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# **Neglected Tropical Disease Control Program**

Semi-annual Report

October 1, 2009-March 31, 2010

April 30, 2010

This publication was produced for review by the United States Agency for International Development. It was prepared by RTI International.

# Neglected Tropical Disease Control Program

Semi-annual Report, October 1, 2009-March 31, 2010

Cooperative Agreement No. GHS-A-00-06-00006-00

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## List of Acronyms

AFRO	World Health Organization Regional Office for Africa
APOC	African Programme for Onchocerciasis Control
AOTR	Agreement Officer's Technical Representative
APS	Annual Program Statement
ASTMH	The American Society of Tropical Medicine and Hygiene
CDC	Center for Disease Control
CNTD	Center for Neglected Tropical Diseases, Liverpool
FOG	Fixed Obligation Grant
HDI	Health & Development International
HKI	Helen Keller International
IEC	Information, Education and Communication
ITI	International Trachoma Initiative
IQC	Indefinite Quantity Contract
JAF	APOC Joint Action Forum
LF	Lymphatic Filariasis
M&E	Monitoring and Evaluation
MCHW	Maternal and Child Health Weeks
MDA	Mass Drug Administration
MEC/AC	Mectizan Expert Committee/Albendazole Coordination
MDP	Mectizan Donation Program
MOH	Ministry of Health
MOHP	Ministry of Health and Population
NDGO	Non-Governmental Development Organizations Group
NPELF	National Program to Eliminate Lymphatic Filariasis
NGO	Non-Governmental Organization
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PDCI	Partnership for Disease Control Initiatives
RISEAL	Réseau International Schistosomoses Environnement Aménagements et Lutte
RTI	RTI International
SAE	Severe Adverse Event
SCI	Schistosomiasis Control Initiative, Imperial College, London
SEARO	South East Asia Regional Office, WHO
SSI	Sightsavers International
STAG	Strategic and Technical Advisory Group, WHO
STH	Soil-Transmitted Helminthes
TA	Technical Assistance
TAG	Technical Advisory Group
USAID	United States Agency for International Development
USG	U.S. Government
WHO	World Health Organization

# 1. Summary

## **Program Planning, Management, and Reporting**

Country work plans were finalized for all countries during the first quarter, except Togo and Cameroon, which were completed in the second quarter of the year.

The program initiated subcontract agreements with new partners to undertake specific technical work. RTI will engage DBL–Centre for Health Research and Development (University of Copenhagen) to develop a training package targeting national NTD control management teams at the country level to strengthen capacity for a range of technical issues critical to integrated NTD control. In addition, the Task Force for Global Health will provide technical assistance to develop and manage the mass drug administration (MDA) Planning and Outcome Resource database to facilitate the sharing of complementary data on mass drug administration for integrated NTD control programs among the drug donation programs and the NTD Control Program.

To better meet the needs of individual country program work plans, the Program has established a technical assistance indefinite quantity contract (IQC) mechanism allowing the NTD Control Program to issue IQC partners with task orders to provide rapid and strategic technical assistance to grantees and government programs in areas such as: IEC, advocacy, post-MDA survey data analysis, post-elimination exit strategy, and mapping and survey activities for one or more of the five NTDs.

RTI submitted financial reports in accordance with 22 CFR 226.52. The Year 4 Work Plan was approved on December 16, 2009 and the Semi-Annual Program Report (April 1, 2009-September 30, 2009) was submitted October 31, 2009. Program staff have briefed the USAID Agreement Officer's Technical Representative (AOTR) on Program progress on a regular basis, and prepared bi-weekly NTD Control Program Updates for USAID to share with Missions in participating countries.

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

**To date the Program has successfully delivered approximately 255 million treatments to 59 million people** in 8 countries (Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone, South Sudan and Uganda). Integrated NTD programs in Year 4 are ongoing in twelve countries: Bangladesh, Burkina Faso, Cameroon, Ghana, Haiti, Mali, Nepal, Niger, Sierra Leone, Southern Sudan, Togo and Uganda. Six country programs conducted MDAs in the first half of Year 4 (Ghana, Haiti, Mali, Sierra Leone, Southern Sudan, and Uganda), for a total of 33 million treatments delivered and 17 million persons treated.

## **Grants Administration for Country Programs**

During the reporting period, the Program added two new country programs: Cameroon and Togo, for a total of 12 country programs. Guinea was selected during the second round of the APS; however, civil unrest prevented USAID programming to proceed in the country.

The grants management team worked with HDI Inc. and Helen Keller International staff to secure full grant agreements, work plans and budgets to conduct NTD Control program activities in Togo and Cameroon. Negotiations with Helen Keller International to start-up activities in Guinea were put on hold due to the unstable political situation in the country. Additionally, the team negotiated a close-out of the centrally funded grant agreement with Malaria Consortium in South Sudan and opened a new agreement with field buy-in funding.

## **Technical Advisory Group**

During this reporting period the Program held two TAG meetings building on meetings of technical experts already planned by global partners. The two meetings, Integrated Mapping of NTDs, Dakar, Senegal - December 15-17, 2009 and Assessment and Treatment of NTDs in Non-rural settings in Africa, Decatur, GA -March 2-5, 2010, provided the NTD Control Program with valuable technical guidance, while benefiting from the cost-efficiencies of cost-sharing the travel and meeting expenses.

## **Documentation and Dissemination of Program Lessons**

During the reporting period the Program hired a Program Manager for Materials Development and Communications and has assumed responsibility for the Document Dissemination program component. Several articles were published in peer-review journals, and several key presentations were made to highlight program achievements.

Key best practices and lessons learned include:

The Funding Gap Analysis Tool is an extremely valuable planning tool for country programs. Of particular importance, it quantifies government in-kind resources committed to NTD control; standardizes cost categories across country programs allowing donors to clearly see financial gaps as well as areas requiring technical assistance; provides a basis for rational planning and resource allocation; and is a strong advocacy tool.

A model start-up strategy for country programs has been developed. Based on program's experience to date, the start up of country programs prior to the commitment of funds by USAID is optimally conducted as follows:

- In-depth situation analysis involving a thorough literature review, conducted by national academic and disease-specific experts and identifying technical areas of support required to control and eliminate endemic NTDs.

- Funding gap analysis conducted using the Program’s Funding Gap Analysis Tool, and involving government counterparts and key partners in NTD control at the country level.
- Five Year National Plan of Action developed by government stakeholders and key partners in NTD control, with the support of WHO, clarifying government priorities for NTD control, as well as stakeholders and their roles and responsibilities in a national program.
- National Stakeholders meeting convened by the MOH and endorsed by WHO, laying out the national plan of action, clarifying financial and technical gaps and clarifying the government’s leadership and ownership of a fully-costed integrated NTD control strategy for the country.

Post-MDA surveys have been difficult and expensive to implement due to complex sampling and analysis strategies. Local capacity for implementation of integrated post-MDA surveys is not adequate and external technical assistance has been expensive and comes at the cost of other technical assistance and implementation needs in the region. As a result, most countries have not been able to complete the analysis within a reasonable timeframe in order to inform the planning or implementation of the next rounds of MDA. Simpler techniques for validating reported MDA coverage rates may be required for future expansion.

There is an urgent need for post-elimination certification guidelines for LF. Several countries, including the Philippines, Viet Nam, Bangladesh, Ghana, and Burkina Faso are close to elimination in at least parts of the country and are seeking clear guidance about next steps and clarification about global guidelines for post-elimination strategies. The Program has highlighted this need in discussions with WHO and other NTD partners, and intends to focus on this during the second half of the year.

Increased capacity building for country level program managers is increasingly required. As NTD programs are initiated in new countries, and disease-specific program managers are asked to coordinate and lead integrated strategies, a cadre of skilled program managers will be essential to assure that national programs meet international standards. Capacity building activities being implemented through DBL target strengthening program managers understanding of WHO guidelines and helping countries identify gaps for additional support. We have found that the most cost-effective TA is provided by sharing technical expertise within regions. For example, Uganda experts provide TA to S Sudan. Going forward, we recommend developing a cadre of technical advisors that can provide intra-regional support and benefits from the achievements of countries like the Philippines and Viet Nam.

## **Advocacy and Resource Mobilization**

Following the focus on advocacy and resource mobilization during the grantee meeting during August 2009, country programs developed innovative advocacy strategies and achieved some important successes, including the following:

- Despite the political unrest in Niger, two vehicles (total cost around \$180,000) have also been given to the NTD programs to support NTD activities, and the Ministry of Education has developed NTD education materials for the primary school curriculum.
- For the first time, the Government of Sierra Leone demonstrate its commitment to NTD control through including a budget line item for integrated NTD management for \$36,000, primarily allocated for training of health workers.

## **Monitoring and Evaluation**

The focus of activities during the first half of Year 4 was to generate Program results, to provide support to grantees for implementation of Program M&E requirements, and to develop international M&E tools, standards and guidelines.

- Year 3 Program results were finalized and incorporated into a preliminary manuscript for publication and other forums for dissemination.
- Training was provided to HKI-Cameroon, HDI-Togo, and RTI-Nepal staff on the Program's M&E system and tools.
- Situation analysis conducted in Bangladesh in preparation of the technical assessment team visit in February 2010. The analysis provided a clear presentation of work done to date and progress toward elimination, as well as highlighting specific technical assistance needs for future support.
- A consolidated tool was developed to streamline the MDA Coverage Form and the Baseline Form data in order to allow program managers to more easily recognize trends in coverage, identify problem areas, and become aware of when LF- and trachoma-endemic districts are approaching elimination.

## 2. Program Planning, Management and Reporting

### 2.1 Program Planning

Experience during this reporting period showed that grantees benefited greatly from the direct assistance from the Program staff in during the August meeting. Country work plans were finalized for all countries during the first quarter, except Togo and Cameroon, which were both start-up countries during this reporting period and required additional assistance and support to prepare work plans. Togo and Cameroon work plans were completed in the second quarter of the year.

### 2.2 Program Management

Several staff changes occurred during the reporting period: Dr. Achille Kabore, seconded from LATH, relocated to the NTD Control Program offices in October 2009; Amy Doherty, senior program and contract administrator, moved to NTD 100% in January 2010 to provide finance and administration management. Jennifer Leopold was hired in March as Program Manager for Materials Development and Communications and has assumed responsibility for the Document Dissemination program component. Dr. Sankara, NTD Specialist, resigned during the reporting period.

In addition, the program initiated subcontract agreements with new partners to undertake specific technical work. New sub-agreements initiated are as follows:

- To increase the knowledge and capacity of country program managers to plan, coordinate implement, and report on their program achievements, RTI will engage DBL–Centre for Health Research and Development (University of Copenhagen) to develop a training package targeting national NTD control management teams at the country level to strengthen capacity for a range of technical issues critical to integrated NTD control.
- The NTD Control Program is establishing a MDA Planning and Outcome Resource to facilitate the sharing of complementary data on mass drug administration for integrated NTD control programs among the drug donation programs and the NTD Control Program, in order to improve access to the information critical to drug forecasting and resource planning. The database will draw together key elements of existing data that are of interest and value to all parties. The Task Force for Global Health will provide technical assistance to develop and manage the MDA Planning and Outcome Resource database, housed in the Task Force.
- A technical assistance indefinite quantity contract (IQC) mechanism has been established to help meet the needs of individual country program work plans. This mechanism allows the NTD Control Program to issue IQC partners with task

orders to provide rapid and strategic technical assistance to grantees and government programs in areas such as: development of IEC materials, development of Advocacy Strategy, post-MDA survey data analysis, post-elimination exit strategy, and mapping and survey activities for one or more of the five NTDs. Selected IQC partners are: Helen Keller International (HKI), Sightsavers International (SSI) and Imperial College of Science Technology and Medicine: Schistosomiasis Control Initiative (SCI).

## 2.3 Program Reporting

### *Financial Reports*

RTI submitted financial reports in accordance with 22 CFR 226.52.

### *Annual Work Plan*

The Year 4 Work Plan was approved on December 16, 2009.

### *Semi-Annual Program Reports*

The Semi-Annual Program Report for the period April 1, 2009-September 30, 2009 was submitted October 31, 2009. Additionally, Program staff briefed the USAID AOTR on Program progress on a regular basis, and prepared bi-weekly NTD Control Program Updates for USAID to share with Missions in participating countries.

## 3. Direct Implementation of Integrated NTD Control

### 3.1 Overview

Integrated NTD programs in Year 4 are on-going in twelve countries: Bangladesh, Burkina Faso, Cameroon, Ghana, Haiti, Mali, Nepal, Niger, Sierra Leone, Southern Sudan, Togo and Uganda.

**To date the Program has successfully delivered approximately 255 million treatments to 59 million people in 8 countries** (Burkina Faso, Ghana, Haiti, Mali, Niger, Sierra Leone, South Sudan and Uganda).

Six country programs conducted MDAs in the first half of Year 4 (Ghana, Haiti, Mali, Sierra Leone, Southern Sudan, and Uganda), for a total of 33 million treatments delivered and 17 million persons treated. Table 3 below shows the additional population and treatment targets reported during the first half of Year 4.

**Table 3: Preliminary Number Persons Treated with NTD Control Program support , First Half of Year 4**

Country	Drugs Delivered	No. Districts Treated	Treatments Delivered (millions)	No. Persons Treated (millions)	Program Coverage %
Ghana	IVM, ALB	92	15.44	8.6	80-89
Haiti	DEC, ALB	41	4.6	2.3	95
Mali	IVM, ALB, PZQ, Zithro+Tetra	5	1.48	0.42	71-94
Sierra Leone	IVM, ALB	12	6.95	3.47	91
Southern Sudan	ALB, PZQ	6 payams	0.06	0.03	82
Uganda	IVM, ALB, PZQ	49	4.65	2.15	86-100

NOTES: Program Coverage: The range of national level program coverage for the different drug packages delivered is shown. Ghana: Preliminary results--data is still being collected in 3 districts. Mali: Preliminary results, as LF data needs to be confirmed by LF Program Manager. Sierra Leone: Treatment of 2 districts was postponed to May due to re-emergence of wild polio virus in the sub-region. Uganda: Preliminary data showing results in 12 districts; data in 37 districts still being collected

During this reporting period RTI worked closely with WHO to support the MOH in Nepal to initiate its integrated national program based practices from other country programs. WHO provided support for development of the National Plan of Action, which included a detailed Situation Analysis. During the reporting period, a National Plan of Action was finalized by the Ministry of Health and Population (MOHP) with support of the WHO. The MOHP convened a stakeholders meeting to present the Plan of Action. Participants included the Director General of the Department of Health Services, director of MOHP, Secretary of MOHP, Program Director of National Trachoma Program, Chief of Epidemiology and Disease Control Division, Director of ITI, WHO, USAID-Nepal, and RTI International, among other partners. At the meeting, the stakeholders indicated their commitment to integrating NTD control in Nepal.

Following the stakeholders meeting, RTI established a small office to support the MOHP and has begun working with the MOH on a work plan for year 4 activities. Using the National Plan of Action as the framework for planning, the Funding Gap Analysis Tool is currently being implemented in Nepal to identify the funding gaps in the national country program, which will inform the NTD Control Program's operations in Nepal.

Additional highlights of the Program's achievements during the first half of Year 4 achievements are summarized below.

### **3.2 Additionality**

During the first half of Year 4, the Program achieved significant additionality in the following areas: number of new geographic areas mapped, number of people treated,

number of treatments provided, and number of implementation units (geographic) targeted for treatment.

***Mapping of new geographic areas***

The Program supports the disease prevalence mapping required to meet the requirements of the drug donation programs, and to target populations for intervention. The following mapping activities were carried out with NTD Control Program funding during this reporting period:

**Burkina Faso:** 4 districts were mapped for trachoma with USAID support.

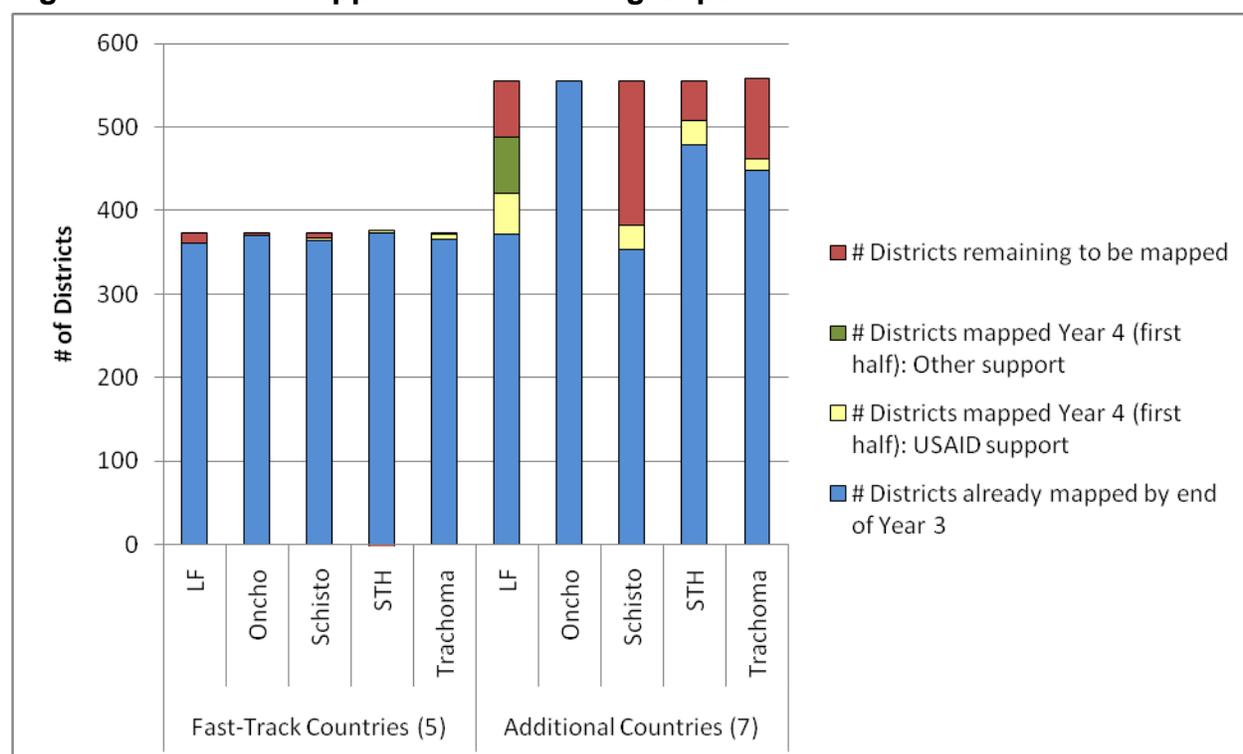
**Cameroon:** 49 districts were mapped for LF with USAID support, 67 with other support.

**Togo:** 29 districts were mapped for schisto and STH and 14 districts were mapped for trachoma with USAID support.

**Uganda:** 3 districts were mapped for schisto and STH and 2 districts were mapped for trachoma with USAID support.

As shown in Figure 1, very few districts remain to be mapped in the five fast-track countries, demonstrating the contribution of the NTD Control Program in establishing the evidence base for treatment targets in these countries. Mapping gaps remain primarily in the seven countries added in Years 2 and 3, particularly for schistosomiasis and trachoma.

**Figure 1. Districts Mapped and Remaining Gaps**



The Program also supports surveillance of LF and trachoma through supporting sentinel/spot check sites<sup>1</sup> for LF and impact assessments for trachoma. The following activities were carried out during the reporting period and/or 2009:

**Burkina Faso:** 7 sentinel sites and 5 spot-check sites were assessed with non-USAID support in 2009.

**Ghana:** 11 districts received USAID support for LF surveillance, and an additional 4 districts received support from Liverpool Center for Neglected Tropical Diseases (CNTD) in 2009.

**Haiti:** 1 sentinel site and 3 spot check sites were assessed with non-USAID support in 2009.

**Mali:** Impact studies for trachoma were carried out in 8 districts with USAID support and 8 districts with other support during the first half of Year 4. In 2009, approximately 20 sentinel sites were assessed with USAID support, although this information needs confirmation from the LF Program Manager in Mali.

<sup>1</sup> Spot check sites are similar to sentinel sites, except that different spot check sites are chosen for every assessment. These sites provide additional information on the microfilaremia prevalence in an implementation unit.

**Niger:** Impact studies for trachoma were carried out in 6 districts with USAID support and 2 districts with other support during the first half of Year 4. In 2009, three sentinel sites were assessed with non-USAID support.

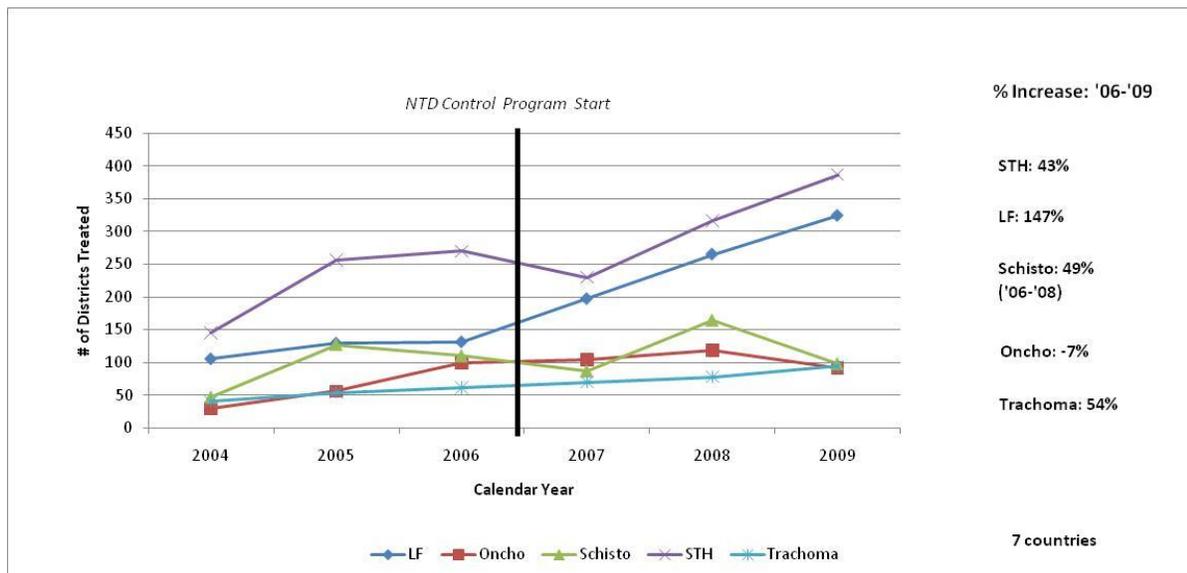
**Togo:** Program support was provided to develop a model post-MDA surveillance system for LF, and the deliverables of this fixed obligation grant are forthcoming in order to help other countries with their transitions from LF-endemic to LF-post-elimination status.

**Uganda:** In 2009, 2 sentinel sites and 2 spot check sites were assessed with USAID support.

### ***Increased Coverage through Mass Drug Administration***

The NTD Control Program has significantly increased geographical coverage for mass drug administration for each disease, as seen in Figure 2. The number of districts treated for schistosomiasis fluctuates as a result of the limited supply of PZQ each year. In 2009 several countries interrupted treatment after three consecutive years of treatment in target populations.

**Figure 2. Geographic Scale-Up in NTD Control Program Countries, 2004-2009**



## **3.3 Capacity Building**

### ***Capacity Development***

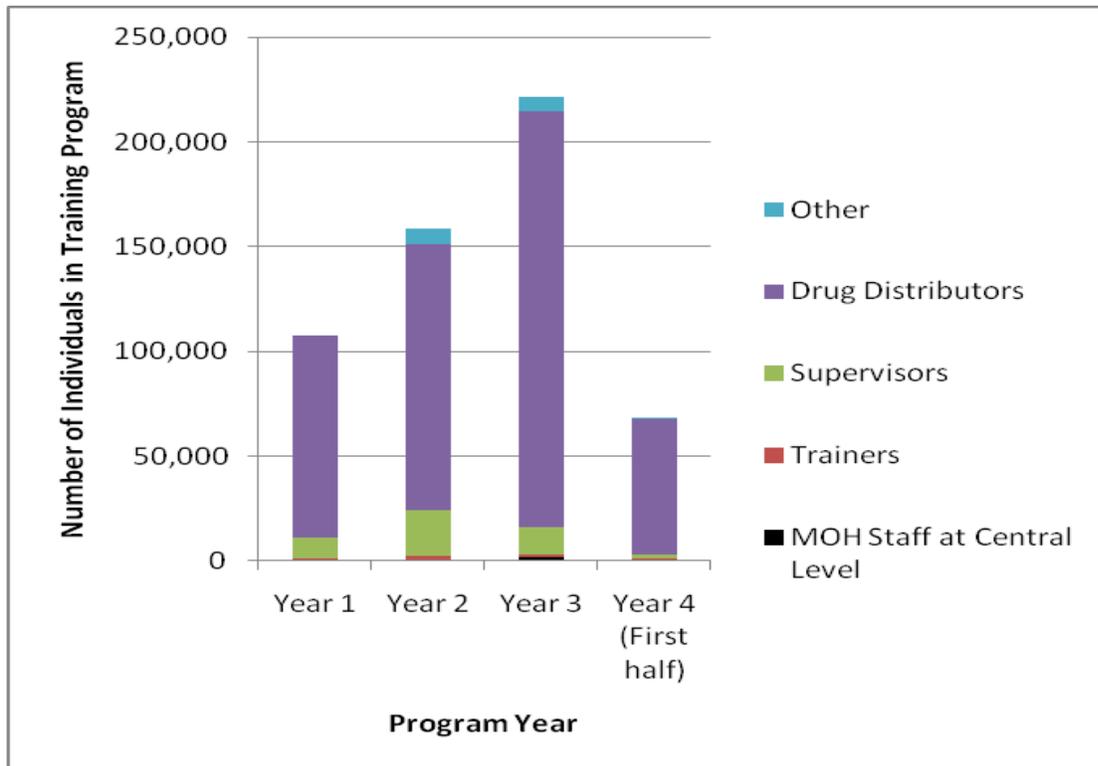
In the first half of Year 4, the Program trained over 67,000 workers at central, regional and district levels, including MOH staff, teachers, supervisors and drug distributors in preparation for the MDA. Table 4 shows the number trained by country program.

**Table 4: Number of Persons Trained, First Half of Year 4**

<b>Country</b>	<b>Year 4 (First half)</b>
Burkina Faso	30
Cameroon	16
Ghana	23
Haiti	10,635
Mali	1,623
Niger	0
Sierra Leone	20,961
South Sudan	143
Togo	0
Uganda*	34,080
Bangladesh	
Nepal	
<b>TOTAL:</b>	<b>67,511</b>

To date, the Program has supported training to more than 555,000 person contacts, many of whom have been trained more than one time, with the large majority (87%) of trained staff being community level drug distributors, as shown in Figure 3. This is an important contribution to developing the capacity of community workers and engaging communities in NTD control.

**Figure 3. Health Care Workers in Training Programs Supported by USAID**



**Integrated NTD Control Training Course for Program Managers.** As USAID and other donors scale up to reach at-risk populations globally, it has become clear that capacity development for country program managers must be a priority. During the reporting period we have begun working with DBL – Centre for Health Research and Development (Copenhagen) to develop a 2-3 week course for program managers to strengthen capacity in a range of technical issues for integrated NTD control, focusing on strengthening program managers’ capacity in understanding the specific issues and challenges associated with each endemic NTD and the best practices for integrating the control/elimination programs targeting them.

**Funding Gap Analysis Tool.** The NTD Control Program has worked with Country Program Managers in Uganda, Togo and Nepal to use the Funding Gap Analysis Tool in developing their national NTD strategies and budgets. Each country has found it to be a very useful planning tool, and particularly valuable in quantifying the governments’ contribution and commitment. The tool combines budget and cost data with epidemiologic and demographic data. The tool allows planners and managers to estimate the total cost of the national integrated plan, including the in-kind contributions of government and local partners; it complements the WHO model plan of action by providing a total budget projection as well as identifying the funding gap which donors—including USAID—can support.

### 3.4 Drug Procurement and Management

During the reporting period, Program staff worked with drug donation partners to ensure timely delivery of medicines needed for scheduled MDA. During the reporting period, Program staff attended critical pharmaceutical company forums as presented in Table 5 below.

**Table 5. Drug Management Meetings**

Meeting/Conference	Objective of Participation	Dates	Venue	Attended
Partnership for Disease Control Initiatives (PDCI)	Coordinate with drug donation programs	1/12-1/14 2010	London	Linehan
WHO Working Group on Access to Assured Quality, Essential Medicines for NTDs	Participated in the discussion investigating the establishment of a global NTD drug working group and drug fund	1/26/10	Geneva (by teleconference)	Kim

**Development of WHO Guidelines on Severe Adverse Reactions.** Program staff provided comments on WHO’s revised draft of *Assuring Safety of Preventive Chemotherapy Interventions for the Control of Neglected Tropical Diseases: Practical Advice for National Programme Managers on the Prevention, Detection and Management of Serious Adverse Events*. A final draft is expected in May 2010.

**Tracking Delivery of Procured Medicines for MDAs.** Drugs procured by the program and delivered in the first half of Year 4 are shown in Table 6 below.

**Table 6. Procured Drugs Delivered in Reporting Period**

Drug Procurement and Shipment	Q1	Q2	Q3	Q4
PZQ (16,050,000 tablets in total)		Mali (9,250,000) Niger (6,600,000) Sierra Leone (200,000)		
ALB (3,300,000 tablets in total)	Uganda (3,000,000)	Niger (300,000)		
DEC (9,000,000 tablets in total)		Haiti (9,000,000)		

**Mobile Phone Inventory Tracking.** RTI is working with the International Trachoma Initiative (ITI) to develop a mobile phone inventory tracking platform to improve monitoring of NTD drug stocks and reporting of preliminary M&E data and SAEs. ITI will fund the field test of the mobile phone drug tracking platform. A preliminary test of the technology is scheduled for June 2010.

**Assuring compliance with WHO guidelines in Haiti.** WHO guidelines recommend the use of 100mg DEC for the treatment of LF, where it is not co-endemic with onchocerciasis, in order to minimize the number of tablets administered during MDA. Because Haiti has been implementing their MDA using a 50mg tablet, RTI has begun working with IMA World Health and the government of Haiti to support the switch to the 100mg DEC. A plan has been developed whereby the Year 4 MDAs will be completed using 50mg DEC, and Year 5 MDAs are started with 100mg DEC, allowing for the required training and development of materials to support the use of the higher dose tablet, which will be consistent with WHO recommendations. Agreement with the MOH in Haiti was delayed due to the earthquake in January 2010 and is planned for the 3<sup>rd</sup> quarter of Year 4.

### **3.5 Operations Research to Improve Integrated Program Performance**

Togo launched its National Program to Eliminate Lymphatic Filariasis (NPELF) in 2000. Based on the available data, Togo stopped MDA for LF in 5 of the 7 endemic districts in 2009. However, transmission is still ongoing in neighboring countries and Togo is developing a post-elimination surveillance activities. The grantee, HDI, reports that the study has been completed and a final report will be available in the 3<sup>rd</sup> quarter of this year.

### 3.6 Technical Assistance

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

**Table 7: Technical Assistance Provided During the Reporting Period**

Technical Assistance Provided	Country	Technical Resource
Development of IEC materials and messages in support of MDA	Ghana	Sightsavers International
Development of Advocacy Strategy, including training support for country counterparts, materials development	Uganda, Ghana	Sightsavers International; PRG
Work plan development	Togo, Cameroon, Nepal, Vietnam, Philippines, Bangladesh, Southern Sudan, Guinea	
Stakeholders meeting	Nepal, Bangladesh, Cameroon	Kabore, Linehan, Zoerhoff, Ottesen
Financial Gap Analysis tool implementation in countries	Nepal, Togo, Uganda	Goldman, Torres, Zoerhoff
Post-MDA survey data cleaning and analysis	Ghana, Haiti, Mali, Sierra Leone, Uganda	RTI statisticians, Zoerhoff, Goldman, Heck (HKI)
Support for publication of program results	Sierra Leone	Ottesen, Linehan, Leopold
Mapping protocol development, sampling design and support for implementation and report writing	Cameroon, Togo, Southern Sudan	Program staff; WHO AFRO, Uganda technical experts (Sudan)
M&E, including support for development of local M&E systems,	Ghana, Cameroon, Haiti, Nepal, Philippines,	Zoerhoff, Kabore, Heck (HKI)
Assessment of progress toward LF elimination and next steps	Bangladesh	Technical team led by Ottesen, Zoerhoff including GSK, CNTD, WHO SEARO
Planning and implementation of impact assessments	Mali, Burkina Faso, Niger	Program staff; WHO AFRO; IQC awardees; Carter Center
National Plan of Action development	Nepal	Albonico (WHO), Linehan
Taking the Advocacy Plan to implementation	Uganda	Wuichet, Project Resource Group

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

### **4.1 Expanding Grants Program to New Countries**

During the reporting period, the grants management team worked with HDI Inc. and Helen Keller International staff to secure full grant agreements, work plans and budgets to conduct NTD Control program activities in Togo and Cameroon. Negotiations with Helen Keller International to start-up activities in Guinea were put on hold due to the unstable political situation in the country. Additionally, the team negotiated a close-out of the centrally funded grant agreement with Malaria Consortium in South Sudan and opened a new agreement with field buy-in funding.

Round Two of the Year Three Annual Program Statement (APS) applicants were notified of the results of the competition and were given an offer of a verbal de-brief. The full results of the APS are available in the APS Evaluation Memorandum.

The Operations Director and representatives from WHO and USAID conducted site visits to Viet Nam and the Philippines to determine technical and financial assistance requirements, based on a recommendation from WHO that both countries were priority for NTD control activities. In Viet Nam, LF and trachoma have been successfully eliminated, and Viet Nam does not qualify as a priority country for under USAID's NTD Control Program selection criteria. The Program proposed to assist the government to conduct a gap analysis to determine the funds required to scale up STH treatment nationally and certify elimination of LF.

Meetings with various government and NGO stakeholders indicated that the Government of the Philippines has a well-established integrated approach to control of LF, schisto and STH. The government has a number of key policies in place, budget allocations for drug procurement, mass drug administration, surveillance, research and strategies for elimination. Government leadership and commitment appears to be strong, partnerships are well-established and technical capacity is in place. The Philippines government has decided to exceed the international NTD control and elimination goals in some areas, for example, seeking to eliminate Schistosomiasis and conducting MDA even where international thresholds establishing that the disease is a public health problem are not reached. The Philippines program has already achieved many of the country goals mandated under USAID's NTD Control Program. The main focus of activities should be assuring continued government commitment, high rates of compliance and coverage and documenting best practices. The NTD Control Program proposed to assist the government to conduct a gap analysis to determine the funds required to scale up STH treatment nationally and certify elimination of LF.

### **4.2 Management Support and Supervision of Awarded Grants**

During the reporting period, all year four work plans and budgets were negotiated and the grant agreements were amended to reflect the new funding and planned activities. Sixty-

one (61) new fixed obligation grants (FOGs) were negotiated with District Health Offices in Uganda for mass drug distribution for year 4 NTD Control Program activities. A site visit to HDI, Inc in Togo that was planned during the reporting period was postponed to the next reporting period due to scheduling conflicts.

Due to the devastating earthquake that struck Haiti in January the grants team has worked very closely with IMA World Health to add additional funds to the budget to meet the needs of the program in a post-earthquake environment. MDA will resume in Cap Haitian on April 15-18<sup>th</sup>, 2010. MDA for Nippe, Camp Perrin, NE and SE will be scheduled for May and June. A new office site has been identified in St. Marc. The staff relocated to St. Marc and resumed activities at the new office site the week of March 15<sup>th</sup>.

The Imperial College grant agreement was fully reconciled during the reporting period. The accounting audit will take place during the next reporting period.

In October, the Senior Project Administrator conducted a site visit with the RTI/Uganda staff to discuss roles and responsibilities for management and oversight of the fixed obligation grants (FOGs), as well as review of recordkeeping practices.

During the reporting period the Deputy Finance Grants Manager was trained on the funding gap analysis tool and prepared the demographic information for Ghana in preparation of conducting the gap analysis exercise in Ghana early in Quarter 3 of Year 4.

## 5. Technical Advisory Group

During this reporting period, the Program held two TAG meetings building on meetings of technical experts already planned by global partners. These meetings provided the NTD Control Program with valuable technical guidance, while benefiting from the cost-efficiencies of co-hosting and cost-sharing the travel and meeting expenses. Meeting summary recommendations are presented below.

**Integrated Mapping of NTDs. Dakar, Senegal - December 15-17, 2009.** The meeting was co-hosted by the African Regional Office, WHO and the NTD Control Program. Sixteen technical experts attended the meeting.

This meeting provided an assessment and suggested approach to integrated mapping of the targeted NTDs. WHO's established disease specific indicators and thresholds are not altered by these recommendations, as it is essential that the recognized, principal disease-specific objectives be maintained in integrated NTD programs. The purpose of developing an integrated approach to mapping is to allow countries with multiple diseases to maximize the effectiveness of the limited human, financial, and logistical resources available for mapping. It should be clear, however, that not all elements of disease-specific mapping can be 'integrated'. Integration should be considered as attitude, not a formula – an effort to identify those elements of disease-specific mapping activities that might be amenable to being integrated and then to determine how these elements can be feasibly linked. The term "mapping" is used to refer to data collection

that is conducted at the beginning of NTD control or elimination programs for the purpose of determining if a public health action (preventive chemotherapy intervention) is required.

It was clear that potential ‘conflicts’ in current disease-specific mapping guidelines make development of integrated mapping strategies particularly challenging. Countries will differ in their need for integrated mapping because of the variable patterns of disease endemicity between countries and because even not all regions within a country require mapping for the same diseases. While “one size fits all” for the first stages of integrated mapping (the historical assessments), the second stage (on-the-ground mapping) must be individualized, with specific plans determined by careful review and consultation among the national health workers and other experts well apprised of each of the disease-specific WHO guidelines and requirements.

**Assessment and Treatment of NTDs in Non-rural settings in Africa, Decatur, GA - March 2-5, 2010.** The meeting was hosted in collaboration with the Task Force for Global Health and WHO-AFRO. The purpose of the meeting was to develop guidelines for program managers regarding the assessment of NTDs in urban areas, to identify effective drug delivery strategies to increase coverage and compliance in urban MDAs, and to determine operational research needs specific to urban settings. Participants in the workshop included NTD program managers from 8 African countries, in-country NGOs/partners and other regional & global collaborators. In addition, 21 program managers from 19 countries provided input through a questionnaire distributed prior to the workshop. Suggestions to improve NTD mapping specifically in non-rural areas include:

- smaller implementation units to confirm the absence of certain NTDs in urban areas
- identification of transmission foci, vector breeding grounds and vector density for targeting the vector populations
- studies of both a younger age group (6-7 years) of children and an older group (last class in primary school) to identify community antigenemia prevalence
- sampling to represent multiple levels of socioeconomic and economic development

In order to assess and treat NTDs in non-rural settings, NTD control programs should:

- ensure the proper selection and training of drug distributors (including teachers),
- consider increasing MDA duration to improve coverage rates
- require directly observed treatments to increase compliance rates
- solicit target groups, such as non-enrolled school children, to participate in school-based MDA activities on the day of MDA treatment
- use appropriate multi-sectoral health promotion to increase community participation and support.

Key researchable questions were identified as

- potential use of hospitals records to indicate disease prevalence,
- effect of population migration on the effectiveness of urban MDAs
- determination of treatment cost effectiveness in urban, vis a vis rural, areas

## 6. Documentation and Dissemination of Program Lessons

### Program Website

During this reporting period the NTD Control Program web site has been continued to update country profiles, links to key country specific documents and reports, and populated with the Program's experience, results and lessons learned. The NTD website (<http://ntd.rti.org>) now posts a range of new features, including regularly updated NTD-related news posts; pages highlighting work done in each of the countries in which the NTDCP is being implemented; summarized data reported from the field; opportunities for grant-seeking organizations; and links to pertinent country and program materials.

### Development of Tools

**Funding Gap Analysis Tool.** The NTD Control Program has developed the Funding Gap Analysis Tool to support planning for integrated NTD control. The purpose of the tool is:

- to determine the cost of implementation of integrated NTD control programs in accordance with international guidelines and the country's national plan
- to quantify the existing resources from government and other donors; and
- to identify the funding gap to achieve the national program's goals for elimination or control

The Tool is an Excel-based workbook composed of three Modules. Module 1 captures country demographic, epidemiologic, and cost information making the FGA Tool unique to each country program. This information is automatically populated into budget worksheets in Module 2 where the user provides further refinement of costing detail by activity area. In Module 3, the tool produces summary reports with graphics, allowing program managers to demonstrate to interested donors the gap in funding for NTD control in their countries.

During this reporting period, technical assistance visits were made to Uganda, Togo and Nepal to help country programs with using the tool. Each country has found it to be a very useful planning tool, and particularly valuable in quantifying the governments' contribution and commitment. The tool was posted on the Program website for users to access.

**Advocacy Guide for Sustainability: Generating In-Country Support for Integrated NTD Control.** During this reporting period, the NTD Control Program supported the development of the final draft of the *Advocacy Guide for Sustainability: Generating In-Country Support for Integrated NTD Control* (<http://ntd.rti.org/publications/?ID=227>) authored by Pam Wuichet, Senior Partner of Project Resource Group, and PJ Hooper, Research Project Manager for the Lymphatic Filariasis Support Center and International Trachoma Initiative of the Task Force for Global Health. In March 2010, the program provided support for Pam Wuichet to facilitate an Advocacy session using the Advocacy Guide during a Technical Assistance Workshop in Kampala, Uganda hosted by the J&J/Children Without Worms program. Thirty-one participants attended the workshop including representatives from WHO, USAID, and NTD Control programs in Cameroon, Cape Verde, Uganda and Zambia.

## Publications

Publications during this reporting period include -

- Baker, M. C., E. Mathieu, et al. (2010). "Mapping, monitoring, and surveillance of neglected tropical diseases: towards a policy framework." *The Lancet* **375** (9710): 231-238.
- S. Bamani, M. Dembele, D. Sankara, F. Coulibaly, Y. Kamissoko, J. Ting, L. A. Rotondo, P. M. Emerson and J. D. King. "Evaluation of the prevalence of trachoma 12 years after baseline surveys in Kidal Region, Mali." *Trop Med Int Health*. 2010 Mar. 15 (3): 306–311.
- Robinson E, Picon D, Sturrock HJ, Sabasio A, Lado M, Kolaczinski J, Brooker S. "The performance of haematuria reagent strips for the rapid mapping of urinary schistosomiasis: field experience from Southern Sudan." *Trop Med Int Health*. 2009 Dec; 14(12):1484-7. Epub 2009 Oct 10.

## Presentations

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

### **American Society of Tropical Medicine and Hygiene (ASTMH) Conference, Washington DC, November 18-22, 2009.**

- NTD Control program staff and grantees participated as part of the Clinical Pre-Meeting Course entitled, *The Highly Prevalent Neglected Tropical Diseases: Update on Clinical Aspects and Novel Approaches to Control*
- In partnership with WHO and APOC, NTD Control program staff and grantees participated as part of a Symposium entitled, *Out of the Shadows: Integrated Efforts to Target the Neglected Tropical Diseases*

- NTD Control Program grantee SCI, Imperial College London led a Symposium entitled, *Implementation and Evaluation of Neglected Tropical Disease Control in Sub-Saharan Africa with presentations on Lessons from the field: Two years implementing an integrated program for NTDs in Niger* by Amadou Garba, RISEAL and in Uganda by Narcis Kabatereine, MOH Uganda. Other presentations included, *Does Integration of Preventative Chemotherapy Reduce Cost? Experience from a program for NTDs in Uganda* by Fiona Fleming, SCI; *SCI: Setting the Framework for Integrated NTD Control* by Joanne Webster, SCI; and *Visceral Leishmaniasis in Eastern Africa: Past and Present Control Efforts, and Lessons for the Future* by Jan Kolaczinski, Malaria Consortium.

**Congressional Malaria & NTD Caucus Briefing, February 22th, 2009.** Operations Director, Mary Linehan presented as part of an expert panel during the Congressional Malaria & NTD Caucus Briefing, “Controlling Deadly Neglected Tropical Diseases: Opportunities to Expand the U.S. Impact”. Mary presented current US strategy to target five NTDs through PCT and the successes of this approach through implementation of the NTD Control Program. She was joined by representatives from DNDI and MSF who presented on the need to expand support for up to 14 NTDs and the need for additional research and development of improved diagnostics and treatment options for these diseases.

#### **Other Documentation and Dissemination**

In an excerpt from the **Health Affairs Nov/Dec 2009** Perspectives article, *Progress In Public-Private Partnerships To Fight Neglected Diseases*, Kenneth Gustavsen and Christy Hanson highlight the successes of the NTD Control Program stating, “USAID estimates that its primary project, the Neglected Tropical Disease Control Program managed by RTI International, has mobilized more than \$1 billion in donations of drugs over three years to help control and eliminate NTDs through pharmaceutical industry programs. As a result, in its first year of implementation, the project enabled the distribution of more than thirteen million treatments to more than fourteen million people. In its second year, approximately fifty-seven million treatments were delivered to more than twenty-seven million people.”

Country success stories have been drafted and will be posted to the Program website.

**Table 10. Meetings attended during the reporting period to present NTD Control Program experience, results, and lessons learned**

Meeting/Conference	Objective of Participation	Dates	Venue	Presenter/Attendee(s)
American Society of Tropical Medicine and Hygiene (ASTMH)	Symposium entitled, Out of the Shadows: Integrated Efforts to Target NTDs	11/18/09-11/22/09	Washington, DC	Team
APOC Joint Action Forum (JAF)	Coordinate activities with APOC	12/08/09-12/10/09	Tunis	Ottesen

Global Health Council NTD Roundtable Meetings	Define the purpose of the Roundtable; Discuss implications of FY2010 budget proposal and GHI Consultative document for NTD Control	01/07/10; 02/11/10	Washington ,DC	Ottesen; Leopold
Congressional Malaria & NTD Caucus Briefing	Present current US strategy to target five NTDs through PCT and the successes of this approach through implementation of the NTD Control Program.	02/22/10	Washington , DC	Linehan, Program staff
Trachoma Control Program Review Meeting/The Carter Center	Contribute to the meeting and learn Carter Center supported trachoma elimination activities challenges and opportunities for additionality	03/29/10- 03/30/10	Atlanta	Ottesen
Partnership for Disease Control Initiatives (PDCI) (spring 09)	Inform critical drug donors of Program progress and plans and coordinate activities	1/12/10- 1/14/10	London	Linehan

## 7. Advocacy and Resource Mobilization

During the reporting period, the Program has focused on assisting country programs to begin implementation of the advocacy strategies detailed in the Year 4 annual country work plans. Highlights of activities undertaken during the reporting period include the following:

In **Burkina Faso**, the main objective proposed for Year 4 was to continue supporting the government in the move towards sustainability by advocating for a NTD focal point to be appointed within the MOH. This was achieved in December 2009, when the Minister of Health allocated a NTD focal point, Dr Emmanuel Seini, to the Ministry. At the same time, the government pledged its further commitment to NTD control by nominating a schistosomiasis coordinator, Dr Dadjoari Moussa. These commitments reflect the advocacy activities by the SCI-Burkina Faso team as well as a dedication by the Ministry of Health to demonstrate a sustainable and long-term commitment by the government to NTD control.

Several meetings and consultations have taken place among **Ghana** Health Services, the Ghana Program and World Vision Ghana in order to synchronize treatments nationally. As a result, for the first time, all regions undertook the MDA activities at the same time in January 2010 throughout the country, and January has been selected as treatment month for upcoming MDAs. This policy change gives prominence to NTDs and provides

visibility to the program, and is a crucial step towards ensuring that integrated control of MDAs becomes a permanent feature in GHS calendar.

Despite the political unrest in **Niger**, to date the MOH have committed 2.4 million CFA for multiplying training modules and dose poles. Two vehicles (total cost around \$180,000) have also been given to the schistosomiasis and STH control program and to the oncho and LF elimination programs to support NTD activities. Furthermore, the Ministry of Education has developed NTD education materials for the primary school curriculum.

For the first time, the Government of **Sierra Leone** has indicated its commitment to NTD control through including a budget line item for integrated NTD management for \$36,000, primarily allocated for training of health workers. In addition, as a result of previous advocacy efforts in Sierra Leone, the treatment of the capital city of Freetown for LF will be integrated into Maternal and Child Health Weeks (MCHW). Although the target groups are different, the activities of the LF campaign in the Urban Western Area and Rural Western Area will begin during the MCHW planned for the last week in May 2010.

In March 2010, the Program provided support for Pam Wuichet, Senior Partner of Project Resource Group to facilitate an advocacy session using the *Advocacy Guide for Sustainability: Generating In-Country Support for Integrated NTD Control* during a Technical Assistance Workshop in Kampala, Uganda hosted by the J&J/Children Without Worms program. Thirty-one participants attended the workshop including representatives from WHO, USAID, and NTD Control programs in Cameroon, Cape Verde, Uganda and Zambia.

### ***Government commitment***

The Funding Gap Analysis Tool has proven to be especially valuable in defining the contribution of governments toward national NTD control, by quantifying the significant inputs of governments through largely in-kind resources such as staff time, existing systems and materials.

The funding gap analysis has been completed in Uganda, Togo, and Cameroon. Trainings have also taken place in Burkina Faso, Ghana, and Nepal. Government NTD program managers see it as a valuable instrument for articulating and structuring their program objectives and needs in that it allows for the detailed presentation of program activities; tracks available funding and donors; and presents funding gaps. A frequent reaction in countries such as Uganda, Togo, and Burkina Faso is that this tool has great potential for advocacy within the government and with the donor community.

Government officials also perceive it is a powerful tool for evaluating the impact of program decisions. One administrator in Cameroon noted that programs can evaluate the economic impact of their decisions by using the Funding Gap Analysis tool's feature for calculating the number of community distributors by experimenting with different ratios

of distributors to population or village. Program managers often realize they will have increased capacity in analyzing program operations and trends because NTD activities are detailed in terms of their inputs and from the central to the peripheral levels. Another feature that has proven especially valuable is its ability for quantifying government investment in NTD control, by detailing the significant inputs of governments through largely in-kind resources such as staff time, existing systems, and materials. Officials in Burkina Faso and Cameroon also commented on its potential as an instrument for facilitating NTD program integration. Nonetheless, this will depend on the willingness of program managers to collaborate with integration efforts, and share resources and information.

## 8. Monitoring and Evaluation

The focus of activities during the first half of Year 4 was to generate Program results, to provide support to grantees for implementation of Program M&E requirements, and to develop international M&E tools, standards and guidelines.

Specific activities during the reporting period were:

### ***Generate Program Results***

During this reporting period, Year 3 Program results were finalized and incorporated into a preliminary manuscript for publication and other forums for dissemination.

Post-MDA coverage survey data. The NTD Control Program and RTI statisticians worked with grantees to obtain clean datasets for analysis of the post-MDA coverage survey data. The primary purpose of these surveys was to validate coverage that is reported through the MDA coverage form. Many challenges were encountered during this process, including unclean datasets with missing data, misunderstandings of information needed for proper data analysis, and recognition that the data was not always collected according to the protocol. This resulted in delayed submission of the data, substantial back-and-forth between the grantees and RTI staff, and a lack of confidence in the validity of the data. Through this process, it was recognized that the costs of conducting the survey and analyzing the data were greater and more time-consuming than the benefits would provide, and that the primary purpose of the survey would not be achieved.

Program reporting. The Program has responded to requests for information from USAID.

### ***Provide Support to Grantees***

Throughout the reporting period, RTI provided support to grantees in their M&E implementation and reporting requirements, including the Year 4 work plans, semi-annual reports, baseline forms, MDA coverage forms, and post-MDA coverage survey

results. Technical guidance has been provided through email, telephone and in-person communication.

Training was provided to HKI-Cameroon, HDI-Togo, and RTI-Nepal staff on the Program's M&E system and tools.

A situation analysis was conducted in Bangladesh in preparation of the technical assessment team visit in February 2010. The analysis provided a clear presentation of work done to date and progress toward elimination, as well as highlighting specific technical assistance needs for future support.

A consolidated tool was developed to streamline the MDA Coverage Form and the Baseline Form data in order to allow program managers to more easily recognize trends in coverage, identify problem areas, and become aware of when LF- and trachoma-endemic districts are approaching elimination. This tool is currently being piloted by HKI for Mali and Sierra Leone data. After incorporating feedback from HKI, this tool will be rolled out to the remaining grantees in the second half of Year 4.

A tool was developed to monitor surveillance of LF sentinel and spot check sites; this tool will be piloted in the second half of Year 4, and will be shared with grantees and country programs.

#### ***Develop International M&E Standards and Guidelines***

Program staff worked with WHO to review the standard serious adverse events (SAEs) monitoring tools and what is currently being utilized in each country to ensure compliance. This information will be used to develop tools to monitor training of distributors, supervision, and SAEs in the second half of Year 4.

Continued work with WHO to finalize international standards and norms integrated monitoring and evaluation guidelines for NTD control.

Katie Zoerhoff, the NTD Control Program M&E Specialist worked with Maggie Baker (Georgetown University) and PJ Hooper (Task Force for Global Health) on data analysis to determine the impact of integrated approaches to NTD control on the resources available for disease-specific programs, with onchocerciasis, schistosomiasis, and trachoma, and STH programs. This analysis will continue during the second half of Year 4.

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

### **Program Planning, Management and Reporting**

- Country Program manager hired for East Africa and Asia
- Initiate work planning for Year 5 for all country programs

### **Direct implementation**

- MDAs in Haiti, Mali, Niger, Sierra Leone, Uganda, South Sudan, Togo, Cameroon
- Develop training curriculum with DBL for country program managers
- Provide support to Nepal team for work plan development and establishment of sentinel sites
- Provide technical assistance to Bangladesh for development of LF elimination strategy for remaining districts
- Provide technical assistance for implementation of the Financial Gap Analysis Tool in Nepal, Viet Nam, Bangladesh, Philippines, Sierra Leone, South Sudan, Cameroon, Ghana, Tanzania, South Sudan
- Conduct Situation analyses in Indonesia, Guinea, Philippines, Tanzania, Mali
- Funding Gap Analysis Tool and Users Guide will be posted to the NTD Control Program website
- Initiate tender for procurement of drugs and make award during Q4.

### **Grants Management**

- Ongoing training for grantees in budget management and financial reporting meet A-133 equivalent audit reporting
- Manage and monitor Audit Services Contractor in conducting A-133 equivalent audit
- Conduct site visit with HDI Inc. Togo
- Start-up activities in Guinea with Helen Keller International
- Monitoring of grant partners in their fund management relationships with government entities
- Documenting successful models of providing financial support to ministries of health
- Assuring VAT, cost share reporting and audit compliance for all grant partners
- Negotiating Year 5 close down work plans and budgets for all grant partners

### **TAG**

- Meeting to consider the implementation challenges associated with decentralized government systems
- Meeting to discuss appropriate data management technologies such as PDAs and cell phones for tracking and reporting

### **Document Dissemination**

- Produce semi-annual NTD Control Program newsletter
- Publish Year 3 program results paper

- Publish Program experience implementing the Funding Gap Analysis Tool in 4-6 countries
- Work with HKI and APOC to prepare an IEC manual for NTD control programs
- Prepare Program documents for posting on USAID website

#### **Advocacy & Resource Mobilization**

- Provide technical assistance to countries for implementation of advocacy plans
- Attend SEARO meeting in Jakarta, April 2010
- Attend GAELF meeting in Seoul, Korea, June 2010
- Attend WHO STAG meeting, June-July 2010

#### **Monitoring and Evaluation**

- Develop LF elimination certification process in collaboration with global partners
- Conduct M&E training in Haiti
- Participate in M&E meeting in Addis Ababa
- Participate in M& E working group meeting in Geneva
- Develop tools to monitor training of distributors, supervision, and SAEs
- Develop tools to document and measure process and results of advocacy for semi-annual report
- Develop tools to assure high quality of IEC/social mobilization efforts for semi-annual report
- Using the blueprint for integrated implementation; develop analytic approach to measure Program impact on strengthening health systems through in order to demonstrate quality and sustainability.