant documentation into Bahasa Indonesia.

For Tanzania, RTI finalized negotiations in Q1 with IMA World Health on their grant to support NTD control activities in Tanzania at the request of USAID. As the grantee equivalent in Nepal, RTI negotiated and issued a fixed obligation grant (FOG) to the National Trachoma Program (NTP) of Nepal in Q2 accordance with our approved work plan. Since trachoma control in Nepal is managed by the NTP they were selected by RTI to support Zithromax MDAs for trachoma. In Uganda, where RTI is also the grantee equivalent, forty-three (43) new FOGs were issued in Q2 to districts. The period of performance for these grants is March 1 to June 30, 2011. Forty (40) existing FOGs issued in Q4 of Year 4 were also extended until May 31, 2011 to accommodate for the late delivery of required drugs to the districts.

4.3 Management Support and Supervision of Awarded Grants

RTI conducted on-going monitoring of grant partners for compliance to OMB Circular A-133 audit requirements for US organizations or A-133 equivalent audit requirements for non-US organizations. Our grantees are meeting these requirements.

SCI Imperial College submitted their A-133 equivalent audit report completed by Kingston Smith in Q1. SCI Imperial College is up to date on work plan and reporting requirements, and the country programs have successfully achieved program implementation goals in each country.

RTI was advised by USAID in Q1 that Burkina Faso and Niger would be among the first countries to receive support under USAID’s END in Africa project led by FHI. To ensure a smooth transition of these countries to the new funding mechanism, and to minimize risk, RTI negotiated an abbreviated work plan with SCI Imperial College consisting of specific limited preparations for MDAs in both countries for the period beginning December 1, 2010 through March 31, 2011.

In Q2, RTI issued a modification extending the period of performance of Malaria Consortium’s work plan in Southern Sudan until May 31, 2011. We provided Malaria Consortium with a detailed checklist to assist them in closing out their grant from a financial and reporting perspective.

4.4 Cost Share

On a quarterly basis RTI International receives cost share reports from grantees and reviews them to monitor progress towards meeting their 10% cost share requirements. All partners are reporting cost share and RTI continues to monitor their progress towards meeting the requirements. RTI will ensure that all cost share targets are met prior to grant closeout.

4.5 Support to Country Programs

In Q2, Margaret Davide-Smith, Senior Grants Manager, and Dr. Achille Kabore, Senior Technical Advisor, traveled to Burkina Faso and Niger. In Burkina Faso, they met with the country team to discuss progress on the completion of activities outlined in the abbreviated work plan, mainly involving production of supplies and delivery of drugs needed for the upcoming MDA. In Niger, they met with RISEAL staff to confirm that pre-MDA activities there were occurring as planned. This trip also provided the opportunity to discuss the transition to the new funding mechanism directly with RISEAL to assure a smooth handover and to review costs incurred and closeout requirements.

Table 8. Grants Administration Benchmarks and Achievements

Grants Administration Activities	Oct	Nov	Dec	Jan	Feb	Mar
Monitor grants for compliance with audit and cost share requirements	X	X	X	X	X	X
Begin preparatory activities to issue fixed obligation						X

Grants Administration Activities	Oct	Nov	Dec	Jan	Feb	Mar
grants in Indonesia						
Issue grant to IMA to provide support to Tanzania			X	X	X	X
Negotiate and issue fixed obligation grant to NTP in Nepal			X	X	X	X
Issue new and modify existing fixed obligation grants in Uganda					X	X
Site visit to Burkina Faso and Niger						X
Extend end date of Malaria Consortium work plan in Southern Sudan and initiate closeout process					X	X

5. Global Technical Leadership

5.2 Technical Advisory Group Meetings

There continues to be a great deal of discussion among NTD expert committees to resolve some of the ongoing challenges with large-scale implementation of NTD control programs as well as other issues surrounding the integration of the different disease-specific components. The Technical Director and other Program staff actively participated in these deliberations, both because the outcomes are of immediate relevance to the Program and because the experience of the NTD Control Program informs the broader global health community through providing empirical evidence for what works very well and what works less well. During the first half of Year 5, no independent TAG meetings were held, but during March 2011, the planned TAG to define best approaches to schistosomiasis control and elimination was convened by WHO's NTD department in Geneva, with planning, program staff participation and grantee participant financial support by the NTD Control Program.

5.1 Technical Expert Consultations

During this reporting period, NTD Program staff participated in a number of technical expert consultations hosted by WHO and other partners, including the following:

- October 2010-March 2011- Participation in WHO Working Group on Monitoring and Evaluation to work out the guidelines for monitoring LF programs, stopping MDAs and developing post-MDA surveillance guidelines. These meetings all had multiple RTI participants.
- October 2010 and January 2011 - WHO LF Strategic Plan Committee met to complete and publish the revised Strategic Plan 2010-2020

- October 2010 - Informal Consultation on M-health and better ways to capture and transmit data related to MDA monitoring and drug supply chain
- October 2010 - Mectizan Expert Committee Meeting
- November 2010 - The PZQ Working Group Meeting was held to help inform the international NTD community about the challenges of meeting the demand for the drug required to implement MDAs as insufficient supply of API to make PZQ and inadequate capacity of manufacturers to produce necessary large quantities will require continued collaboration among donors to ensure NTD country programs are not interrupted.
- November 2010 - American Society for Tropical Medicine and Hygiene Conference, ASTMH, Atlanta, GA.
- November 2010, March 2011 - Consultations with AFRO NTD leaders on framework of national Plans of Action and Budgeting tool in Washington DC and Atlanta, GA
- November 2011 and March 2011 - Meetings convened by the Gates Foundation focused on the operational research programs it supports in OV, LF, SCH, TRA, and STH as well as on the use of co-administered 3-drug regimens in NTD programs. Meetings were held in Geneva, Switzerland, Atlanta, GA and St. Louis, MO
- February 2011 - The Carter Center Annual Meeting to assess the NTD programs it supports
- March 2011 – Meeting with the pharmaceutical donation programs as part of the Partnership for Disease Control Initiatives (PDCI) which RTI participated in to help coordinate all the issues around effecting smooth drug supply and distribution for the NTD programs.
- March 2011 - International Task Force for Disease Eradication hosted by The Carter Center
- March 2011 - Second Meeting of the NTD-STAG Working Group on M&E, WHO, Geneva
- March 2011 - Technical Review Meeting on Data Management for M&E of Preventive Chemotherapy, WHO, Geneva

6. Documentation and Dissemination of Program Lessons

During the reporting period the Program conducted a range of activities to highlight program success and experience, and share experience to date. Specific activities are detailed below.

6.1 Program Website and Support for USAID's NTD Program Website

The NTD Control Program web site (<http://ntd.rti.org>) continued to be updated with newly released technical guidance documents (or web links) as well as Program deliverables and publications, including -

- *Monitoring Drug Coverage for Preventive Chemotherapy. WHO. 2010*
- *Working to Overcome the Global Impact of Neglected Tropical Diseases. First WHO Report on Neglected Tropical Diseases. WHO, 2010.*
- *Progress Report 2000–2010 and Strategic Plan 2010–2020 of the Global Programme to Eliminate Lymphatic Filariasis: Halfway Towards Eliminating Lymphatic Filariasis. WHO. 2010*
- *Report from the Technical Advisory Group Meeting on the Assessment and Treatment of NTDs in Non-rural Settings in Africa, March, 2010.*
- *Report from Technical Advisory Group Meeting on Integrated Mapping of Neglected Tropical Diseases, December, 2009.*
- *YR4 FY10 Semi Annual Report Q1-2 (Sept 2009-Mar 2010)*

During this period, the Program helped to support the ongoing maintenance of the USAID website by providing country specific data including results on mapping, treatment by district and by year, and training. Additionally, the Program submitted final reports for posting on the USAID website. These include –

- *A Situation Analysis: Neglected Tropical Diseases in Bangladesh, December 2010* endorsed by the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of Bangladesh
- *A Situation Analysis: Neglected Tropical Diseases in Guinea, 2010* endorsed by the Minister of Health, National Directorate of Public Health, Ministry of Health and Public Hygiene, Republic of Guinea in English and French.

6.3 Publications

Manuscripts published in peer-reviewed journals during this reporting period include –

- Linehan M , Hanson C, Weaver A, Baker M, Kabore A, Zoerhoff K, Sankara D, Torres S, Ottesen E. Integrated Implementation of Programs Targeting Neglected Tropical Diseases through Preventive Chemotherapy: Proving the Feasibility at National Scale. *Am. J. Trop. Med. Hyg.*, 84(1), 2011, pp. 5–14
- Hodges M, Smith SJ, Fussum D, Koroma JB, Conteh A, Sonnie M, Sesay S, Zhang Y. High coverage of mass drug administration for lymphatic filariasis in rural and non-rural setting in the Western Area, Sierra Leone. *Parasites & Vectors* 2010, 3:120
- Hodges M, Koroma JB, Sonnie M, Kennedy N, Cotter E, MacArthur C. Neglected tropical disease control in post-war Sierra Leone using onchocerciasis

control programme as a platform. *International Health* 2011, accepted for publication.

- Jan H. Kolaczinski, Emily Robinson, Timothy P. Finn. The Cost of Antibiotic Mass Drug Administration for Trachoma Control in a Remote Area of Southern Sudan. Submitted in March 2011 for publication in *PLoS-NTD*

6.4 Presentations

Program staff attended a variety of relevant forums to present the Program's experience, results, and lessons learned during the reporting period.

- Weaver, A., Linehan, M., Hanson, C., Kabore, A., Zoerhoff, K., Goldman, A., Torres, S., Baker, M., Ottesen, E. "Expansion of the USAID NTD Control Program: 20101 and Beyond." Presented at ASTMH, Washington, DC, Nov 5 2010.
- Hooper, PJ, Baker, M., Kyelem, D., Chu, B., Linehan, M., Zoerhoff, K., Bamani, S., Bougma, R., Dembélé, M., Dembélé, R., Fleming, F., Onapa, A., Brice Paré, A., Touré, S., Torres, S., Traoré, M., Yoda, B., Ottesen, E. "Effects of integration on financing and coverage of Neglected Tropical Disease programs." Presented at ASTMH, Washington, DC, Nov 5 2010.
- Mann, R. "MDA Planning Resource: A Database." Presented at MDA Planning Resource Database Meeting, Nov 1, 2010 attended by Mectizan Donation Program (MDP), Children Without Worms (CWW), International Trachoma Initiative (ITI), and the LF Support Center
- Kabore, A. "NTD Control Program Year 4 Results and Year 5 Targets." Presented at WHO/AFRO Meeting held in Accra, Ghana to review the countries multiple-year NTD Master Plan Dec 2010.
- Mann, R. "MDA Planning Resource: A Database." Presented at the Informal Consultation of AFRO and NTD Programs, Jan 19, 2011 attended by Drs. Onyeze and Mubila, WHO AFRO
- Mann, R. "MDA Planning Resource: A Database." Presented at a USAID Briefing, Jan 26, 2011 with the USAID AOTR and technical team
- Mann, R. "MDA Planning Resource: A Database." Presented at the Resolving the Critical Challenges Now Facing the GPELF Meeting, Mar 16, 2011 attended by WHO NTD and LF Support Center
- HKI – SL. "Overview: Neglected Tropical Disease in Sierra Leone." Presented at Five Year Strategic Plan Meeting, Jan 17, 2011.
- HKI-SL. "Preventive Chemotherapy Training Evaluation of PHU Staff and Community Members on Schistosomiasis and STH." Presented Jan 17, 2011
- HKI-SL. "Preventive Chemotherapy, Training Evaluation of District Education Directors and Teacher on School Deworming." Presented Jan 17, 2011

- Kabore, A. “Schistosomiasis in the context of integrated control of NTDs.” Presented at the WHO Informal Consultation on Schistosomiasis Control Meeting Mar 29-Apr 2, 2011
- Garba, A. “NTD Control Program in Niger.” Presented at the WHO Informal Consultation on Schistosomiasis Control Meeting Mar 29-Apr 2, 2011
- Zoerhoff, K. “Funding Gap Analysis Tool for Neglected Tropical Diseases.” Presented at the Second Meeting of the NTD-STAG Working Group on M&E, WHO, Geneva, March 29 2011.
- Zoerhoff, K. “NTD Control Program PCT Data Management.” Presented at the Technical Review Meeting on Data Management for M&E of Preventive Chemotherapy, WHO, Geneva, March 30 2011.

6.5 Abstract Submissions for 2011 Scientific Health Meetings

During this period, the Program submitted abstracts to three scientific health conferences, including-

- 2011 Global Health Council (GHC) Conference, Washington D.C. Panel Title: *Delivering 500 million treatments for Neglected Tropical Diseases (NTDs) in 5 years: overcoming critical challenges to success.* The following abstracts were submitted and not accepted -
 - *Implementing evidence based treatment for NTD control: Mapping schistosomiasis in Ghana*
 - *Reaching urban populations in Sierra Leone: High coverage for Lymphatic Filariasis (LF) MDA in the Western Area*
 - *Strategies for NTD control in post-disaster settings: Implementing successful MDA in Haiti after the earthquake, despite tropical storms, a cholera outbreak, and political instability.*
 - *Estimating the cost of integrated NTD control: the Funding Gap Analysis Tool (FGAT)*
- 2011 American Public Health Association (APHA) Annual Meeting, Washington, D.C. Abstract Title: *Assessing funding gaps in integrated NTD control programs in multiple countries: The Funding Gap Analysis Tool (FGAT)*
- 2011 American Society of Tropical Medicine and Hygiene (ASTMH) 60th Annual Meeting, Philadelphia, PA. Symposium Title: *Monitoring and Evaluation: The Big Challenge for NTD Control Programs.* Symposium has been selected for presentation and will include -
 - *Identifying Success in NTD Control Programs through Monitoring and Evaluation (M&E).*

- *Validating Reported Coverage through Post-MDA Surveyed Coverage – Integrated NTD Programs in Uganda.*
- *‘Independent’ Monitoring of Program Activities – Strengthening MDA in Urban Settings in Sierra Leone.*
- *Addressing the Challenges of Managing Enormous Amounts of M&E Data*

7. Advocacy and Resource Mobilization

In **Burkina Faso**, a meeting to learn about the upcoming 2011 NTD MDA was held in Ouagadougou by the national NTD program managers and attended by 13 regional village chiefs and traditional leaders. The meeting was televised on national RTB and Canal3 channels and also written up in three local papers.

In **Ghana**, advocacy efforts focused on raising the profile of the national NTD program within the Ghana Health Service and the general public. The program has contracted with a local advertising company to make a documentary about NTD control in Ghana and is working on a photo exhibition to be used for various audiences and stakeholder meetings. The team has also identified a key sports personality and is working to enlist him as an Ambassador for the program. These activities are expected to be completed during Q3 to give the program more visibility among the general public.

In February 2011, advocacy workshops were conducted in **Haiti** to educate local stakeholders on the national program’s activities and solicit buy-in. The workshops were attended by Departmental MSPP and MOE officials, United Communal Health Coordinators, medical personnel, and NGOs. A partner meeting was held in March 2011, and participants provided updates, planned for sentinel sites, reviewed the latest FGAT, and discussed advocacy opportunities.

With Program support, members of the NTD Technical Coordination Committee in **Mali** are working to organize a National NTD Advocacy conference in Bamako. The planned conference will bring together key government officials such as the Prime Minister and the Minister of Health to advocate for support for the new multi-year NTD Strategic Plan that was formulated among stakeholders in March 2011.

In **Nepal**, RTI supported the second national Technical Working Group meeting in December 2010 where Program Managers moved forward with integration of the LF and STH programs deciding to conduct only one round of STH MDA for school-age children in districts conducting LF MDA. The group agreed to use the 2010-2011 experience in developing a Ministry of Health and Population (MOHP) integrated annual workplan for the coming year.

In **S. Sudan**, Malaria Consortium (MC) worked closely with USAID Mission representatives to convene meetings to address issues related to expiring stock of PZQ and ALB and seek means of distribution before expiry. As a result of this effort, UNICEF

through the USAID mission will be funding MC to implement SCH and STH MDA and also support the training of more than 2000 CDDs in at least 4 countries in Central Equatoria State.

In **Tanzania**, advocacy meetings were organized across three regions and 19 districts. As a result, the Lindi and Mtwara regional commissioners each pledged local government's contribution to NTD activities in their respective comprehensive council health plans, and agreed to be part of the supportive supervision team during activities implementation.

The Government of **Togo** has taken greater ownership of the national NTD program, promoting the integration of the malaria prevention and child health activities with the upcoming NTD MDA. The MOH has required UNICEF, Plan Togo, and the national Malaria Program to coordinate distribution of Vitamin A and bednets with the NTD MDA. In addition, the MOH has encouraged private businesses to contribute to the integrated activities.

As a result of advocacy efforts in **Uganda**, the MOH in Uganda recently made allocations for some NTD program activities, under the National Sleeping Sickness Control Programme funding. Additionally, the MOH is preparing a Master Strategic Plan for the control or elimination of all NTDs endemic in the country, which is in its final stages of development. Advocacy workshops were held in thirteen newly-created districts in Uganda. Top district officials, including political, civic, and religious leaders, were invited and educated about NTD activities. Advocacy missions were also sent to districts which have received treatment, but where additional drug packages are now being introduced, and to districts currently performing below expectations.

8. Monitoring and Evaluation

8.1 Overview

The focus of M&E activities during the first half of Year 5 was to generate Program results, to provide support to grantees and country programs for implementation of Program M&E requirements and M&E activities, and to develop international M&E tools, standards and guidelines.

Generate Program Results

During this reporting period, Year 4 Program results were finalized and will be incorporated into a manuscript for publication on identifying effective strategies for implementing integrated programs targeting NTDs through PCT. The Program has also worked closely with USAID to develop methods to demonstrate progress towards impact such as reductions in disease prevalence.

The M&E database has continued to evolve. Over the reporting period, the database has been reorganized to facilitate the growing amount of information collected by the NTD

control program and the dynamic reports needed by the program. The information stored in the database has become richer and so the reports generated by the database have also evolved.

During the reporting period, the MDA Planning Resource database has also been strengthened. This resource, housed at the TFGH, pulls data from the M&E database and RTI-procured drug applications to share Program data with the drug donation programs in order to improve access to information; support planning; increase capacity to provide timely support to countries; strengthen the coordination between the drug donation programs, NTD Control Program, and Ministries of Health; facilitate data analysis through enhanced quality control capabilities; and improve allocation of resources. Common identifiers between the NTD Control Program and the drug donation programs allow for the ability to eventually link data between the NTD Control Program and the donation programs. The database has been upgraded from Microsoft Access to MySQL server, which allows for sharing of data – currently with USAID and planned for other partners as appropriate.

The Program has responded to requests for information from USAID, including providing data and information for the USAID Portfolio Review: Neglected Tropical Diseases.

Provide Support to Grantees & Country Programs

Throughout the reporting period, RTI provided support to all grantees in their M&E implementation and reporting requirements, including the Year 5 work plans, drug applications for RTI-procured drugs, semi-annual reports, baseline forms, MDA coverage forms, and post-MDA coverage survey results. Technical guidance has been provided through email, telephone and in-person communication.

Training and technical assistance was provided to SCI-Burkina Faso, HKI-Mali, RTI-Nepal, IMA-Tanzania, RTI-Uganda staff on the Program's M&E system and tools. In addition, the Program developed a tool to compile historical NTD data that can be used by national Program Managers, grantees, and Program staff to inform decisions around disease-specific assessments; preliminary data collection has been supported in Burkina Faso, Ghana, Mali, Niger, and Uganda.

Develop International M&E Standards and Guidelines

Program staff continued work with WHO to develop international standards and norms for integrated monitoring and evaluation guidelines for NTD control. During the reporting period, the Program's Technical Director contributed to the development of WHO's "Monitoring and Epidemiological Assessment of Mass Drug Administration in the Global Programme to Eliminate Lymphatic Filariasis: A manual for national elimination programmes." These guidelines are currently in press for publication and dissemination by WHO.

In March 2011, the Program’s Technical Director and M&E Associate participated in WHO’s Second NTD-STAG Working Group Meeting on Monitoring and Evaluation of PCT. After the M&E Associate presented the updated version of the FGAT, the working group recommended that the STAG endorse WHO adopting the NTD roll-out package, including the FGAT. Following the Working Group Meeting, the M&E Associate participated in WHO’s “Technical Review Meeting on Data Management for Monitoring and Evaluation of Preventive Chemotherapy,” during which she presented how the Program’s M&E fits within a programmatic context. In addition, the Program’s former Operations Director served as a co-chair on the sub-committee “Monitoring of Disease-specific Indicators” in the WHO M&E Working Group.

Katie Zoerhoff worked with Maggie Baker (Georgetown University) and PJ Hooper (TFGH) on data analysis to determine the impact of integrated approaches to NTD control on the resources available for disease-specific programs, with LF, OV, SCH, TRA and STH programs. Preliminary results were presented at the ASTMH conference in November 2010.

The Program also provided support to Nepal’s Ministry of Health and Population to develop the “National Guidelines for the Elimination of Lymphatic Filariasis in Nepal,” “Disability Prevention and Alleviation Guidelines” and related Training Manual, “Guidelines for Ensuring the Safety of Distributed Drugs” and related Training Manual, and an integrated M&E plan for NTDs. While these items were specific to Nepal, once finalized, the documents can be used as examples for other countries to develop similar guidelines, training manuals and plans.

Table 9. Monitoring and Evaluation Benchmark and Achievements Year 4

M&E Activity	Q1	Q2
Finalize report of Year 4 performance results	X	
Provided support to grantees in their M&E implementation and reporting requirements	X	X
Strengthened M&E Database	X	X
Strengthened MDA Planning Resource database	X	X
Responded to requests from USAID	X	X
Provide training and TA to country program teams	Burkina Faso, Mali, Nepal	Tanzania, Uganda
Situation analysis	Bangladesh	

M&E Activity	Q1	Q2
Country assessment		Indonesia
Developed international standards and norms	X	X
Implemented methodology to determine the impact of integrated approaches to NTD control on the resources available for disease-specific programs	X	

9. Key Lessons Learned and Best Practices

- **Investing in impact surveys and monitoring can result in substantial cost savings** by reducing the number of districts unnecessarily treated. Close monitoring and implementation of impact surveys for trachoma in Mali has resulted in the National Trachoma Program stopping MDA in 8 districts in 2010 and a total of 36 districts since 2006.
- **The use of Fixed-Obligation Grants (FOGs) provides an efficient mechanism to support district implementation of integrated activities.** RTI has supported 84 districts in Uganda through the use of FOGs to support integrated training, IEC, advocacy, supervision, monitoring and evaluation, registration, MDAs, mapping and reporting.
- **Integration of Drug Distribution into other Health Platforms.** Integration of NTD activities into pre-existing platforms has the potential to create cost efficiencies if well coordinated. In Uganda, the timing of NTD activities are specifically targeted to be part of the government's semi-annual Child Days Plus (CDP) campaign, which also includes de-worming activities. This arrangement brings together supervisors from the relevant departments and programmes at the central and district levels for planning that benefits the strategic roll-out of both programs. Additional cost sharing can be achieved for some common activities, such as bundled IEC messaging over the radio and collective incentives to Village Health Teams (VHT). In Mali and Togo, NTD distribution has been integrated into the vitamin A supplementation campaign and the child immunization/de-worming campaigns, respectively. This approach may also help solve issues regarding sustainable STH stand-alone distribution in many countries.
- **Functionality of National Medical Stores can have a huge impact on NTD drug distribution.** Certain countries require that NTD drugs be handled, stored and distributed through a national medical store facility. Where these facilities work well, it is expected that drug supply and delivery is better regulated and more cost efficient. Unfortunately in situations where national medical stores do not fulfill their commitments, NTD control programs can expect delayed drug packages, non-integration of drug package delivery, incomplete delivery of drug

quantity, and an increase in supervisory visits. This has serious impact on MDA implementation and can raise costs for districts and the national program. More attention to drug delivery should be part of future NTD control program activities.

- **Where M&E for NTDs is weak, capacity building to strengthen the national M&E system should be a priority.** Tools developed to monitor USAID-supported activities should not replace national reporting and data storage tools but rather Program reporting should draw from national tools and data sources.
- **Close collaboration with in-country partners is critical in implementing disease-specific assessments.** As countries make progress towards elimination, close collaboration with WHO, Ministries of Health, drug donation programs, and Program staff is necessary to ensure disease-specific assessments are carried out timely and effectively to be able to detect changes in prevalence and modify treatment strategy accordingly (frequency of MDA, target populations, etc.).

10. Activities Planned for the Next Six Months

Program Planning, Management, and Reporting

- Initiate work planning for Year 6
- Finalize transition of Ghana and Togo to END Africa in July and Sierra Leone to END Africa in September.

Direct implementation

- Beta test FGAT in Program countries and finalize Tool
- Finalize tools to monitor training, supervision, and SAEs
- Continued work with WHO to complete the NTD Program Managers Training Course content and teaching guidelines
- Respond to requests from USAID
- *Bangladesh:* finalize support for MOH activities by September 2010
- *Burkina Faso:* HKI to take over activities as grantee under the END in Africa project
- *Cameroon:* Mapping for TRA, OV and LF; STH/SCH and STH for SAC MDAs in April; LF/Oncho/Trachoma and LF/Oncho integrated MDAs in May-June
- *Ghana:* anticipated close-out/transition to the END in Africa project in July 2011
- Mali – MDA for LF, OV, SCH, STH, TRA in May; TRA Impact Studies in Sept.
- *Nepal:* Support for integrated IEC/BCC materials package and school curriculum, National Trachoma Program desk review; MDA for TRA
- *Niger:* HKI to take over activities as grantee under the END in Africa project

- *Sierra Leone*: anticipated close-out/transition to the END in Africa project in July 2011
- *Southern Sudan*: Close out grant to Malaria Consortium.
- *Tanzania*: MDA for LF, STH, SCH and trachoma (if funds available), in August.
- *Togo*: anticipated close-out/transition to the END in Africa project in July 2011
- *Uganda*: establish new MDA schedule for 2011-2012; address requests for PZQ and ALB.

Grants Management

- Provide guidance in close-out of Malaria Consortium in Southern Sudan (expected May 31th). A long-term mechanism to sustain the on-going needs of the National NTD Control Program is still needed in Southern Sudan.
- Anticipated close-out and transition of Sierra Leone, Ghana and Togo to the END in Africa project in July 2011.

TAG

- No TAGs are anticipated in the second half of Year 5.

Document Dissemination

- Design and distribute e-Newsletters in May 2011
- Support for project reports and publications
- Complete and submit manuscript on programmatic lessons learned during the first 4 years of the NTD Control Program
- Web site updates

Advocacy & Resource Mobilization

- Provide TA for country strategy development and implementation as requested

Monitoring and Evaluation

- Generate Year 5 results
- Provide support to grantees and RTI-supported countries (including Indonesia) on M&E and program reporting requirements, including close-out reports for countries transitioning to other USAID-funded mechanisms as appropriate
- Measure impact of USAID-supported MDA on disease prevalence
- Enhance M&E framework and develop manuscript incorporating lessons learned and best practices for M&E of NTDs
- Develop publications on post-MDA coverage surveys (country-specific results and overall Program results)