



**Country**  
**FY2016**

Control of Neglected Tropical Diseases

Annual Work Plan

**Period Covered**

**Date**

*Submitted to:*

*Submitted by:*

For further information, please contact:



The annual work plan provides each project and USAID/Washington with a plan of how project implementation will proceed in the coming year and a rationale for the plan.

USAID's NTD program priorities for FY16 include the following, which should be reflected in each country work plan:

- Strategy for assisting the National NTD Program to complete outstanding disease mapping
- Strategy for assisting the National NTD Program to complete overdue disease-specific assessments
- Strategy for assisting the National NTD Program in achieving full geographic and programmatic coverage by 2017 in areas requiring MDA
- Building the National NTD Program's M&E capacity by supporting the implementation of a national database, use of the Joint Request for Selected PCT meds/Joint Reporting Form, and DQAs

Each work plan should reflect these priorities, with specific focus on what your PROJECT's strategies are to accelerate this process to meet these goals.

## General Instructions for Work Plan Submission

USAID/Washington will share components of the work plan with missions and other units within the Bureau of Global Health who may know little about NTDs and the programmatic contexts in which each project operates. Please keep these audiences in mind when detailing project activities.

### Formatting

- Where PROJECT is listed, please insert the relevant project (e.g., ENVISION, END in Africa) as applicable.
- Where PARTNER is listed, please insert the relevant partner (e.g., RTI, FHI360, or sub) as applicable.
- Work plans are due to USAID for AOR review and approval **August 31, 2015**, and should include corresponding workbooks and budgets at time of submission
- All submissions must be in English and provided in MS Word or MS Excel as appropriate. Staffing organizational chart may be submitted as a PDF
- Narrative font: Calibri, 11 pt.
- Spell out each acronym at first use throughout the work plan and ensure inclusion of the acronym in the acronym list
- All tables/graphs should be labeled and include appropriate footnotes
- Data should be labeled “As of X date”
- Additional components to the work plan are welcomed, but not required; only those listed in the template are required
- Clearly name and describe PARTNER’s role(s) and those of subs, consultants, etc
  - Terms such as ‘engaging,’ ‘supporting,’ ‘strengthening,’ ‘coordinating,’ ‘continue to work,’ ‘work closely,’ are not sufficiently clear and need to be detailed further—provide more specifics on the "what" and more detail on the "how" for the activities being proposed. See table below for examples
  - **Activities lacking sufficient detail will be returned with comments, and may delay work plan finalization and AOR approval**

Provides insufficient detail (examples from previous work plans)	Add these key details ( <i>illustrative</i> )
PROJECT will support the MOH to establish a strong platform for integrated NTD control...	<ul style="list-style-type: none"> <li>• PARTNER’s in-country team will provide technical assistance to the MOH to draft an action plan for integrated NTD control....</li> <li>• PARTNER will lead/facilitate trainings on XYZ...</li> <li>• PARTNER will lead/provide technical assistance to the development of XYZ tool and will financially support the printing, distribution and dissemination of XYZ...</li> </ul>

Provides insufficient detail (examples from previous work plans)	Add these key details ( <i>illustrative</i> )
PARTNER will support the MOH in developing an advocacy booklet...	<ul style="list-style-type: none"> <li>• PARTNER will hire a local communications consultant to provide technical leadership/support to the MOH's NTD coordinators to develop an advocacy booklet. Further, PARTNER will print # and manage distribution of booklets to XYZ districts/schools/etc...</li> </ul>
The PROJECT/PARTNER logistics coordinator will continue to work closely with MISAU and the Drugs and Medical Devices Center (CMAM) to ensure that all NTD drugs are distributed in a timely and safe manner.	<ul style="list-style-type: none"> <li>• S/he will continue to be based at/seconded to MISAU, meeting regularly with CMAM counterparts to review and address MDA logistics needs, and will work with CMAM to increase efficiencies in drug distribution through the creation and implementation of standard operating procedures...</li> </ul>

Workplan should be sent in electronic format to Bolivar Pou, Project Director, via email to: [bpou@FHI360.org](mailto:bpou@FHI360.org).

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## **Acronyms and Abbreviations**

# COUNTRY OVERVIEW

General background information on country structure, including:

- Government and regional breakdown—province-district-sub-district-village administrative structure to give context to country makeup
- Other NTD partners in country in addition to PROJECT and their focal areas, noting their donors if known (e.g., CNTD, supporting mapping in X region/province, with funding from DFID). Outline this on Table 1 below.
  - If the MOH is largely self-supporting implementation activities (e.g., drug procurement, mapping, MDA, assessments, training) please detail this as well.

**Table 1: NTD partners working in country, donor support and summarized activities**

List key country implementing partners and donors in NTD-specific activities. If USAID is supporting non-PCT activities such as MMDP, WASH in country, please also include these implementing partner(s), donors, locations and activities.

Partner	Location (Regions/States)	Activities	Is USAID providing direct financial support to this partner? (Do not include FOG recipients)	Other donors supporting these partners/ activities?
Example: RTI/DRC	Central level (Kinshasa), with visits to Kasai- Oriental or Kasai-Occidental Provinces	Provide direct technical assistance to the MOH in strategic planning, capacity building	Yes	None
		Coordinate partner and MOH support to trachoma endemicity assessments		None
MOH	Central level/all endemic areas	Procuring DEC for LF MDA, supporting meeting/training costs	No	None
CBM			Yes	
APOC			No	

## National NTD Program Overview

- **Create headings for each disease and include the following:**
  - Include the MOH's Control and Elimination Strategy
    - Include the source information for each strategy (e.g., APOC's Oncho elimination strategy, WHO Trachoma SOPs, other)

- Summarize endemicity, mapping, treatment, assessment and surveillance progress and gap areas. This section's current activities and gap areas should align with the information to be listed in Table 2 beneath it.
- Include USAID history of support: when support began, focal areas, brief description of activities, number of districts supported for each disease
- If disease support is always integrated (e.g., LF-STH), it's fine to put them together in the narrative to avoid duplicating text
  - Include the following table (Table 2) outlining a snapshot of expected endemicity and status of mapping, MDA, and DSA for the country, irrespective of any type of USAID support, as of September 30, 2015. **Do not include planned activities in this table.**

**Table 2: Snapshot of the expected status of the NTD program in COUNTRY as of September 30, 2015**

*Illustrative numbers below*

Illustrative numbers below									
		Columns C+D+E=B for each disease*			Columns F+G+H=C for each disease*				
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEM ENT	DSA NEEDS	
A	B	C	D	E	F		G	H	I
Disease	Total No. of Distric ts in COUN TRY	No. of distric ts classif ied as ende mic**	No. of distric ts classif ied as non- ende mic**	No. of distric ts in need of initial mapp ing	No. of districts receiving MDA as of 09/30/15		No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/15	Expected No. of districts where criteria for stopping district- level MDA have been met as of 09/30/15	No. of districts requiring DSA as of 09/30/15
					USAI D- fund ed	Other s			
Lymphatic filariasis	40	40	0	0	25	5	5	5	Pre-TAS: 0 TAS: 5
Onchocerci asis		25	15	0	20	0	5	0	0
Schistosom iasis									
Soil- transmitte d helminths									



Trachoma									
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\*If Columns C+D+E do not equal B for mapping of each disease, or if Columns F+G+H do not equal C for treatment of each disease, please reconfirm figures and then add detailed footnotes explaining the discrepancies.

\*\*If mapping results aren't available at the time of work planning, add a footnote explaining how many districts were mapped and for which endemicity data aren't yet available. Do not count them as districts in need of initial mapping (Column E).

# PLANNED ACTIVITIES

## Project assistance

- Please detail USAID-supported activities as directed in each category, with a brief mention of complementary activities supported by other partners, as relevant, with clear notations of activities supported by non-USAID funding.
- Please refer to the accompanying NTD Technical Guidance (forthcoming) outlining activities USAID will and will not support, and those requiring technical discussion and justification with USAID
- All activity categories must have a corresponding budget if supported with USAID funds.
- Please note at the top of each category whether funds for activities are budgeted under FOGs, partner subawards or elsewhere.

In order to allow USAID to respond to ADS Chapter 205 requirements of “integrating gender equality and female empowerment into USAID’s program cycle,” please highlight any gender-focused activities in the work plan.

## Strategic Planning (Location in Budget, e.g., subawardee, FOGs, STTA)

- Include details on working with the MOH to identify/confirm/continue in target geographic regions and populations for MDA or DSA
- TIPAC as applicable. All countries should have a TIPAC developed, reviewed and updated as needed. Please detail any anticipated challenges with meeting this programmatic objective.
- Develop/review/update as appropriate the country’s five-year strategic plan. If work is not planned on the strategic plan during FY16, please indicate when it will be revised, and whether USAID funding will be used to support this activity.
- Support to MOH to develop an annual work plan or national NTD plan
- Additional activities as relevant. For stakeholder, steering committee, annual review and other such meetings, include details of the participants—who will attend, duration, expected outcomes, and role(s) ENVISION/END will have.

## NTD Secretariat (Location in Budget, e.g., subawardee, FOGs, STTA)

- Provide details of planned support to NTD Secretariat or other categories as included in the budget.

## Advocacy (Location in Budget, e.g., subawardee, FOGs, STTA)

- Describe specific advocacy needs or requests for assistance in country, and what activities will be carried out to support the MOH to address those needs
- Describe how planned activities will build on previous activities’ successes/challenges
- Describe how you will measure success of advocacy efforts (i.e., if a community dialogue day is planned, how will we know if it was successful as an advocacy tool?)

**Social Mobilization** (Location in Budget, e.g., subawardee, FOGs, STTA)

- Describe actions to be taken to mobilize communities and create/reproduce/distribute IEC materials in support of MDA (if not already included within the MDA section)
- Describe how planned activities will build on previous activities' successes/challenges
  - Describe your plans to determine the success of social mobilization methods. Many countries use many methods (e.g., flyers, posters, meetings with community leaders, town criers, radio/TV, mobile sound systems, banners, SMS)—how do you know which method(s) work?
- Include which language(s) will be used for each social mobilization activity.
  - For written materials (e.g., posters, flyers, leaflets) describe how low literacy will be addressed, especially in rural areas where literacy is known to be low.

**Capacity Building/Training** (Location in Budget, e.g., subawardee, FOGs, STTA)

- Describe specific capacity building needs in country, and how the proposed USAID-supported training and other capacity building activities will address those needs
- For refresher training, provide detail on the timeframe since the last training, and the rationale
- All planned USAID-supported training (including supervisors, MDA, M&E) should be included in Table 3, and should ALSO have a corresponding narrative description.
- For M&E training, please include it in Table 3, with a footnote that the narrative description is found in the M&E section.
- Include details on post-training follow-up/monitoring during this project year as well as future year follow-up to ensure skills retention and application

**Table 3: Training targets**

*Outline all planned training activities in country*

*Training groups may include default groups found in workbooks*

Training Groups	Training Topics	Number to be Trained			Number Training Days	Location of training(s)	Name other funding partner (if applicable, e.g., MOH, SCI)
		New	Refresh	Total trainees			
<i>Example: Supervisors</i>	<ul style="list-style-type: none"> <li>MDA supervision and monitoring</li> <li>SCM and SOP for MDA drug mgmt.</li> <li>Social mobilization for MDA</li> <li>Recordkeeping and reporting after MDA</li> </ul>	0	3,600	3,600	1	Regional Health Directorate	None

### **Mapping** (Location in Budget, e.g., subawardee, FOGs, STTA)

As a continuing priority area for USAID in FY16, this section should detail the status of mapping in each country (expanding on mapping gap information provided in Table 2), and should include:

- PROJECT strategy to complete all mapping, and by what date.
  - If COUNTRY is behind on achieving mapping goals, what will PROJECT's strategy be to accelerate this process? If mapping plans do not align with mapping gaps reported in Table 2 (Column E), please clarify.
  - Outline planned collaboration with partners also supporting mapping activities, as relevant, to ensure complementary coverage, and avoid duplication
  - Denote region(s) and scale of any baseline mapping not undertaken according to current guidelines
  - Reiteration of known mapping gaps without programmatic support (from Table 2).
- Planned supplemental mapping needs
  - Include rationale and strategy for remapping, micro-mapping activities, other mapping under a research agenda
  - Distinguish known mapping gaps (for treatment) from new areas of need (e.g., hypoendemic areas requiring mapping)
- Expected challenges with meeting mapping goals, and how they will be addressed

**MDA** (Location in Budget, e.g., subawardee, FOGs, STTA)

As a continuing priority area for USAID in FY16 in support of country efforts to achieve 100% geographic coverage of areas requiring MDA, this section should detail the status of MDA in each country (expanding on MDA coverage information provided in Table 2), and should include:

- PROJECT's MDA coverage plans for FY16 (and refer to support maps at end of work plan)
  - A table of target populations and frequency of MDA for USAID-supported planned MDAs (Table 4)
  - Planned collaboration with partners also supporting MDA activities to ensure complementary coverage, and avoid duplication
  - If MDA plans do not align with MDA gaps reported in Table 2 (Column G), please clarify.
- The CDD drug delivery platform in COUNTRY (e.g., community-based vs. school). If community-based, detail whether door-to-door vs. centralized delivery.
- Actions to be taken to mobilize communities, distribute IEC materials in support of MDA (if not already included in a separate section on social mobilization—refer reader to narrative details under Social Mobilization)

**Table 4: USAID-supported districts and estimated target populations for MDA in FY16**

*Column definitions correspond to those found in the workbooks*

NTD	Age groups targeted (per disease workbook instructions)	Number of rounds of distribution annually (add additional rows for different treatment frequencies)	Distribution platform(s)	Number of districts to be treated in FY16	Total # of eligible people targeted in FY16
Lymphatic filariasis	<i>Example: Entire population above 5 years</i>	<i>1</i>	<i>Community MDA</i>	<i>70</i>	<i>10,722,817</i>
Onchocerciasis					
Schistosomiasis					
Soil-transmitted helminths					
Trachoma					

## MDA Challenges

Table 5 and the bullets below the table are intended to review both programmatic performance in meeting coverage targets, as well as PROJECT's efforts to make course corrections as needed to address poor district performance. Please include data on the latest round of MDA for which districts have complete treatment information.

**Table 5: Explanation of low USAID-supported program and epidemiological coverage**  
*Epidemiological coverage targets are defined below.*  
*Programmatic coverage targets are  $\geq 80\%$  eligible population*

NTD	Epi coverage targets	Number of districts with complete coverage information*	Number of districts that did not meet coverage targets*	Reason(s) for poor district performance	Proposed remediation actions (bulleted list, with detailed narrative below table)
Lymphatic filariasis	$\geq 65\%$ epi coverage		Epi:		
			Program:		
Onchocerciasis	$\geq 65\%$ epi coverage		Epi:		
			Program:		
Schistosomiasis	$\geq 75\%$ epi coverage of SAC		Epi:		
			Program:		
Soil-transmitted helminths	$\geq 75\%$ epi coverage of SAC		Epi:		
			Program:		
Trachoma	$\geq 80\%$ epi coverage		Epi:		
			Program:		

*\*Report on available treatment results only.*

Detail below the following:

- Reasons for poor district performance

- Strategies to be undertaken to improve coverage in those districts—be specific as to how the proposed remediation action(s) will address low coverage.
  - It is insufficient to say “*greater attention will be paid to XYZ target groups.*” Specify how you will focus on this group; what your strategies will entail.
- Description of how lessons learned from previous MDA rounds will be incorporated to improve coverage results for all districts
  - Description of specifically how the results of previous coverage surveys will be used to improve coverage
- This should include more detail than simply, “Change IEC strategy;” for example, indicate the specific messages that will now be included in the IEC strategy, etc.
  - Detailed expected challenges with meeting future coverage targets, and how they will be addressed

**Drug and Commodity Supply Management and Procurement**\_(Location in Budget, e.g., subawardee, FOGs, STTA)

- Include detail on quantification, joint request, transport and storage within country, and management of unused and expired drugs—describe each of these processes and what PROJECT’s role is in each
  - For drugs/commodities requiring cold storage, outline available storage facilities and/or challenges with availability or reliability
  - Describe planned technical assistance for monitoring and management of Adverse Events (AEs) and Serious Adverse Events (SAEs)

**Supervision**\_(Location in Budget, e.g., subawardee, FOGs, STTA)

- Describe how the national NTD program will be supported to conduct supervision at each level
- Explain how PROJECT will ensure both WHO and MOH regulations are adhered to and that monitoring mechanisms are in place to secure a sound execution of the MDA
- Describe actions that will help to identify and address any potential issues/bottlenecks that arise during course of the MDAs.
- Describe actions for assuring that data collection and registry is executed according to pre-established procedures and protocols.
- Include supervisor training under Capacity Building/Training Table 3

**Short-Term Technical Assistance**\_(Location in Budget, e.g., subawardee, FOGs, STTA)

- List the specialized technical assistance requested from PARTNER/USAID for any activity category. All consultancies should be included in Table 6, as applicable.
- Describe in narrative format below the table from where the support will be received; if already mentioned in an earlier activity category, just refer the reader to that category.
- Activities here should be listed in the STTA section of the budget. For those not requiring additional funding, add a footnote.

**Table 6: Technical Assistance request from PROJECT**

<b>Task-TA needed (Relevant Activity category)</b>	<b>Why needed</b>	<b>Technical skill required; (source of TA (CDC, RTI/HQ, etc))</b>	<b>Number of Days required and anticipated quarter</b>
<i>Example: TA to update the TIPAC for FY2015. (Strategic Planning)</i>	<i>The NTDP has indicated that they cannot do the updating of the tool on their own</i>	<i>Expertise on TIPAC (RTI/HQ)</i>	<i>1 week, Q1</i>
<i>Example: Integrated NTD database (M&amp;E)</i>	<i>Current NTD program does not have a comprehensive database to store data</i>	<i>Expertise in DB (RTI/HQ)</i>	<i>Five days, Q2</i>
<i>Example: TAS training (M&amp;E)</i>	<i>Rapid scale-up of TAS is anticipated in FY16</i>	<i>Expertise in TAS training (CDC)</i>	<i>Four days, Q1</i>

**M&E (Location in Budget, e.g., subawardee, FOGs, STTA)**

As a continuing priority area for USAID in FY16, this section should provide extensive detail on plans for and anticipated challenges with collecting and reporting project data, and should include:

- Descriptions of key M&E needs and plans to address, including:
- National database roll-out
- Description of changes in M&E strategy since the previous work plan (e.g., transition to post-treatment surveillance strategy)
- Planned coverage surveys—when, where, why, and how results will be used
- Plans for disease-specific assessments and post-treatment surveillance in FY15, expanding on DSA needs information provided in Table 2 (Column I), including:
  - Description of each type of planned DSA (list each type in Table 7)
    - How DSA results will be reviewed, and how these activities will support the MOH in addressing key needs
    - Strategies for addressing DSAs that did not achieve critical cut-off, and how lessons learned will be applied to future DSAs
    - Development and implementation of post-treatment surveillance



- If DSA plans do not align with DSA needs reported in Table 2 (Column I), please clarify.
- Data quality assessments (DQA)— the DQA process and how it will be used
  - Describe specifically how results from DQAs implemented in FY14 will be used to strengthen the national reporting, feedback, and data management system
- Description of specific M&E challenges anticipated (e.g., inaccurate denominators, getting DSA results out, MOH approvals) and how they will be addressed
  - Include all M&E training under Capacity Building/Training Table 3

**Table 7: Planned Disease-specific Assessments for FY16 by Disease**

*Include additional rows for each type of DSA to be undertaken for each disease*

<b>Disease</b>	<b>No. of endemic districts</b>	<b>No. of districts planned for DSA</b>	<b>Type of assessment</b>	<b>Diagnostic method (Indicator: Mf, ICT, hematuria, etc)</b>
<i>Example: Lymphatic filariasis</i>	<i>54</i>	<i>17</i>	<i>TAS</i>	<i>ICT cards</i>

## Planned FOGs to local organizations and/or governments

- Populate Table 8 with the anticipated number of FOGs, by type of recipient, and proposed activities supported under FOGs.

**Table 8: Planned FOG recipients**

FOG recipient (split by type of organization)	Number of FOGs	Activities
<i>Example: District Level Governments</i>	78	<ul style="list-style-type: none"> <li>▪ <i>Training of sub-county supervisors</i></li> <li>▪ <i>Training of parish supervisors</i></li> <li>▪ <i>Training of health workers</i></li> <li>▪ <i>Training of teachers</i></li> <li>▪ <i>Training of CMDs/VHTs</i></li> <li>▪ <i>Social mobilization- sensitization of leaders and selection of CMDs</i></li> <li>▪ <i>Registration/census update of communities and schools</i></li> <li>▪ <i>MDA implementation and pharmacovigilance</i></li> <li>▪ <i>MDA packages 1-3 (IVM/ALB; PZQ; ZITH/TEO)</i></li> </ul>
CNIECS	1	<ul style="list-style-type: none"> <li>▪ <i>Production of campaign messages and TV/radio advertisements; production of social mobilization materials; MDA messaging broadcasts; community dialogue days</i></li> </ul>

## Looking Ahead

If additional funding were made available, what gaps and/or other key activities in COUNTRY would you wish to address before the end of PROJECT?

Include identified gaps or activities in Table 9, and describe them further in narrative format.

**Table 9: Remaining gaps to be addressed**

Identified gap or activity	Would external support be needed – funding or technical (outside of existing partners)?	Estimated time needed to address activity	Estimated cost to carry out activity
			\$
			\$

## Maps

Please provide maps with multiple data layers, including the following:

- Disease presence by district, showing areas of disease co-infection
- All districts undergoing mapping for LF, Trachoma, Oncho, delineated by USAID-support vs. other
- All districts undergoing MDA for LF, Trachoma, Oncho, delineated by USAID-support vs. other
- DSAs for LF, Trachoma, Oncho:
  - Include indicators for districts that passed and have stopped/will stop treatment
  - Those that did not pass and will remain under MDA
  - Districts that need DSA

If the country is district-heavy, please show the above with regional delineations, then break down regions into district-level details on separate pages

## APPENDICES

- 1. Country staffing/partner org chart (replicated from overall work plan) (PDF)**
- 2. Work plan timeline (MS Word)**
- 3. Work plan deliverables (MS Word)**
- 4. Table of USAID-supported provinces/states and districts—refer to this in the narrative instead of listing out all districts/sub-districts (MS Word or MS Excel)**
- 5. Program Workbook (MS Excel)**
- 6. Disease Workbook (MS Excel)**
- 7. Country budget (MS Excel)**
- 8. Travel Plans (MS Word or MS Excel)**

## WORK PLAN TABLE 2 EXPLANATION & INSTRUCTIONS

The purpose of Table 2 is to present a simplified snapshot of the progress and expected gaps in a country's NTD program with respect to 1) completion of mapping, 2) status of MDA, and 3) need for disease-specific assessments at the end of FY15. Understanding of the gaps in these key programmatic areas is important for development of the work plan and will help rationalize and justify the activities proposed as USAID reviews it for approval.

**The data in Table 2 are different in scope and purpose from the data included in the disease workbooks, so please refer to the guidance below for completing this table.**

1. Include the most current data available. For activities that will be undertaken in the period between work planning and the end of FY15 (e.g., activities already approved in FY15 work plan), please include the anticipated status for these districts in this table.
2. Expected needs/gaps should be documented in Table 2 and subsequently addressed in the attached work plan. This provides USAID with context for the activities being proposed.
3. This table is **not** intended to capture all the nuances of disease-specific data. Sub-district level programs (i.e., oncho, schisto, STH) should be reported at the district level (see definitions below). **Use footnotes to supplement data in the table, as needed.**
4. All data should reflect redistricting, where possible/appropriate. Any issues with this should be addressed in a footnote.
5. Use the definitions below the table for each column.

**Table 2: Snapshot of the expected status of the NTD program in COUNTRY as of September 30, 2015**

*Illustrative numbers below*

A	B	Columns C+D+E=B for each disease*			Columns F+G+H=C for each disease*			I
		MAPPING GAP DETERMINATION			MDA GAP DETERMINATION		MDA ACHIEVEMENT	
		C	D	E	F	G	H	
Disease	Total No. of Districts in COUNTRY	No. of districts classified as endemic**	No. of districts classified as non-endemic**	No. of districts in need of initial mapping	No. of districts receiving MDA as of 09/30/15	No. of districts expected to be in need of MDA at any level: MDA not yet started, or has prematurely stopped as of 09/30/15	Expected No. of districts where criteria for stopping district-level MDA have been met as of 09/30/15	No. of districts requiring DSA as of 09/30/15
					USAI D-funded	Others		
Lymphatic filariasis	40	40	0	0	25	5	5	Pre-TAS: 0 TAS: 5
Onchocerciasis		25	15	0	20	0	5	0
Schistosomiasis								
Soil-transmitted helminths								
Trachoma								

\*If Columns C+D+E do not equal B for mapping of each disease, or if Columns F+G+H do not equal C for treatment of each disease, please reconfirm figures and then add detailed footnotes explaining the discrepancies.

\*\*If mapping results aren't available at the time of work planning, add a footnote explaining how many districts were mapped and for which endemicity data aren't yet available. Do not count them as districts in need of initial mapping (Column E).

**Column B - Total No. of Districts in COUNTRY:** Include total number of districts for this planning year.

**Columns C, D, and E – Mapping Status:** For each disease, every district in the country should be classified as either endemic, non-endemic, or in need of initial mapping, per the definitions below, as of September 30, 2015. For the purposes of this table these are mutually exclusive mapping categories. Thus, columns C+D+E = B. If mapping is conducted after FY16 work planning has begun, but results aren't available at the time of work plan submission, add a footnote explaining how many districts were mapped and for which endemicity data aren't yet available. Do not count them as districts in need of initial mapping (Column E).

**Column C - No. of endemic districts:** Include number of districts classified as endemic at the time of initial mapping, regardless of current treatment or DSA status. If any part of a district has ever been classified as endemic and in need of MDA, that district should be counted here. Even if a district has met stop-treatment criteria, please continue to consider it as endemic for purposes of this table.

**Column D - No. of non-endemic districts:** Include number of districts classified as non-endemic and not requiring MDA at the time of initial mapping and those not mapped because they are not suspected of being endemic. Only include districts in this column that have been determined to not require MDA, at any level.

**Column E - No. of districts needing initial mapping:** Include number of districts that have any initial mapping needs. If any portion of a district needs initial mapping, that district should be counted *here* – not in columns C or D. If a district is being treated currently that was never mapped, do not count it as needing mapping—count it as endemic. DO NOT INCLUDE ANY HYPO-/MESO-ENDEMIC DISTRICTS PROPOSED FOR REMAPPING FOR ELIMINATION.

**Columns F, G, and H – Treatment Status:** For each disease, every endemic district in the country should be classified as either having support for MDA (Column F), in need of MDA (G), or has met the criteria to stop treatment (H), per the definitions below, as of September 30, 2015. For MDAs planned after work planning has begun, but before September 30, 2015, use your best estimation of whether those districts will be treated during FY15 (Column F) or not (Column G). For the purposes of this table these are mutually exclusive treatment categories. Thus, columns F+G+H = C.

**Column F - No. of districts currently receiving treatment as of September 30, 2015:** Any district that is receiving MDA, whether annually, biannually, semi-annually, or once every three years, should be counted **here**. If a district is on track and currently supported for MDA at the time the work plan is submitted, with no gaps at any level, it should be counted here. Support may include a treatment schedule based either on WHO guidelines, the MOH strategy, or as part of a special study (e.g., SCORE). Districts currently on a schedule of alternating treatment should be captured here even if the current work plan year is an off-treatment year, as long as they are abiding by an established schedule. If treating according to a different schedule that is not according to WHO guidelines, please note this in a footnote below the table. This column is meant to show how many districts are on track with MDA without gaps. If counted here, this indicates to USAID that at the time of work plan discussions this district is covered with appropriate MDA and doesn't warrant any special attention. A district with any gaps in MDA should be counted in the next column, Column G. DO NOT INCLUDE DISTRICTS TO BE TREATED FOR THE FIRST TIME IN FY16 IN THIS COLUMN; INCLUDE THEM IN COLUMN G.

**Column G - No. of districts with MDA needs as of September 30, 2015:** If a district has any unmet MDA needs, at any level as of September 30, 2015, it should be counted here. This includes districts known to be endemic (i.e., have been mapped and meet thresholds for MDA at any level) but had not yet begun MDA at all levels needed as of the end of FY15, or that have prematurely stopped MDA because of conflict, financial constraints, etc. as of the end of FY15. Districts which are anticipated to miss a treatment cycle in FY15 due to a lack of funding, delay in arrival of drugs, or other reason should be included in this column, with a footnote including the number of districts and an explanation.

**Column H - No. of districts where criteria for stopping district-level MDA has been achieved:** Include only districts that have achieved criteria for stopping *district-level* MDA here (e.g., those that passed their DSA) as of

September 30, 2015. Please also include a footnote indicating number of districts still requiring *sub-district* level trachoma MDA. Please refer to the Disease workbook instructions for specific criteria for each disease. **In no way does this column intend to indicate a change in endemicity; this table only reflects those districts eligible to stop treatment.**

**Column I –No. of districts requiring DSA as of September 30, 2015:** Include the number of districts that are anticipated to require disease-specific assessments as of September 30, 2015. Include pre-TAS and TAS for LF. Include any district overdue and DSA needed as soon as possible. Any exceptional cases, such as multiple pre-TAS or TAS in the same district in the same year, should be footnoted in the narrative below the table.