Table of Contents

List of Figures……………………………………………………………………………………………..iv

List of Tables………………………………………………………………………………………………iv

List of Acronyms ......................................................................................................................... v

1. Summary ................................................................................................................................. 1

2. Program Planning, Management, Monitoring and Evaluation, and Reporting ..................... 3

3. Direct Implementation of Integrated NTD Control ............................................................... 5

4. Grants Administration for Country Programs ................................................................ 14

5. Global Technical Leadership ............................................................................................ 15

6. Documentation and Dissemination of Program Lessons .................................................. 17

7. Advocacy and Resource Mobilization ............................................................................. 19

8. Monitoring and Evaluation ............................................................................................. 23

9. Activities Planned for the Next Six Months ..................................................................... 25
List of Figures

Figure 1. NTD Control Program Scale-Up: FY 2007-2012 (1st half) ........................................7
Figure 2. Number of districts mapped FY 2007-2012 (1st half) and remaining districts to be mapped ........................................................................................................................................ 8
Figure 3. Health Care Workers in Training Programs Supported by USAID, FY 2007-2012 (1st half) ........................................................................................................................................ 11

List of Tables

Table 1. Results of USAID-Supported MDA in FY 2012, Q1-2* ...........................................6
Table 2. Value of Donated Drugs Delivered to National NTD Programs first half of FY 2012, by Country ........................................................................................................ 9
Table 3: Number of Persons Trained with Support from USAID, FY 2012 Q1-2...............10
Table 4. Procurement of Praziquantel in Year 6, by Country ............................................12
Table 5. Procurement of DEC in Year 6, by Country .........................................................12
Table 6. Technical Assistance Provided during Reporting Period .....................................13
Table 7. Grants Administration Benchmarks and Achievements ....................................15
## List of Acronyms

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

Program Planning, Management and Reporting

Since October 1, 2006, the Program has received $99,552,029 in funding. Less than 16% 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.

With the Program ending at the end of this fiscal year, RTI has worked closely with US Agency for International Development (USAID) and grantees to plan for a complete project close-out and transition to the new grant mechanism under ENVISION or transition to USAID’s END in Africa project.

Direct Implementation of Integrated NTD Control

The Program provided support for integrated NTD control programs in the following countries during the first half of Fiscal Year 2012: Cameroon, Guinea, Haiti, Indonesia, Mali, Nepal, Tanzania, and Uganda. Highlights of the first half of Year 6 achievements are summarized in Section 3.

Four country programs (Cameroon, Haiti, Nepal, and Uganda) conducted MDAs during the first half of FY 2012 for a preliminary total of 31.5 million treatments delivered and 15.9 million people treated. Most of the country programs exceeded the targeted 80% program coverage. Preparations were made for disease-specific assessments in a number of countries, to be implemented in the second half of the year.

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. During the first half of FY 2012, the Program supported the training of over 56,000 individuals at central, regional, district and community levels for activities related to preventive chemotherapy (PCT), including ministry of health (MOH) staff, teachers, supervisors and drug distributors in preparation for mass drug administration (MDA). Details are provided in Section 3.4.

The Program has continued to work with representatives from the World Health Organization (WHO), the Center for Disease Control (CDC), Task Force for Global Health (TFGH) and Management Sciences for Health (MSH) to develop an international training curriculum for NTD Country Program Managers. A pilot training/training of trainers will take place in July 2012 at the WHO training facility in Pemba, Tanzania. We also completed the process of implementing a number of important updates and revisions to the Funding Gap Analysis Tool (FGAT), recently renamed the Tool for Integrated Planning and Costing (TIPAC) 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.

**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.

As the grantee equivalent in Nepal, RTI negotiated and issued ten (10) fixed obligation grants (FOG) to district health offices to support LF MDA in Q2.

**Technical Advisory Group**

The Technical Director and other Program staff have actively contributed to the deliberations, creation and testing of WHO’s new, revised guidelines for schistosomiasis, soil transmitted helminths, trachoma and LF. Some of the guidelines relate to treatment strategies and others focus on monitoring and evaluation – an area of NTD implementation becoming much more standardized, quantifiable and reportable. The NTD Control Program and ENVISION will play an increasingly important role not only in formulating the global guidelines but also in facilitating the ‘implementation research’ needed to demonstrate their effectiveness.

**Documentation and Dissemination of Program Lessons**

The Program conducted a range of activities to highlight program success and share experience to date, including publication of several manuscripts in peer-reviewed journals and representation at the American Society of Tropical Medicine and Hygiene (ASTMH) 60th Annual Meeting, held in December 4-8, 2011 in Philadelphia, PA.

**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**

In the first half of Year 6, efforts have been made to finalize Year 5 Program results and generate results for Year 6. Year 5 results have been shared with USAID and incorporated into USAID’s Country Profiles. The MDA Planning Resource concept has continued to evolve. The NTD Control Program has transitioned into a supporting role for the continued development of the resource. RTI continued to support all grantees in their M&E implementation and reporting requirements. Additionally, Program staff worked with WHO to develop international standards and guidelines for integrated
monitoring and evaluation for NTD control. The M&E Specialist worked with WHO and the chair of the Monitoring of Disease-Specific Indicators Subgroup of the Working Group on M&E of Preventive Chemotherapy to initiate the development of an Indicator Compendium for the PCT NTDs.

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

2.1 Program Planning

Since October 1, 2006, the Program has received $99,552,029 in funding. Less than 16% 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, the Program worked closely with USAID and grantees to plan for a complete project close-out and transition to the new grant mechanism under ENVISION or transition to USAID’s END in Africa project. RTI’s support of Sierra Leone, Togo, and Ghana’s NTD programs ended in October 2011.

Regular biweekly senior management meetings took place with RTI NTD staff and USAID, in addition to ad hoc meetings for detailed country program planning. The Program prepared bi-weekly program and drug procurement updates highlighting activities for USAID to share with Missions in supported countries. Year 6 Work Plans were finalized in Q1, with RTI staff providing in-country support to national programs and grantees for elaboration of activities and budgets.

RTI hosted a USAID NTD technical retreat in March 2012 that included participants from USAID’s NTD team, RTI staff from ENVISION and RTI’s field offices in Nepal, Tanzania, and Indonesia as well as FHI 360 staff from the USAID-funded END in Asia and END in Africa projects. The retreat’s objectives were to: 1) ensure a common understanding of existing disease specific guidelines for the Program’s targeted NTDs; 2) identify key questions and challenges related to the guidelines when USAID makes program policy decisions, and 3) discuss USAID’s program policy options to consider for its overall program. The Program also initiated regular Brown Bag lunch presentations during which RTI staff present various technical topics for discussion with USAID staff.

2.2 Program Management

Personnel

During this reporting period, Ms. Lisa Rotondo joined the team as Deputy Technical Director and Ms. Kalpana Bhandari joined as Monitoring and Evaluation (M&E) Associate. Mr. Scott Torres joined the team as Technical Program Manager based in
Kampala and supporting the Uganda national program. Dr. Eric Ottesen continued to provide overall management and technical leadership for the program, and Ms. Amy Doherty moved into the role of Deputy Director of Operations.

**Expanding Partnerships**

During this reporting period, the Program expanded its partnerships in the global community of NGOs working in NTD control by joining both the NTD NGDO Network and the International Coalition for Trachoma Control (ICTC). Program membership will ensure that USAID-funded NTD work through RTI is represented and highlighted in NGO forums. Additionally, RTI will be able to contribute to global discussions on activities and best practices through these NGO coalitions.

In January 2012, the Program participated in the London Declaration event on NTDs and RTI officially endorsed the Declaration as an organization. The event gave the opportunity for the Program to join its partners including pharmaceutical companies, donors, endemic countries and other NGOs in reaffirming their organizational commitments to treat and prevent NTDs among the world’s poorest populations.

**Cost Efficiencies**

During this period, the Program contributed to the publishing of a peer-reviewed paper documenting Program achievements in cost efficiencies through its support of the Haiti program (see Goldman et al., Costs of Integrated Mass Drug Administration for Neglected Tropical Diseases in Haiti. Am. J. Trop. Med. Hyg., 85(5), 2011, pp. 826-833.). The paper’s analysis suggests that a decrease in cost per person treated by the Program is a result of experience with program implementation (streamlined methods for distributing drugs and treating adverse reactions) and economies of scale. Increased involvement of local leadership had also decreased costs and contributed to increased drug coverage through enhanced social mobilization. The authors hoped that the study’s results will serve as a reference to other programs that are tracking cost trends and evaluating cost efficiencies.

**2.3 Program Reporting**

**Financial Reports**

RTI submitted financial reports in accordance with 22 CFR 226.52.

**Annual Work Plan**

The Year 6 Work Plan was submitted November 30, 2011.
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 Fiscal Year 2012: Cameroon, Guinea, Haiti, Indonesia, Mali, Nepal, Tanzania, and Uganda. Highlights of the first half of FY 2012 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 FY 2012.

3.2 **Coverage of mass drug administration**

Four country programs conducted MDAs during the first half of FY 2012 (Cameroon, Haiti, Nepal, and Uganda), for a preliminary total of 31.5 million treatments delivered and 15.9 million people treated. MDA occurred in one region in Cameroon and data collection is ongoing. MDA is ongoing in one district in Uganda, and data is currently being collected in Nepal. Results will be finalized in the second half of FY 2012. Most of the country programs exceeded the targeted 80% program coverage, as indicated in Table 1.
### Table 1. Results of USAID-Supported MDA in FY 2012, Q1-2*

<table>
<thead>
<tr>
<th>Country</th>
<th>Drugs Delivered</th>
<th># Districts Treated</th>
<th># Persons Treated (millions)</th>
<th># Treatments Delivered (millions)</th>
<th>Program Coverage % (Range across drug packages)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>IVM+ALB</td>
<td>4</td>
<td>Data collection ongoing</td>
<td>Data collection ongoing</td>
<td>Data collection ongoing</td>
</tr>
<tr>
<td>Haiti</td>
<td>DEC, ALB</td>
<td>42</td>
<td>2,791,265</td>
<td>5,582,530</td>
<td>&gt;100%</td>
</tr>
<tr>
<td>Nepal</td>
<td>DEC, ALB, Zithro</td>
<td>46</td>
<td>11,461,304^a</td>
<td>23,058,326^a</td>
<td>71-63%</td>
</tr>
<tr>
<td>Uganda</td>
<td>IVM, ALB, PZQ, Zithro</td>
<td>13</td>
<td>1,725,560^b</td>
<td>2,939,004^b</td>
<td>58-96%</td>
</tr>
</tbody>
</table>

*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%.

^a Treatment information is available for 40/46 treated districts. Data collection is ongoing and results will be reported in the next semi-annual report.

^b Treatment information is available for 12/13 treated districts. Data collection is ongoing and results will be reported in the next semi-annual report.

In addition, through the NTD Control Program, Tanzania implemented MDA in 15 districts to treat lymphatic filariasis (LF), schistosomiasis (SCH), soil-transmitted helminthes (STH), and trachoma. Over 6.6 million treatments were delivered to 2,653,348 million people with USAID support, with program coverage ranging from 76%-83%. Because these districts were treated with Year 5 funding, and are targeted again for treatment in Year 6 (FY12), these treatments are incorporated in Year 5 results.

Cumulatively, the NTD Control Program has supported MDA to approximately 257.9 million people with 584.6 million treatments during the first five and a half years of the Program, as indicated in Figure 1.
3.3 Additionality

During the first half of FY 2012, the NTD Control Program achieved continued 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 five and a half years of the Program.

**Mapping of new geographic areas.** The Program supports the disease distribution mapping required to identify target populations for intervention and meet the requirements of the drug donation programs. The following mapping activities were carried out with NTD Control Program funding during the first half of FY 2012:

**Cameroon:** During the first half of FY 2012, mapping for SCH and STH was conducted in 55 districts and oncho mapping was conducted in 9 districts with USAID support. In addition, trachoma mapping preparation has started in 8 districts.

Figure 2 shows the progress made in Program countries in completing the necessary baseline mapping by disease, to ensure 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. Mapping is essentially complete in the 5 fast-track countries, and the NTD Control Program and other partners have made progress diminishing the gap in the additional 10 countries (Bangladesh, Cameroon, Guinea, Haiti, Indonesia, 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.

**Figure 2. Number of districts mapped FY 2007-2012 (1st half) and remaining districts to be mapped**

![Chart showing number of districts mapped with a bar graph indicating the remaining districts to be mapped]

**Disease-specific assessments.** During the reporting period, preparations were made for disease-specific assessments in a number of countries, to be implemented in the second half of the year. In Nepal, results were finalized during the reporting period from the transmission assessment surveys (TAS) conducted in Year 5 with funding from USAID and other partners including CNTD. These results showed that five districts have achieved the criteria for stopping LF MDA.

**Number of people treated.** During the first half of FY 2012, 15.9 million people were treated. Cumulatively over 257.9 million person contacts (“cumulative persons treated”) have been treated with USAID support in the last five and a half years.
**Number of treatments provided.** The NTD Control Program supported the delivery of 31.5 million treatments in the first half of FY 2012; the cumulative number of treatments for the first five and a half years is approximately 584.6 million.

**Number of districts targeted for treatment.** During the first half of FY 2012, USAID supported MDA in 105 districts in 4 countries.

Additionality and national scale up was also achieved during the first half of FY 2012 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 $487.7 million worth of donated drugs were delivered to countries in the first half of FY 2012. Cumulatively, over $3.5 billion worth of donated drugs have been delivered to NTD Control Program countries. The FY12 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 USAID support procured through the NTD Control Program (see section 3.5). Ivermectin was donated by the Mectizan Donation Program/Merck. Praziquantel was procured by the NTD Control Program and donated by WHO in Cameroon, Guinea, and Uganda, World Vision in Mali and Tanzania, and SCI in Tanzania. Zithromax was donated by the International Trachoma Initiative/Pfizer. Tetracycline eye ointment was donated by The Carter Center in Mali. Mebendazole was donated by Children Without Worms/J&J (Cameroon and Uganda). DEC was procured for Haiti through the NTD Control Program as discussed in Section 3.5.

**Table 2. Value of Donated Drugs Delivered to National NTD Programs first half of FY 2012, by Country**

<table>
<thead>
<tr>
<th>Country</th>
<th>TOTAL Value of Donated Drugs (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>$49,844,732</td>
</tr>
<tr>
<td>Guinea</td>
<td>$347,397</td>
</tr>
<tr>
<td>Haiti</td>
<td>$46,896</td>
</tr>
<tr>
<td>Mali</td>
<td>$54,382,763</td>
</tr>
<tr>
<td>Nepal</td>
<td>$18,439,056</td>
</tr>
<tr>
<td>Tanzania</td>
<td>$126,893,831</td>
</tr>
<tr>
<td>Uganda</td>
<td>$237,838,590</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$487,793,264</td>
</tr>
</tbody>
</table>
**Government Commitment.** During the reporting period, governments of all USAID-supported countries supported their national NTD control activities through financial and/or non-financial contributions. The government supported various activities, including the development of disease-specific or integrated strategic plans, conducting disease-specific assessments, scaling-up districts for MDA, clearance of drugs from customs, provision of storehouses for the drugs, and transportation of the drugs from the central facility to the distribution facilities.

### 3.4 Capacity Building

During the first half of FY 2012, the Program supported the training of over 56,000 individuals at central, regional, district and community 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>
<thead>
<tr>
<th>Country</th>
<th># Health Care Workers Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>1,682</td>
</tr>
<tr>
<td>Guinea</td>
<td>21</td>
</tr>
<tr>
<td>Haiti</td>
<td>10,614</td>
</tr>
<tr>
<td>Indonesia</td>
<td>31</td>
</tr>
<tr>
<td>Mali</td>
<td>165</td>
</tr>
<tr>
<td>Nepal</td>
<td>29,687</td>
</tr>
<tr>
<td>Tanzania</td>
<td>0</td>
</tr>
<tr>
<td>Uganda</td>
<td>14,068</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>56,268</strong></td>
</tr>
</tbody>
</table>

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 five 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.
3.5 Drug Procurement and Management

**NTD Control Program Drug Procurement**

During the reporting period, a tender for the procurement of PZQ and DEC for Year 6 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 4 and 5). RTI tracked these procurements, working closely with our supplier, the IDA Foundation, in order to ensure that drugs arrived in country in good time for the MDAs.

During the reporting period, the Program used 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. To address concerns about the timeliness of future procurements, RTI has pushed up its procurement timelines to start the application and tender process early for procurements in the second half of Year 6, and has added penalties for delays to purchase orders with suppliers.
### Table 4.  Procurement of Praziquantel in Year 6, by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Amount of Drugs Procured (in tablets)</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>5,314,000</td>
<td>$441,062.00</td>
</tr>
<tr>
<td>Guinea</td>
<td>4,185,500</td>
<td>$347,396.50</td>
</tr>
<tr>
<td>Tanzania</td>
<td>3,625,000</td>
<td>$270,995.00</td>
</tr>
<tr>
<td>Uganda</td>
<td>4,802,500</td>
<td>$398,607.50</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17,927,000</strong></td>
<td><strong>$1,458,061.00</strong></td>
</tr>
</tbody>
</table>

### Table 5.  Procurement of DEC in Year 6, by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Amount of Donated Drugs (in tablets)</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>14,083,000</td>
<td>$46,473.90</td>
</tr>
</tbody>
</table>

### 3.6 Development of Tools for Integration

Funding Gap Analysis Tool (FGAT) renamed the Tool for Integrated Planning and Costing (TIPAC). In February 2012, a new version of the FGAT, V2 was launched. Updates were based on analysis completed as part of the beta testing that occurred in Year 5. Due to the increased functionality of the tool, RTI decided, with USAID and WHO approval to change the name of the tool to the Tool for Integrated Planning and Costing (TIPAC). One new feature of the tool is a multiyear forecasting capability that allows users to analyze program needs and costs for up to five years. Large amounts of information can be rolled over from year to year, minimizing data entry in subsequent years. Other features include additional outputs and a more user friendly interface. The new capabilities of the TIPAC V2 strengthen its ability to support program planning and assisting country programs to reach national control and elimination goals. Additionally, the user guide was translated into French.

In February 2012, the Global Working Group for M&E of Preventive Chemotherapy recommended that building capacity for phased roll-out of the TIPAC (then FGAT) be included as one of the efforts addressed through a proposed Global Working Group for Capacity Building. RTI continues to work with WHO to transfer ownership of the tool to WHO, including aligning the TIPAC outputs with the Joint Drug Request for Selected PC Medicines, considering additional outputs to capture planning, and linking the TIPAC with annual work plan guidelines.
**Integrated NTD Control Training Course for Program Managers.** RTI staff met with WHO and CDC colleagues in December to complete a final materials review and determine which inputs were still needed in order to finalize the modules for a pilot training in 2012. Updates were made by the team, the materials were moved to the WHO share point and given WHO branding. A Pilot/Training of Trainers will be held in July 2012 at WHO’s training facility in Pemba, Tanzania. We are working with WHO to finalize the list of participants who will serve as future trainers, making certain there is representation from at least two WHO regional offices.

### 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 in support of national NTD control programs. Specifically:

**TIPAC Training, March 13-14, 2012** - Following the launch of the TIPAC in February, RTI hosted a User’s Training March 13-14. Participants included representatives from the Liverpool School of Tropical Medicine, Center for Neglected Tropical Diseases (CNTD); FHI360; the Global Network for NTDs; the Schistosomiasis Control Initiative, Imperial College, London (SCI); Pan American Health Organization (PAHO); WHO-Geneva; The Task Force for Global Health; USAID; and ENVISION partners Helen Keller International (HKI), IMA World Health, and World Vision. RTI NTD Resident Program Advisors from Nepal, Uganda, and Indonesia also attended the training. The training was an intensive, hands-on workshop that walked participants through each module. A set of practical exercises was provided, covering a variety of possible data entry scenarios, to familiarize users with multiple aspects of the TIPAC.

<table>
<thead>
<tr>
<th>Country</th>
<th>Assistance Provided</th>
<th>Technical Advisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameroon</td>
<td>Development of the Trachoma Action Plan</td>
<td>Kabore</td>
</tr>
<tr>
<td>Ghana</td>
<td>Evaluation of schistosomiasis mapping results and implications for treatment projections</td>
<td>Downs, Kabore</td>
</tr>
<tr>
<td></td>
<td>Implementation of LF Transmission Assessment Surveys in two evaluation units</td>
<td>Zoerhoff, in collaboration with CDC and the Task Force for Global Health</td>
</tr>
<tr>
<td>Haiti</td>
<td>DEC Procurement</td>
<td>Crowley</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Assessment of mapping and LF prevalence data</td>
<td>Kumaraswami, Zoerhoff, Doherty</td>
</tr>
<tr>
<td>Nepal</td>
<td>Assistance in clarifying next steps towards trachoma elimination goals</td>
<td>Crowley</td>
</tr>
<tr>
<td>Country</td>
<td>Assistance Provided</td>
<td>Technical Advisors</td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Senegal</td>
<td>Development of the SCH sentinel site surveillance protocol</td>
<td>Kabore</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Strategic planning and coordination with stakeholders</td>
<td>Crowley, Rotondo</td>
</tr>
<tr>
<td>Uganda</td>
<td>Strategic Planning and Implementation of Integrated MDAs. Coordination with in-country implementing partners to maximize efficiencies</td>
<td>Downs</td>
</tr>
<tr>
<td></td>
<td>Review of National Media Training Plan</td>
<td></td>
</tr>
<tr>
<td>AFRO (Harare, Zimbabwe)</td>
<td>Finalizing Master Plans</td>
<td>Zoerhoff</td>
</tr>
</tbody>
</table>

### 4. Grants Administration for Country Programs

#### 4.1 Overview

During the first half of Year 6, all Work Plan benchmarks for grants administration were achieved during the reporting period. RTI continued to assist grantees in closing out their current grants while ensuring a smooth transition to new funding mechanisms.

#### 4.2 Issuance of Grants

RTI did not conduct any grant competitions during the first half of Year 6; however, fixed obligation grants (FOGs) were issued in Q1 to ten (10) district health offices in Nepal to support mass drug administration for LF in early 2012.

#### 4.3 Management Support and Supervision of Awarded Grants

In Q4, RTI issued modifications extending the period of performance of HKI’s work plans in Cameroon, Guinea and Mali until March 31, 2012. RTI also issued modifications extending the period of performance of IMA’s work plans until March 31, 2012 in Haiti and Tanzania.

The period of performance of RTI’s fixed obligation grant to the National Trachoma Program in Nepal was extended until February 29, 2012 to accommodate the completion of all deliverables.

#### 4.4 Cost Share

RTI International receives cost share reports from grantees on a quarterly basis and reviews them to monitor progress towards meeting their cost share requirements.
All partners are reporting cost share and RTI continues to monitor their progress towards meeting requirements.

### 4.5 Support to Country Programs

In Q1, Margaret Davide-Smith, Senior Grants Manager, traveled to Nepal to issue ten (10) fixed obligation grants to district health and public health offices to support Year 6 LF MDA in selected districts.

RTI began preparations in Q2 for the upcoming MDA in Uganda. Districts participating in the April 2012 MDA were categorized into 3 groups based on the level of support needed by the NTD Program. FOGs were issued to the forty-one (41) districts in Categories 1 and 2.

- **Category 1**: These districts will be supported by central-level supervisors from the MOH for just the training of trainers and advocacy activities.
- **Category 2**: These districts will be supported by central-level supervisors for training of trainers, advocacy, and the training of supervisors and teachers.
- **Category 3**: These districts will be supported by central supervisors for all activities. No FOGs will be issued to districts in these categories.

#### Table 7. Grants Administration Benchmarks and Achievements

<table>
<thead>
<tr>
<th>Grants Administration Activities</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor grants for compliance with audit and cost share requirements</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Modify existing grants with HKI and IMA to extend period of performance until March 31, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Extend the period of performance of Nepal’s National Trachoma Program's FOG until February 29, 2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Site visit to Nepal to issue fixed obligation grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Preparations begin for upcoming MDA in Uganda; FOGs issued to 41 districts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### 5. Global Technical Leadership

At the global level, current NTD technical challenges focus largely on the development and publication of new guidelines stimulated by the need to maximize effectiveness of the available implementation funds. The Technical Director and other Program staff have actively contributed to the deliberations, creation, and testing of WHO’s new, revised guidelines for schistosomiasis, soil-transmitted helminths, trachoma, and LF.
Some of the guidelines relate to treatment strategies and others focus on monitoring and evaluation – an area of NTD implementation becoming much more standardized, quantifiable and reportable. The NTD Control Program and ENVISION will play an increasingly important role not only in formulating the global guidelines but also in facilitating the ‘implementation research’ needed to demonstrate their effectiveness.

With the involvement of NTD Control Program staff in the numerous expert committees convened by other groups, the Program itself, as indicated in the Work Plan, will not convene additional Technical Expert Groups during Year 6.

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 2011 - Children Without Worms/Mebendazole Advisory Committee: meeting, Geneva
- November 2011 – International Trachoma Initiative/Trachoma Expert Committee meeting, New York
- December 2011 – Bill & Melinda Gates Foundation meeting. Operational Research for NTD Control and Elimination, Philadelphia
- December 2011 - Task Force for Global Health: Xeno-monitoring for LF Elimination Programs, Atlanta
- January 2012 – WHO / Task Force for Global Health: Consultation on development of core and specialized indicators for M&E for Preventive Chemotherapy programs, Atlanta
- February 2012 – Partnership for Disease Control Initiatives (PDCI): meeting of pharmaceutical donation programs, London
- February 2012 - Mectizan Donation Program / WHO: Loiasis Scientific Working Group, Yaoundé
- February 2012 - WHO: Third NTD-STAG Global Working Group meeting on Monitoring & Evaluation of Preventive Chemotherapy, Geneva:
- February 2012 – The Carter Center: Sixteenth Annual River Blindness Program Review, Atlanta
- February 2012 – The Carter Center: Annual Trachoma Control Program Review, Atlanta
- March 2012 - CDC / Task Force for Global Health: Review of Transmission Assessment Survey (TAS) strategies and training, Atlanta
• March 2012 - TIPAC was presented at the Workshop to Finalize National NTD Programme Master Plans & Annual Plans for 2012 in the WHO African Region in Harare, Zimbabwe, in March 2012.

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 website (http://ntd.rti.org) continued to be updated with newly released technical guidance documents (or web links) as well as Program deliverables and publications. 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.

6.3 Publications

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


• Kamara W, Toubali E, Hodges MH, Zoerhoff K, Chowdhury D, Sonnie M, Magbity E, Samai M, Conteh A, Macarthy F, Koroma JB. Estimating integrated NTD treatment coverage in Sierra Leone using a national census, pre-MDA census, and post-treatment coverage survey. Submitted to PLoS NTDs and not accepted; in the process of revising and will resubmit to another journal.

• Baker MC, Krotki K, Sankara D, Trofimovich L, Zoerhoff K, Courtney L, Chowdhury D and Linehan M. Implementing Integrated MDA Treatment Coverage Surveys for NTD Control Programs: Lessons Learned. Submitted to Parasites and Vectors and not accepted; in the process of revising and will resubmit to another journal.

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.


6.5 2011 American Society of Tropical Medicine and Hygiene 60th Annual Meeting, Philadelphia, PA.

The NTD Control program presented at the American Society of Tropical Medicine and Hygiene (ASTMH) 60th Annual Meeting, held in December 4-8, 2011 in Philadelphia, PA.

• Symposium Title: Monitoring and Evaluation: The Big Challenge for NTD Control Programs. Eric Ottesen, Technical Director, NTD Control Program, RTI served as moderator. Angela Weaver, NTD Advisor, USAID served as session chair. Presentations included -
7. Advocacy and Resource Mobilization

During the reporting period, the Program worked to plan a NTD Policy Forum to take place at the National Press Club in Washington D.C. April 11, 2012. Presenters were identified, a theme and topics determined, invitation list developed, and a location was secured. The Program also planned for advocacy visits to key staff of Congressional members involved in global health and development.

**Cameroon.** In Cameroon, the NTD Control Program worked with the MOH to establish a national coordination structure for NTDs headed by a full-time coordinator. During the national NTD program review meeting held in October 2011, a working group (with HKI as a member, and also including WHO, Sightsavers, the Director of Disease Control, the Cooperation Division, and Division Affaires Juridiques Contentieux) was created to hold discussions on this and make proposals. The group drafted a proposal for this structure and submitted it for review at the Office of the Minister of Public Health. Additionally, progress was made in development of national policy documents, namely -
• National NTDs Strategic Plan was adopted during the National NTD Review Meeting
• The draft of NTD Master Plan developed and sent to WHO AFRO
• The Elimination of Onchocerciasis document and the National Guide for the Integration of Community Interventions being finalized;

Discussion about the target population for deworming efforts led the MOH to extend the target to take into account all children 5-14 years old by expanding the de-worming campaign to secondary schools, where most of these children are under 15 years, and to better take into account those children not enrolled in schools by utilizing a more systematic community mobilization strategy in the villages. Finally, the Ministry of Public Health in collaboration with the local WHO office has been more involved in facilitating the clearance and transport of drugs in the regions.

Guinea. The first Steering Committee for NTDs in Guinea was held on December 23rd. The meeting raised much awareness among partners about the planned NTD activities for the year, but also brought to light some weakness of the NTD program, such as lack of communication and collaboration between the stakeholders. It was agreed that the NTD control program would be more proactive about engaging all partners and sharing information to avoid a duplication of efforts. As a means of sharing information about NTD activities with other health officials in Guinea, the PNLOC/MTN made a presentation at the meeting of Health Technical Committees of N’Zerekore, Boke, and Faranah from March 5-8, 2012 that focused on NTDs in Guinea, their prevalence, mapping plans, and treatment strategies. The same presentation was given to the HKI Nutrition Coordinator for use during the Health Technical Committee meeting in Kankan.

Haiti. In Haiti, the Haitian MSPP continues working with partners to ensure national MDA coverage is achieved. The new Minister of Health gave a speech at the US Ambassador’s house for the launch event prior the MDA in the PAP Metropolitan area. She renewed the commitment of the Government to continue working with the partners to eliminate the NTDs in Haiti. At the end of January, the Ministry realized the “Etats Generaux de la Sante”. In this important two day meeting, the MSPP included NTDs in the annual work plan. Discussion has been started with the General Director to see what is necessary in order for the government to add a specific line for NTD in the national budget. Given that the Haitian parliament is key partner in moving this forward, this will likely not be addressed in the near future due to current political uncertainty.

Indonesia. In Indonesia, the Program supported an STH policy and integration seminar, CDC in February 2012. As a result of the seminar, guidelines for STH Control for the entire country led by Sub directorate of Filariasis – MoH were produced with participation from Education and Social Welfare sectors; and 3 directorates (Mother, Child, and Nutrition) in MoH. International partners have committed to support implementation of the integrated approach. WHO will lead the working group roundtable discussion for STH Control at national level and facilitate the drug donation (GSK) to
support the MDA in school children at the non Filariasis endemic area in 3 provinces - Bali, West Nusa Tenggara and North Sulawesi. The program also supported advocacy meetings in Padang Pariaman to encourage community support for implementation of MDA in 2013.

Mali. In Mali, the Program and the NTDCP is pushing for a national NTD conference targeting government officials, technical partners, financial partners, and other potential donors. Discussions are ongoing with the Minister of Health. In January, HKI served as a facilitator and the NTD focal point for the working group on NTDs during the “Science, Research, and New Technology for Development” Meeting hosted by US government agencies supporting health initiatives in Mali (USAID, CDC, NIH, Department of Defense, Department of State, and Peace Corps).

Nepal. In Nepal, the Program supported two advocacy interaction workshops. Participants included program managers, political and social leaders, representatives from government and private hospitals as well as journalists. Results of the independent investigation team on the reported deaths during last year’s LF MDA were shared and discussed resulting in good recommendations for the upcoming round of LF MDA. The journalists’ participation in these workshops was important. Media played a very positive role in motivating communities for their participation in the MDA and increased drug intake.

The Program also supported a Regional Meeting of Health and Education officers to address STH in SAC. An integrated approach for management of three NTDs including STH was presented. Participants agreed that the school health program is appropriate to advocate and educate about all these diseases. As a result, we are taking this as a step forward towards integration of NTDs in Nepal. Program advocacy efforts have played a significant role in re-establishing trust in the program and community participation. This has also helped in capacity building of government staff and increased accountability of all stakeholders which will ensure sustainability.

Tanzania. The Manyara region in Tanzania will be implementing MDA for the first time in 2012. Consequently, the Program supported the Manyara regional advocacy meeting that brought together all decision makers at regional and district levels. Other development partners working in Manyara region were also involved. Since one-on-one meetings with the Regional Commission and the Regional Administrative Secretary were held prior to the main advocacy meeting, these top leaders in the region had a prior knowledge on the program and were instrumental as advocates during the all health stakeholders meeting that followed. The advocacy meeting raised the profile of NTDs in the region by making all decision makers aware of NTD presence in their areas and the solution to prevent and control these diseases. The meeting also corrected misconceptions about MDA as these leaders had an opportunity to ask questions related to MDA and NTDs at large, such as “Why use height instead of weight?” “Why use teachers to distribute Praziquantel?”
As part of the meetings resolution, leaders committed to overseeing MDA related activities and start allocating local funds bit by bit so as to have a successful implementation of NTD control in their respective areas. Another advocacy meeting was conducted with all council health management teams (CHMTs) from all the councils in Manyara. This meeting brought a clear program understanding to people who develop the comprehensive health plans, thus creating room for incorporation of NTD related activities in the respective CCHPs.

Other regions experienced in MDAs (Dodoma, Singida, Rukwa, Lindi, Mtwara, Coast and Tabora) also organized regional advocacy meetings. At this time of this report, 5 regions had already held their meetings. These meetings attract all key decision makers in the respective regions. Allowing the regions to organize the advocacy meetings with minimal support from central level was found to increase the region’s program ownership hence increased sustainability.

**Uganda.** With support from the NTD Secretariat, the Ministry of Health of Uganda prepared a presentation on NTDs for all Parliamentary Chairpersons and their Deputies. The presentation was made by Dr Lukwago Asuman, the Permanent Secretary Ministry of Health. The hour long presentation generated a lot of interest and debate. Many MPs were unaware of NTDs and were shocked that such conditions existed in the country and continue to afflict the populace especially in rural areas. Following this presentation, the Ministry of Health made a presentation to the Social Services Committee. The Committee was very impressed and has promised to allocate some funds for NTD Control/Elimination. In addition, the Minister of Health launched the draft National Strategic Master Plan (2012-2017) for control and elimination of all the NTDs in the Country. The final plan is now ready for discussion by various organs of the Ministry before it is presented to WHO and potential partners for funding considerations.

NTDs have recently gained greater prominence after being associated (rightly or wrongly) with nodding disease syndrome (NDS) which has devastated several communities in Northern Uganda. Recently, NDS victims transported from the North (Pader District) to Mulago Hospital, the National Referral Hospital in Kampala were visited by the President of Uganda. The President promised to personally oversee the control / elimination of the disease and the vectors that transmit the disease. There is some evidence suggesting infections with Onchocerciasis are associated with NDS (Black Flies are the vectors of Onchocerciasis). The Ministry of Health is now developing plans for vector control through aerial larviciding. This action has attracted a lot of attention and given a big boost to NTD Control in the Country. District and national level political leaderships have woken up to the realities of NTDs.
8. Monitoring and Evaluation

8.1 Overview

The focus of M&E activities during the first half of Year 6 was to capture Program results; to provide support to grantees and country programs for implementation of Program M&E requirements and M&E activities; to develop international M&E tools, standards and guidelines; and to respond to requests from USAID. Specific activities during the reporting period include:

Capture Program Results

In the first half of Year 6, efforts have been made to finalize Year 5 Program results and capture results for Year 6. Year 5 results have been shared with USAID and incorporated into USAID’s Country Profiles.

The M&E database has continued to serve as a tool supporting program activities, increasing the efficiency of data analysis and quality assurance. Over the reporting period, the database has been used to store information collected by the NTD control program and generate necessary reports.

The MDA Planning Resource concept has continued to evolve. The NTD Control Program has transitioned into a supporting role for the continued development of the resource. The drug donation programs, housed at the Task Force for Global Health, have taken the lead in completing the development of the resource.

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 6 work plans, drug applications for RTI-procured drugs, semi-annual reports, disease distribution (aka baseline) forms, MDA coverage forms, and preparations for disease-specific assessments. Technical guidance has been provided through email, telephone and in-person communication.

Training and technical assistance was provided to RTI-Indonesia staff on the Program’s M&E system and tools.

Develop International M&E Standards and Guidelines

Program staff continued to work with WHO to develop international standards and guidelines for integrated monitoring and evaluation for NTD control. During the reporting period, the M&E Specialist worked with WHO and the chair of the Monitoring of Disease-Specific Indicators Subgroup of the Working Group on M&E of Preventive Chemotherapy to initiate the development of an Indicator Compendium. This Compendium will be part of an M&E toolkit that will serve as a resource for NTD
program managers, NGOs, donors, and other partners, in an effort to harmonize M&E strategies for NTDs. Towards this aim, a meeting of experts was convened in Atlanta in December, 2011 to contribute to the creation of the Indicator Compendium. During this meeting, NTD experts determined the criteria for categorizing indicators as “core” or “specialized”, and provided feedback on examples of content and organization of Compendium. The M&E Specialist has been working with WHO and disease-specific experts, including the Program Director and Deputy Technical Director, to develop the content for the Compendium. It is hoped a draft of the Compendium will be available for circulation during the second half of the year.

The M&E Specialist also worked closely with WHO to develop situation analysis questionnaires for M&E and data management practices of national NTD programs. The information provided will be used to assess progress made over the past 5 years on strengthening M&E, as well as inform an M&E framework, toolkit, and training course that are being developed by WHO and partners (including RTI). The 2012 Situation Analysis is a follow-up to the situation analysis that was conducted in 2007. The outcome of this situation analysis will be used to improve coordination and further strengthen M&E practices for preventive chemotherapy. Questionnaires were sent to NTD focal persons in February and preliminary results are being compiled.

During the reporting period, the Program Director and M&E Specialist collaborated with CDC, the Task Force for Global Health, and WHO in the development of a training curriculum for transmission assessment surveys (TAS). The TAS trainings will be implemented across the WHO regions with support from various partners beginning in 2012.

In February 2012, the Program’s Director and M&E Specialist participated in WHO’s Third NTD-STAG Working Group Meeting on Monitoring and Evaluation of PCT. The M&E Specialist, who served as a Temporary Advisor to the Working Group and co-rapporteur for the meeting, presented the Indicator Compendium. Following the presentation, the Working Group recommended to the STAG that the proposed Capacity Building Working Group finalize and disseminate a working draft of the Compendium.

Following the Working Group Meeting, the M&E Specialist participated in WHO’s “Third technical review meeting of preventive chemotherapy data,” during which she presented current practices, tools, data summaries, M&E plans for 2012 for the NTD Control Program/ENVISION.

**Respond to USAID Requests**

During this reporting period, the NTD Control Program responded to requests from USAID in order to share the M&E strategy and results from USAID-funded efforts in NTD control and elimination with decision-makers in the U.S. government and other partners. This included sharing a description of the M&E strategy, providing data for USAID’s NTD portfolio review, collaborating on development of the GHI indicators and
making projections, and responding to OMB data calls. In addition, the NTD Control Program has responded to requests to facilitate the transition of Burkina Faso, Ghana, Niger, Togo, and Sierra Leone to END in Africa.

9. Activities Planned for the Next Six Months

Activities for the remainder of the year are described in detail in the current Work Plan. Some highlights include:

Program Planning, Management, and Reporting

- Program Close-out
- Transition NTD Control program countries to ENVISION.

Direct implementation

- Implement the TIPAC in Program countries
- Continued work with WHO to complete the NTD Program Managers Training Course content and teaching guidelines
- Respond to requests from USAID
- **Cameroon:** Mapping for TRA and LF; STH/SCH and STH for SAC MDAs in April; LF/Oncho/Trachoma and LF/Oncho integrated MDAs in May-June
- **Guinea:** MDA for SCH-STH in May; MDA for TRA/LF scheduled for Sept. 2012
- **Haiti:** MDA for LF and STH April-June; coverage surveys in 6 communes; distribution of 200,000 TOMS shoes in North Department
- Mali – Activities are on hold due to political and security situation. If clearance to resume work is given, activities will include MDA for LF, OV, SCH, STH, TRA and TRA Impact Studies.
- **Nepal:** Conduct post-MDA coverage surveys in 4 districts; support pre-TAS surveys in 16 districts; remap 3 districts for LF; support MDA for STH and TRA; conduct trachoma impact surveys in 4 districts and map 8 districts with trachoma rapid assessment.
- **Tanzania:** MDA for LF, STH, SCH and trachoma June-August.
- **Uganda:** establish new MDA schedule for 2012-2013; complete April-May MDA; mapping for trachoma; reassessment of SCH.

Grants Management

- Transition of NTD country programs to ENVISION in June 2012.
TAG
- No TAGs are anticipated in the second half of Year 6.

Document Dissemination
- Prepare final report
- Support for project reports and publications
- Complete and submit manuscripts for publication
- Web site updates

Advocacy & Resource Mobilization
- Provide TA for country strategy development and implementation as requested

Monitoring and Evaluation
- Capture Year 6 results
- Provide support to grantees and RTI-supported countries on M&E and program reporting requirements, including close-out reports for countries transitioning to ENVISION
- Finalize indicator compendium
- Analyze results from Situation Analyses
- Measure impact of USAID-supported MDA on disease prevalence
- Develop manuscript incorporating lessons learned and best practices for M&E of NTDs
- Revise and resubmit publications on post-MDA coverage surveys (country-specific results and overall Program results)