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# **Neglected Tropical Disease Control Program**

Semi-annual report

April 1, 2007–September 30, 2007

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# Neglected Tropical Disease Control Program

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## List of Acronyms

APOC	African Programme for Onchocerciasis Control
CDC	Center for Disease Control
EOI	Expression of Interest
GWU	George Washington University
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
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
PI	Performance Indicators
RF	Results Framework
RFA	Request for Application
RTI	RTI International
SCI	Schistosomiasis Control Initiative, Imperial College, London
STH	Soil-Transmitted Helminthes
TAG	Technical Advisory Group
USAID	United States Agency for International Development
WHO	World Health Organization

# 1. Summary of Activities

During the first year of operations, the NTD Control Program has achieved all of the major administrative and programmatic objectives set out in the FY07 Workplan. During this reporting period we successfully initiated mass drug administration campaigns in all five fast-track countries, and successfully completed the campaigns in four countries. The program strengthened that capacity of country level counterparts: we **trained over 107,000 workers** at central, regional and district levels; and strengthened the strategic planning and management skills of country program managers. In Niger, Burkina Faso and Uganda the Program supported mapping activities in over 60 districts to target and expand treatment of trachoma and lymphatic filariasis. **Approximately 36 million treatments were delivered and more than 14 million people treated in four countries.** Country programs achieved **coverage rates of over 80%** of the population eligible for treatment and reached over 60% of the total population of targeted districts for all drugs distributed. The MDA in Uganda is taking place in October and November 2007 and targets approximately 10 million people for 5 diseases in 38 target districts. **As a result of the additional resources from the NTD Control Program, a total of 18 additional districts were treated for lymphatic filariasis, five additional districts for onchocerciasis, and 19 additional districts for trachoma.**

We increased the number of country programs implementing integrated NTD control activities, successfully conducting a global competition for new grants, and selecting three grantees for **new country programs in Haiti, South Sudan and Sierra Leone.** Progress toward integration during Year One included the development of integrated training manuals and registers in Uganda, reduced training costs, reduced drug management costs, reduced supervision and monitoring costs. We secured a waiver to procure praziquantel and albendazole for FY08 campaigns and allocated \$2.5 million dollars for these essential drugs.

The NTD Control Program has been invited to participate in key global NTD partners meetings, and has **developed strong and productive relationships with WHO, CDC, the Task Force for Child Survival and the drug donation programs and pharmaceutical partners.**

Working with these technical partners we have taken the lead in developing simple tools for monitoring and evaluation, budgeting and strategic planning, as well as models for working in support of MOH implementing groups and leveraging donor support at the country level.

We have **developed systems to streamline reporting, planning and tracking functions,** including: a database that can generate information about country specific progress toward Program indicators and district level performance reports; budget templates which clearly identify the breakdown between country program and management costs and track these categories; and budgeting and costing tools.

## 2. Management

During the second half of Year One overall program management focused on obtaining approval of the Program's Annual Workplan, recruiting for approved positions on the program and establishing clearer guidelines and templates for partners and grantees.

### 2.1 Workplan

The workplan process during FY07 involved several stages of review and revision. Following workplan meetings held in March 2007, a revised FY07 Annual Workplan was submitted to USAID in April 2007. The FY07 Annual Workplan, which included the specific workplans for the five country programs, was reviewed by the State Department and regional bureaus of USAID.

We prepared new budget templates and worked with the grantees to configure country budgets into the new template, which clearly identifies the breakdown between country programs and management costs and allows the Program to track these categories. Using these templates we prepared new budgeting and costing tools for new and continuing grantees for the FY08 Workplan process.

### 2.2 Personnel

During the second half of Year One we focused on recruiting for critical technical and management positions identified in the FY07 Annual Workplan. After a thorough recruitment process to assure the best fit for Program Director, Jean Shaikh was selected and proposed to USAID for confirmation. Ms. Shaikh will start on November 12, 2007.

The NTD Specialist, Dr. Dieudonne Sankara, was hired in June and the Country Program Coordinator, Scott Torres was hired in May. Marc Holler, Communication and Advocacy Manager, resigned in September 2007. Many of the document dissemination responsibilities of this position have been taken over by Cooper Hanning, an RTI employee available to work as a program assistant on the NTD Control Program on a part-time basis (30%). We will wait until the new director is on board before we revise the job description in the context of existing skill sets available to the Program and consider how best to fill the roles for the Document Dissemination and Advocacy and Resource Mobilization components of the Program. The current staffing matrix is shown below (Table 1).

**Table 1. NTD Program Personnel**

Team	Role
Jean Shaikh	• Replacement NTD Program Director- hire date Nov 12, 2007
Mary Linehan	• Program Deputy Director
Dieudonne Sankara	• Senior NTD Technical Specialist
Judy Webb	• Senior Grants Manager
Margaret Baker (PT)	• Monitoring and Evaluation Specialist
Achille Kabore	• Africa Regional Manager- based in Liverpool
TBD	• Communication and Advocacy Manager
Scott Torres	• Country Program Coordinator
Cooper Hanning	• Program Assistant (30%)
Valerie Alvarez	• Program Administrative Specialist (PAS)

### **2.3 Improved guidelines and reporting systems**

A range of guidelines, templates and reporting tools were developed during this reporting period. Specifically we developed:

- Budgeting and work plan templates for grantees (described above in Section 2.1)
- Monitoring and Evaluation report guidelines (described in Section 8)
- Systems for issuing grants for new country programs (described in Section 4)
- Guidelines for reporting cost-share

These systems were available in time for grantees to use them for the reporting for FY07, and for planning for FY08. Overall the tools were found to be quite simple to use and allowed for streamlined analysis and reporting, as well as incorporation into Program reports and other documentation to USAID, such as the HIDN Results Review Report. Minor modifications will be made in the coming six months to refine these systems and templates.

## **3. Direct Implementation of Integrated NTD Control**

Mass drug administration (MDA) was initiated in all five countries, and the Program successfully completed MDA in four of the five “fast-track” countries by the end of FY07. Major achievements toward Program goals are highlighted in this section.

## Capacity Development

The Program trained over 107,000 workers at central, regional and district levels, including MOH staff, teachers, supervisors and drug distributors in preparation for the MDA. Table 3 shows the category of trained personnel by country program. Training included: background information on the NTDs, community mobilization techniques, safe drug administration, use of dose poles, proper completion of registers, supervision, reporting and monitoring adverse events.

**Table 2: Number of persons trained in FY07, by level of training and by country**

	MoH (central)	Trainers	Supervisors	Drug Distributors	Total
<b>Burkina Faso</b>	22	66 <sup>1</sup>	16	3,052	3,156
<b>Ghana</b>	-	230	1,210	19,701	21,141
<b>Mali</b>	-	68	609	15,312	15,989
<b>Niger</b>	10	94 <sup>1</sup>	-	17,915	18,019
<b>Uganda</b> (estimates only)	40	810	7,603	40,511	48,964
<b>Total</b>	<b>72</b>	<b>1,268</b>	<b>9438</b>	<b>96491</b>	<b>107,269</b>

## Mapping

The Program supports the disease prevalence mapping that is required to meet the requirements of the drug donation programs, and to target populations for intervention. In Year One three countries conducted mapping activities to allow them to target new diseases and expand treatment of NTDs.

- Burkina mapped 33 districts for trachoma
- Niger mapped 13 districts for LF and 23 districts for trachoma
- Uganda mapped two districts for trachoma

Treatment in these mapped areas is planned for FY08 MDA. Continued mapping activities will take place in FY08.

## Strategic Planning

Another important contribution to local capacity development by the Program was in strategic planning. Integration in the first five countries largely involved finding ways for the vertical NTD programs to share resources and plan together how to implement an integrated program. This required that disease-specific specialists learn about the other NTDs and to invest energy in the success of other disease control programs, sometimes at the expense of their own research and technical interests. It was a very important challenge, which continues to be one of the major roles of the NTD Program in supporting these five country programs that have already demonstrated the capacity to implement MDA for single diseases.

The re-budgeting exercise required to meet the 80-20 cost allocation targets provided an excellent opportunity for the Program to work closely with government counterparts to make more strategic decisions about how to allocate available resources available and to make decisions that maximize efficiency. The new budget template requires that country managers access the entire program's needs and resources and conduct an analysis of what additional funding is required. This "gap analysis" has been a novel way of thinking for program managers and requires new skills in budgeting, planning and collaboration.

### Coverage

During the first year the NTD Control Program implemented MDA campaigns in four countries. In each country several different treatment combinations were used to target sub-populations in accordance with the prevalent diseases. **Approximately 36 million treatments were delivered and more than 14 million people treated.** With the exception of praziquantel distribution in Mali, all country programs achieved **coverage rates of over 80%** of the population eligible for treatment and reached over 60% of the total population of targeted districts for all drugs distributed. Lower coverage rates (69% and 51% respectively) were reported from the Mali praziquantel distribution, and the reasons are currently being reviewed.

The MDA in Uganda is taking place in October and November 2007 and targets approximately 10 million people for 5 diseases in 38 target districts.

### Additionality

The Program has a goal of demonstrating that the resources provided through the grants have increased the reach of national programs for NTD control, through new geographic areas, additional disease programs and/or new target populations. In total, during FY07 as a **result of the additional resources from the NTD Control Program a total of 18 additional districts were treated for lymphatic filariasis (LF), five additional districts for onchocerciasis, and 19 additional districts for trachoma.** Fewer districts were treated overall for schistosomiasis due to the fact that some districts do not require annual treatment and cost-efficiencies are gained through treating every two-three years. Specific country programs achieved the following additionalities:

- In Burkina Faso 100% of the districts at risk were already being treated for LF, onchocerciasis and soil-transmitted helminthiasis (STH) through funding provided by WHO and the MOH. In 2007 the NTD Control Program mapped 33 districts for trachoma and treated 1 million people in 3 districts for the first time with Zithromax.
- By 2006 Ghana had already scaled up its LF, onchocerciasis and trachoma programs to 100% of districts at risk. In 2007 this national coverage was maintained through the NTD Control Program together with additional funding found by the MOH and districts. In addition UNICEF treated children country wide for STH and mapping for schistosomiasis has been initiated
- In 2007, with support from the NTD Control Program Mali treated an additional nine districts for LF (2.2 million people), three districts for onchocerciasis (1.9 million people), and eight districts for trachoma (1.7 million people).

- Niger initiated an LF program treating nine districts for LF, simultaneously reaching the at risk population for onchocerciasis in five of these nine districts. Also, an additional 2.6 million people in eight districts were treated for trachoma.
- The Uganda NTD Program will support the first drug administration of Zithromax for the treatment of trachoma in six districts targeting 2.2 million people.

## **Integration**

Progress toward integration during Year One is difficult to quantify at this early stage. In each of the five countries training for the MDA was conducted in a single training course of 1-2 days on average, replacing what had previously been a 1-2 day per disease program training for the vertical programs. Given the high proportion of the budget that is devoted to training this represents one of the best areas for demonstrating cost reductions. In Uganda training took place over weeks. Trainers at the central level were trained and sent to districts to train supervisors and teachers, who, in turn, trained the community drug distributors.

Several countries have established NTD secretariats as a management and planning body that coordinates among the various NTD programs. This appears to be a useful forum for discussing competing interests and prioritizing program goals, but remains a work in progress in each setting.

The best measure of integration over time will be demonstrated cost efficiencies. Countries report the following efficiencies based on their integration efforts in FY07:

- Reduced time in planning meetings, training, campaigns, supervision and evaluation meetings as several vertical programs now working under one NTD Program
- Reduced printing costs in integration of posters, informational brochures, treatment announcements, radio and TV spots, and program documents and manuals.
- Reduced transport costs through integrated delivery of drugs and supplies.
- Reduced transport, per-diems and facilitator costs through combined training of health workers and community volunteers.
- Reduced supervision costs as one supervisor now supervises MDAs for various disease programs
- Cost savings in integrating coverage validation surveys and streamlined reporting
- Reduced number of national and regional meetings for planning and for presenting and discussing results.

At this time these efficiencies are anecdotal, and need to be further documented in a systematic way through a formal cost analysis.

## **Drug procurement**

To procure the required essential drugs for country programs for FY08, we requested a waiver from USAID to procure PZQ and albendazole. A waiver for non-US source drug procurement was approved on October 2, 2007. A tender was issued within two weeks for the drugs

required for FY08 and we expect that the drugs will be available for each country before the FY08 MDA campaigns.

## **4. Grants Administration for Country Programs**

### **4.1 Issuance of Grants**

A Request for Applications (RFA) for new grantees was released in March, 2007. Expressions of Interest (EOIs) were submitted for review by a committee of 4 reviewers. Twenty-one EOIs were received in April 2007. Of these, nine EOIs were selected as the highest ranking and invited to submit full proposals. In mid-May a workshop was conducted for applicants, to provide guidance on program goals and answer questions about the RFA. Nine proposals were submitted, but one was not received before the deadline and was not included in the review.

A team of four reviewers reviewed the proposals, scored them according to the evaluation criteria. The team met in the NTD Control Program office in the last week of July 2007 for a one-day meeting to discuss the proposals and agree on final scores and ranking. Final selection of the review committee was sent to USAID on August 7, 2007 and USAID contacted the USAID Missions in the respective countries for concurrence. In September 2007, three new grantees, IMA World Health, Helen Keller International and Malaria Consortium were selected for programs in Haiti, Sierra Leone and South Sudan respectively. Each Mission responded with enthusiasm and will be included in the stakeholders meetings in FY08.

In September 2007 an RFA for Mali released to select a new grantee to provide support to the Mali national NTD control program.

### **4.2 Grants Management**

The Program provided specialized trainings for country management units, on-going support by phone and email and supported headquarters staff to attend a workshop to strengthen and update their capabilities.

- Judy Webb provided training of grantees in May 2007 in Burkina Faso for the grantee staff from the Francophone countries of Mali, Niger and Burkina Faso. The focus of the training was compliance with USAID rules and regulations, and proper invoicing and accounting of funds.
- Accounting and program staff from RTI, SCI and ITI attended the Association of PVO Financial Managers' Workshop on USAID Rules and Regulations, Indirect Costs held in Washington, DC in May 2007.
- Annual audits of the grantees were initiated in September 2007.

## 5. Technical Advisory Group

The Program delayed the planned TAG meeting until the second quarter of Year Two, to allow for consideration of findings from the WHO review of global NTD integration strategies and to give the new Program Director time to prepare for the meeting.

## 6. Documentation and Dissemination of Program Lessons

Documentation and dissemination activities have focused on development of program presentations and briefing materials to describe the program. Specific activities include:

- The NTD Control Program website was completed in September 2007.
- RTI used its own financial resources to produce a 5-minute video presentation for the Global Health Council meeting in May 2007. The video, shot in Ghana during the MDA, focuses on raising awareness of NTDs and focus on the launch of the program in the five fast-track countries. Raw footage was also provided to ITI to allow the national NTD program to utilize it for local advocacy work.
- Professional photographer, Andrea Peterson, traveled to Uganda in September 2007 to take photographs of the program implementation sites and communities for NTD Control Program materials. Ms. Peterson provided this service free of charge to the program, including Program access to all photographs taken. This was very much appreciated by the Uganda district staff as a means of recognizing the importance of their work on the Uganda NTD program, and served as a very useful advocacy tool in Uganda.
- We have drafted a white paper on integration that will serve as the basis for assessing the effectiveness and cost efficiencies assumed to be a result from integration. The draft paper has been shared with USAID and others for comment, and will be completed in the first quarter of Year Two.
- We have developed a rapid planning and budgeting tool that empowers country level program managers to plan for integration and to facilitates sound budgetary planning and decisions in the earliest stages of developing an NTD control program. Using estimates for key interventions and local costs, a country considering implementing an integrated program can quickly estimate the scope of the program and estimates for the resources required. The tool will be field tested in Mali and Haiti in the first quarter of Year Two.
- Existing NTD-specific information, education and communication (IEC) materials were gathered from the five country programs to allow sharing of materials among programs and to avoid duplication of effort.
- The Program's marking and branding plan for USAID was approved and the guidelines were shared with grantees. Support to grantees and country program staff for compliance with the marking and branding plan is on-going. Clarification of the

required approval and review for formal announcements of country program achievements have been included in the grant agreements with grantees.

## **7. Advocacy and Resource Mobilization**

Advocacy and resource mobilization activities in the second half of FY07 have focused on resource mobilization for praziquantel (PZQ). We drafted a policy paper on the issues surrounding PZQ availability, including supply, costs, donations and the implications of the situation for scaling up schistosomiasis control programs under the NTD Control Program. The Program held a meeting of global NTD partners to focus on the issues associated with access to the essential drug PZQ, required for treatment of schistosomiasis and not widely available through donation.

Access to PZQ is an obstacle to scaling up treatment for schistosomiasis globally and a significant challenge for the NTD Control Program. The meeting successfully highlighted this challenge in the global NTD community and contributed to establishing momentum for a drug fund and resource mobilization for PZQ. As a result of this meeting we are also working with USAID and WHO to develop a strategy for approaching bilateral donors to contribute to a drug fund for praziquantel, albendazole/ mebendazole (where not available through donation).

### **7.1 Advocacy for country level programs**

Confirming and strengthening the government's financial support for commitment to NTD control is a key indicator for Program success. During Year One grantees focused more on achieving coverage targets and less on the necessary advocacy resource mobilization that will be required for each country to maintain NTD control programs after external support that is currently available declines. In Year Two a greater focus will be made on the necessary transition that these country programs need to make to take over control and responsibility for assuring there are resources for their NTD control programs. We have incorporated this approach into the planning process for Year Two, pushing the grantees and country program stakeholders to begin planning for this transition, asking them to articulate how the governments take leadership and control in coming years.

### **7.2 Participation in Global Dialogue for NTD Control**

Through participation in a range of meetings of global NTD partners, the Program has become an important partner in the global dialogue for NTD Control. We have developed critical and supportive relationships with CDC and WHO. Specific activities during the second half of Year One include:

- In June 2007, Ibrahim Jabr attended the Partnership for Disease Control Initiatives (PDCI) meeting held in Ivoire, France representing the NTD Control Program.
- In April 2007, the Deputy Director attended WHO's Global NTD Partners' meeting in Geneva. The NTD Control Program was highlighted several times in the meeting by WHO staff.

- In May 2007, Dr. Kabore, Africa Regional Manager, attended WHO's LF country managers' meeting. The Program also supported the attendance of country managers from Uganda and Niger.
- In June 2007, Dr. A.K. Nandakumar, RTI Senior Health Economist, attended a meeting of the integrated NTD programs funded by the Bill and Melinda Gates Foundation to discuss cost analyses.

## 8. Monitoring and Evaluation

During the second half of Year One the focus of monitoring and evaluation (M&E) activities was finalization and implementation of the M&E Plan. Specific activities for the reporting period are described below.

### 8.1 M&E Plan

The Program's M&E plan was completed during the second half of Year One. Our approach to M&E focuses on **coverage and additionality**. Specifically: calculating the rates of coverage of treatment, and the numbers of additional people and districts treated through the efforts of the Program.

In developing the plan we sought technical guidance from a wide range of experts. Reviewers of the various drafts of the Plan include David Molyneux (Liverpool School Trop. Med.), Simon Brooker (London School Trop Med Hyg), David Crompton (University of Glasgow), Michael Demming (CDC, Atlanta), Els Mathieu (CDC, Atlanta), Yao Sodhalon (Mectizan Donation Program), Elisa Bosque-Olivia (SCI), Fiona Fleming (SCI), Joanne Webster (SCI), Dominique Kyelem (Taskforce for Child Survival), Mary Alleman (Mectizan Donation Program), and Achille Kabore (NTD Control Program). We worked closely with USAID during all stages of development of the plan and submitted it for approval in June 2007. With some minor modification and clarifications, it was accepted by USAID on the July 18, 2007.

WHO is currently developing a protocol for NTD monitoring and evaluation. The NTD Control Program M&E plan, and particularly the post-MDA validation survey protocol, is recognized by the broader NTD community as making a valuable contribution to testing a practical, simplified approach to M&E. Our experience using this approach will be shared with the broader community as part of our dissemination of lessons learned and best practices. We will continue to revise our M&E protocol to incorporate international guidance and best practice.

### 8.2 Cost Analysis

As part of the M&E Plan the Program will be conducting a cost analysis to document cost efficiencies resulting from integrated approaches. In June 2007 Dr AK Nandakumar, a senior economist at RTI, attended the Gates working group on developing compatible methods for costing NTD projects in London, UK. Through participating in this meeting the Program contributed significant expertise in the development of an NTD costing tool as well as ensuring that the NTD Control Program develops its costing methodologies within the context of the

wider NTD community. A follow-on meeting is planned for November and the Program will send a representative to assure that we incorporate any appropriate protocol or strategies that are being developed.

### 8.3 Support to Country Programs

To provide support to country program managers and to strengthen local capacity to implement the Program's M&E requirements, we have provided on-going technical assistance as necessary. Specific activities include:

- Dr. Achille Kabore worked with country NTD program managers in fast-track countries to incorporate country level feedback on Program forms designed for collecting data.
- Margaret Baker, Achille Kabore and Dieudonne Sankara provided in country level support, building capacity around M&E for NTDs and enabling program managers to collect and report on numbers treated for the different NTDs in a standardized fashion.
- Margaret Baker has worked closely with both grantees to ensure that the role of country programs with regards to the M&E plan was understood, to ensure adequate timing of reporting and to feedback results in order to maximize the quality of data available.
- Dr. Sankara worked with Niger national program managers to field test and refine the post-MDA validation survey protocol and tools. The Niger team was then able to provide the necessary support to the Burkina Faso program, enabling Burkina Faso to implement the survey. Dr. Sankara also worked with Ghana program managers, supporting them in the implementation of the post-MDA survey.

### 8.4 Development of M&E Tools and Systems

The following M&E tools and systems were developed and refined in the second half of FY07:

**M&E reporting guidelines:** The forms for country programs to report on M&E indicators were finalized and used in FY07 to collect all necessary data for reporting against our intermediate results in the results framework. Forms were found to be generally very well-designed, but will be refined for FY08, building on experience from this year.

**NTD database.** We have developed a database using Microsoft Access, containing district level data for all countries on disease prevalence, population, numbers eligible for treatment and numbers treated. Reports are designed to be able to provide coverage results at district and country level both by drugs used and by disease. These reports provide the necessary summary data for reporting against the results framework and will also be used to provide feed-back to countries, thereby strengthening capacity in analysis of coverage results and subsequent use of these results for program planning.

**Post MDA survey:** A post-MDA validation survey protocol has been developed. This survey will be conducted in a randomly selected sample of communities with the aim of validating reported coverage rates, providing information on coverage by age and sex, and collecting valuable information to assist program managers to improve future campaigns. This tool was

tested in Niger and is currently being implemented in Burkina Faso and Ghana. This survey will also be conducted in Uganda and Mali in the next 6 months.

## **9. Activities Planned for the Next Six Months**

### **Management**

- Orientation of new Program Director
- Obtain approval for Year Two Work Plan from USAID
- Recruit Senior Grants Manager and Assistant Grants Manager

### **Direct implementation**

- Incorporate findings of the WHO review of integrated NTD control programs into the workplan development process for the last three quarters of FY08.
- Hold technical meeting for S. Sudan in Atlanta
- Participate in stakeholders meetings in Haiti Dec 10-14, 2007
- Provide technical assistance as needed to new country programs for development of systems, especially financial management and reporting, finalizing an MOU with the MOH, conducting stakeholders meetings, drug donation applications and forecasting of drug requirements, and strengthening lines of communication with USAID missions as appropriate.
- Work with WHO and USAID to assure continued access to PZQ and development of an NTD drug fund.
- Procure necessary PZQ for FY08 country programs, and assure timely delivery.

### **Grants Management**

- Get new grantees up and running
- Provide training for grantees on USAID rules and regulations and RTI procedures for financial management of grants.
- Prepare new RFA for FY08 grantees

### **TAG**

- Convene TAG meeting in second quarter

### **Document Dissemination**

- Develop additional website materials for the NTD Control Program website, including tools developed, guidelines for grantees, the video prepared for the GHC meeting, links to key partners and websites, results from MDA in Year One and grantee awards.
- Print Program brochure. Electronic version will be available by the end of October.
- A draft of the white paper on integration approaches for NTD programs will be sent to USAID in late October, 2007 and to other reviewers as agreed with the CTO for comment and review.

## **Advocacy & Resource Mobilization**

- Focus on working with grantees to step up country-level resource mobilization activities, clarifying with the grantees the Program's expectations for this critical program element.
- Continue to work with WHO and other partners to develop strategies for assuring access to praziquantel.
- Participate in the American Society of Tropical Medicine and Hygiene meeting in Philadelphia, where key presentations on NTD control programs will be made.
- Attend the Americas Regional Program Review Group and Program Managers meetings in Santo Domingo, DR, December 11-12, 2007.

## **M&E**

- Participate in a cost analysis meeting of the Bill and Melinda Gates Foundation-supported NTD programs in November
- Analyze MDA coverage validation survey data to determine reliability of register reports. Review design of the survey tool in terms of its usefulness for modifying program implementation. Finalize report of FY07 performance results.
- Provide support to the WHO review activity, such as MDA results and other specific data as requested.
- Finalize the data base for baseline data from countries as well as data collected from grantees in accordance with the Program's M&E reports. Develop report-generating functions in the Access database.
- Provide on-going support to country programs for Program M&E requirements.
- Provide feedback to grantees and country programs on FY07.
- Prepare M&E guidelines for country program managers.