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Control of Neglected Tropical Diseases Program Track 2A Africa

End Neglected Tropical Diseases in Africa (END in Africa)

Annual Work Plan Oct. 2010 – Sept. 2011

March 2010 (Rev. 2)

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FHI

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Control of Neglected Tropical Diseases in Africa – Track 2A

Work Plan FY 2010 - 2011

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Acronyms and Abbreviations

AOTR	Agreement Officer's Technical Representative
CAT	Country Capacity Assessment and Transition Team
GIS	Geographic Information System
HQ	Headquarters
JSI	JSI Research and Training Institute, Inc.
KM	Knowledge Management
LATH	Liverpool Associates for Tropical Health
M&E	Monitoring and Evaluation
MDA	Mass Drug Administration
MIS	Management Information System
MOH	Ministry of Health
MOU	Memorandum of Understanding
NTD	Neglected Tropical Diseases
NTDCP	NTD Control Program
PCT	Preventative Chemotherapy
PD	Program Description
PMT	Program Management Team
PZQ	Praziquantel
QA	Quality Assessment
RFA	Request for Application
RTI/NTDCP	RTI International/ Neglected Tropical Disease Control Program
SAE	Serious Adverse Event
SCM	Supply Chain Management
SOW	Scope of Work
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TOCAT	Technical and Organizational Capacity Assessment Tool
USAID	United States Agency for International Development
USG	United States Government
WHO	World Health Organization

Introduction

Neglected tropical diseases (NTD) affect the health of over one billion people worldwide, especially among poor and rural populations. These diseases can cause severe sickness and disfigurement, affect mental and physical development, and lead to discrimination, stigmatization, and loss of economic productivity.

On September 29, 2010, the United States Agency for International Development (USAID) awarded FHI Cooperative Agreement No. AID-OAA-A-10-00050, Control of Neglected Tropical Diseases (NTD) Track 2A Africa. The award is funded by USAID's NTD program, and will contribute to the program's goal of reducing the prevalence of seven NTDs by at least half among 70 percent of the world's affected populations.

The five-year award is designed to support Ministries of Health (MOHs) and other government entities as they scale up integrated control programs and the delivery of preventive chemotherapy (PCT) for the following seven NTDs: Lymphatic Filariasis (*elephantiasis*); Schistosomiasis (*bilharzia*; *snail fever*); Trachoma (*blinding eye infection*); Onchocerciasis (*river blindness*) and three Soil-transmitted helminthes (intestinal worm infections).

Research into the simultaneous management of these seven diseases has shown that integrating NTD treatment programs provides numerous benefits for national governments. Programmatic integration increases cost-efficiencies, allows greater numbers of people to be treated and improves the potential for sustainable programs.

The project will support national NTD programs to implement and scale-up integrated NTD control programs. It will also support country-level coordination of planning, budgeting and monitoring and evaluation (M&E), as needed. Such coordination will streamline data collection and management for separate diseases, strengthen drug forecasting, and supply chain management. FHI and grantees will also support the capacity building needs of in-country NTD programs within Ministries of Health in financial management, budgeting, work planning, M&E and other areas essential to managing integrated programs, as requested.

FHI will award and manage grants to organizations working in targeted countries with high technical capacity to implement programs that support national NTD control strategies. The program will provide streamlined, effective management of the grants combined with targeted capacity building to support rapid scale up and sustained implementation of mass drug administration (MDA). The project will support the NTD programs of national governments. At the country level, data will be used to improve the reach, quality and integration of national NTD programs. Data, lessons learned and best practices will be shared at the regional and global levels through meetings, web sites and other channels.

FHI will work together with RTI to ensure a seamless transition between projects so that there are no gaps in treatment and assistance to countries, in coordination with USAID.

Overarching Principles for Project Implementation

The FHI-led team will be guided by a set of principles governing all aspects of implementation, thereby guaranteeing that USAID's long-term objectives are met and incorporated into the NTD Country Programs. These principles are assimilated throughout the program work plan as presented below.

1. **Host Country Ownership.** The governments of disease-endemic countries are the owners and leaders of their national NTD control programs. The FHI-led team will stimulate increased government commitment for NTDs within disease-endemic countries and will support government leadership in the implementation of expanded integrated programs.
2. **Building Upon Existing Platforms.** USAID funds will not replace government, community or other external funding. The FHI-led team will manage the program to support countries that have documented financial gaps. We will support USAID to actively coordinate with other bi-lateral donors and international agencies to ensure the complementarities and leveraging of USG resources at global and country level.
3. **Cost Effectiveness.** Implementation will seek to use local resources for providing technical support and building capacity into the MOH/NTD national programs. We will use the existing regional hub in Ghana from where we will be able to tap into local expertise. This approach aims to support the goal that at least 80% of USAID's funding will support the full continuum of activities related to provision of PCT in disease-endemic countries, such as social mobilization, drug supply chain management, training, supervision, and surveillance.
4. **Public-Private Partnerships.** The program will work, as needed, with pharmaceutical donation programs to expand existing public-private partnerships and establish new ones in order to facilitate access to an affordable, quality-assured drug supply in support of PCT implementation.
5. **Coordination and Collaboration.** The FHI-led team will encourage collaboration among a wide range of stakeholders to strengthen integration, achieve cost efficiencies and maximize the impact of resources. Advocacy will be a priority to improve coordination of national NTD planning, resource allocation, management and monitoring, identification of obstacles to integration of MDA and to M&E; consensus building around solutions; and the provision and use of

data in support of the reduced cost and increased effectiveness of integrated NTD programs.

6. **Transparency and Accountability.** The FHI-led team will establish criteria and procedures that will be consistently applied throughout the selection of sub-grantees that should work on fostering the sustainability of government programs. Requests for Applications (RFA) and Annual Program Statements (APS) will be widely disseminated and all information will be publically available to all interested parties. The implementation process will follow USG procedures and regulations.

LOP Results and Indicators

The expected results will be measured by the number and proportion of affected people reached by the program, cost-savings of the integration efforts, and changes in disease prevalence.

These results will contribute to USAID's efforts, given funding availability, to **reduce the prevalence of seven of the most prevalent NTDs by at least 50% among 70% of the world's affected population.**

FHI and its sub-grantees will contribute to:

- Building the political commitment of disease-endemic country governments to support scale-up of integrated NTD programs.
- Supporting Ministries of Health to develop and/or revise fully costed, 5-year plans of action for NTDs, as needed.
- Strengthening national governing bodies for NTDs led by the Ministry of Health (MOH) (e.g., national NTD steering committees, coordinating committees, etc.), as needed.
- Developing detailed annual implementation plans with in-country grantees that fill gaps and support the scale-up and efficiency of nationally-led NTD programs.
- Supporting countries to ensure coordinated and timely applications for drug donations, procure non-donated drugs, forecast required medicines rationally, and manage inventory and stock information.
- Supporting national NTD programs in preparation and implementation of PCT, including areas such as training community health workers, conducting community and social mobilization, providing information, education, and communication (IEC), conducting M&E, and managing supplies.
- Strengthening surveillance systems and capacity to assess progress toward elimination and post-elimination strategies.

- Supporting national programs in mapping the targeted NTDs to make decisions regarding treatment needs.

Indicators

The Control of Neglected Tropical Diseases in Africa aims to increase coverage of PCT for at risk populations in selected focus countries, by supporting national NTD programs to implement integrated approaches that improve the cost effectiveness and efficiency of national NTD programs and enables more people to be reached with treatment. The list below is illustrative of the indicators that will be used to measure program performance indicating the party responsible for its collection. A complete list of foreseen indicators is located in the Performance Monitoring Plan section of this document. FHI will assure that USAID's key indicators are consistent amongst sub-grantees as well as between the different USAID funded programs, including FHI, RTI, and any future USAID NTD projects/partners. Targets will be established in the work planning process for each country supported.

These indicators are illustrative and will be completed in participatory manners with grantees and appropriate partners.

Indicators	Responsible party
Number of countries incorporated into the program	FHI
Number of NTD Treatments delivered through USG-funded programs	Grantees
Number of people treated	Grantees
Treatment coverage	Grantees
Quantities and value of donated drugs	FHI
Number of individuals in training programs	Grantees
Number of technical assistance requested	FHI
Number of technical assistance provided	FHI

FHI will work closely with USAID over the life of the project to adjust program indicators as required by USAID. It is expected that indicators will evolve over time.

Main Activities by Component

Issuance and Management of Grants

FHI will be proactive to ensure all activities supported by the project are closely aligned with government's NTD needs and schedules in implementing integrated NTD control activities to increase government ownership and build upon existing platforms. Of the USAID funding allocated to END in Africa, at least 80 percent will support in-country activities to assist scale up of integrated PCT in Burkina Faso, Ghana, Guinea, Niger,

Sierra Leone and Togo during the first year. Additional countries will be phased into the program in the following years.

FHI, working within the framework defined by USAID, will provide the vision, framework, systems and tools to effectively and efficiently disburse, manage and monitor grant funding in a transparent and accountable manner.

FHI will apply the following general procedures for successful grants management:

1. Jointly develop with USAID and NTDCP the program descriptions for each country tailored to their own needs encouraging innovation and creativity that build upon their existing platforms;
2. Conduct a transparent and accountable grant selection process that guarantees selection of the best proposals and most capable partners;
3. Prepare clear, concise grant agreements outlining roles and responsibilities;
4. Establish a tracking system that allows an early identification of problems and fosters communication for sharing information and providing guidance;
5. As requested by MOHs, conduct site assessments to determine capacity building and technical assistance needs of the MOH and NTDCP to make the implementation process more efficient and effective;
6. Use existing standardized processes and tools developed by RTI to ensure confidence when capturing and reporting data and compliance with all program and USAID requirements.

To make the granting process operational, the FHI-led team, in coordination with USAID, will execute the following major activities:

- Determine the current status of NTDCP in Burkina Faso, Ghana, Guinea, Niger, Sierra Leone and Togo by querying USAID and Ministries of Health, the RTI NTD Program, and other partners as appropriate. In some cases, FHI and USAID may conduct a joint exploratory visit to initiate new country programs. Implementation will initially focus in Burkina Faso and Niger due to the MDA planned activities for the first quarter of 2011.
- Based on the these queries, the team, in close coordination and consultation with USAID, will develop the Program Descriptions (PD) that will be part of the bid documents that meet USG requirements. These descriptions will be rooted in the accumulated experience of the NTDCP and the drafted work plans for the following year, but leave space for applicant to propose innovative and creative approaches that would enhance the impact and improve operations of national programs.
- Develop instruments and mechanisms of the granting process that makes the procurement transparent and accountable. To facilitate this process, FHI will develop a website where information will be posted for dissemination, standard instruments for evaluating proposals and selection criteria that will be uniformly applied to all applicants. Calls for applications will be announced through internet, mailing lists and procurement focused websites for NGOs. Bidding

documents will be available in hard copies and electronic format. The mechanism strives to guarantee equal opportunities for all.

- Collaborate with USAID in organizing the grant selection panels and support its integration and operation. The composition of the panel will be decided by USAID and FHI will support the evaluation process facilitating video conferences, phone discussions and traveling when appropriate. To guarantee that the selected proposals and sub-grantees are a good fit for the NTDCP in the first six countries, the panel will include representatives from USAID, MOH and FHI and others as decided by USAID. The application of standardized evaluation and scoring instruments for proposals will help to bridge the gaps among the parties.
- Conduct sub-grantee pre-award assessments covering financial management, reporting and accountability, managerial capacity, M&E capacity and Quality Assurance. FHI may use a combination of instruments for positive determination that the applicant possesses, or has the ability to obtain, the necessary management competence to carry out the grant activity, and will practice mutually agreed upon methods of accountability for funds and other assets funded by USAID.
- Develop Supplemental Initial Environmental Examination (SIEE) for each one of the selected countries in END in Africa, based on the PEE already approved by USAID. The SIEE should be submitted for the approval of the Mission Environmental Officer or USAID designated authority for countries where there is not an USAID Mission.
- Develop benchmarks, time-based targets and supervision mechanisms that will be incorporated into each grant agreement, using the framework that has been developed for USAID's NTD Program, including defining indicators, data collection protocols and information management, which will be incorporated into each grant agreement.
- Sub grantees will be expected to develop or amend existing MOUs to clarify roles and responsibilities, including Government ownership of the program and the sub-grantees role in supporting the Government efforts to control NTDs with the MOH of Burkina Faso, Niger, Guinea, Sierra Leone, Togo and Ghana. The MOU will further assure the duty free import of NTD program drugs. FHI will support the development of such MOU, if requested by any of the parties.
- Ensure that grantees' annual work plans and budgets schedules support the MOH plans and MDA cycles. Coordinate commodity donation program inputs with procurements and MDA plans, including scale-up. Ensure that grantees' logistics support of the MDA follows the donors drugs grant cycle and other program implementation elements.
- Award grants, once all USG requirements are in place and FHI policies for contracts and grants are met. We anticipate awarding six grants to implementing partners and/or consortia with a proven track record of supporting NTD programs in Africa for the following countries: Burkina Faso, Guinea, Niger, Sierra Leone, Togo and Ghana. Develop and implement a tracking

mechanism and protocols and procedures for rapidly addressing projects needs and the resolution of problems.

- Monitor and provides field support for project implementation through the hub office established in Ghana. The project team will use the scheduled countries visits for capturing firsthand information regarding project performance, which will be coupled with the desk review of project reports and documentation following FHI internal protocols. Monitoring may vary according to the performance, completeness, and quality of reports submitted by the sub grantees. We anticipate that two field visits the first year will be conducted for each project if needed and one visit per year subsequently as part of the fiduciaries responsibilities of FHI. Such monitoring visits will be schedule together with the annual planning meetings and other events agreed upon with the MOH and USAID, to avoid costs redundancies.
- FHI will develop grants management and implementation instruments to facilitate an implementation process that meets existing USAID standards and regulations and FHI policies. Such existing instruments include: standardized reporting formats for semiannual reporting, annual work plans, monthly and quarterly financial reporting, grants administration guidelines, templates for developing MOUs, among others. FHI will consider current grant management instruments developed by RTI and will adopt these when appropriate.
- FHI in partnership with JSI will support grantees and MOH to project drugs needs and will procure the necessary PZQ that is needed to fulfill forthcoming MDA needs country by country. FHI will use the same methodology for projecting drugs needs developed by RTI.

Coordination of Technical Assistance and Capacity Building

Increasing the ability of the MOHs to effectively and efficiently manage the scale up of integrated PCT is a key goal of USAID's overall NTD Control Program and responsibility for achieving this goal will be shared by FHI, USAID, and sub-grantees. The FHI-led team will use a practical, needs-based approach to management capacity building that links technical assistance to planning, funding, supplying and monitoring of MDA at the country level. Grants Agreements will be built to ensure that the funded activities are closely aligned with country plans and needs. Technical assistance and capacity building will be coordinated and led by the program's Africa-based regional hub, where key capacity building staff from all partners will be located (see Staffing Plan section), in close collaboration with the Project Director, the USAID AOTR, and program staff.

FHI will be responsible for coordinating the team's capacity building efforts and take the lead in assistance related to compliance with USAID requirements, sub-grantees capacity to manage projects, conduct work planning, monitoring and evaluation, data management and quality assessment. FHI lead-team will adjust dynamically to support the project implementation as needed by each one of the countries. In this regard, all

countries visits will be coordinated with the national authorities and should be in response to identified country needs. The general distribution of responsibilities within the FHI-led team points to Deloitte as the lead partner in financial management systems and reporting, including budgeting. JSI will provide technical assistance related to planning for procurement and supply chain management for essential NTD medicines. LATH will support M&E, particularly MDA reporting, and work planning as it relates to M&E. Partners' interventions during the life of the project will be determined by the needs of the MOH and will be available per their request.

The FHI-led team approach to coordination of technical assistance and capacity building is modeled on a straight forward process to deliver targeted, tailored capacity building activities. However, as each country will have varying needs (some requiring limited TA in one area such as financial planning, others requiring the full gamut of managerial TA), the activities below reflect FHI's approach to determining, providing, and measuring the needs. The main activities to be executed during the first year in Burkina Faso, Ghana, Guinea Niger, Sierra Leone and Togo are outlined below.

- Upon grant award, the sub-grantee and representatives from FHI and USAID will conduct a joint introductory and consultative visit to further ascertain the capacity building needs of the Ministries and status of country NTD control program. Sub-grantees will address technical capacity building needs of Ministries (M&E, financial management, and/or work planning) in their jointly country-specific annual work plans. If an area in need of capacity building arises from this initial meeting, then FHI will mobilize its resources at the regional hub in Ghana to better understand needs and develop with the MOH the more appropriate approach to address the need. In other instances, unforeseen managerial capacity needs will arise by the MOH and FHI, will propose a TA plan to USAID. FHI will use a combination of methods to implement any capacity building and technical assistance activities requested by the MOH, such as workshops, joint budgeting and planning sessions, one-on-one TA, coaching and exchange visits. The FHI team will lead capacity-building efforts, drawing on local, regional, and international experts. Based on the nature and quantity of needs identified, FHI will address capacity building needs via regional workshops (e.g., workshops on financial management and data quality assurance), and practical, on-the-job learning in context.
- Timely receipt of drugs is critical to the success of any MDA. Sub-grantees will be expected to identify anticipated bottlenecks related to supply chain management of NTD drugs. After identification, FHI will consult USAID on what types of technical assistance are needed to ensure that drugs arrive on time for MDA. If needed and as appropriate, FHI can call upon its partner (JSI) to provide TA in customs clearance, procurement planning, forecasting, distribution planning, stock management and reporting on usage.
- Establish and implement capacity building plan for M&E. The Senior M&E Officer based in Ghana will work with the MOH of selected countries to develop an M&E

capacity building plan that respond to the needs identified for the national program for controlling NTDs. This capacity building will be budgeted and integrated into the grantee country-specific annual work plans. The technical assistant that could be needed to strengthen the MOH's M&E system will be designed in a participatory manner by engaging the sub-grantee, and stakeholders at central and district levels. The plan will also define the roles of the team and the sub-grantee in M&E capacity building. The role of FHI will focus on building M&E capacity at the central level of government (MOH/NTDCP) and building the capacity of the sub-grantees. The sub-grantees will build M&E capacity at the district level of the government in close collaboration with the central level MOH authorities. Where needed, STTA from the project M&E Technical Advisor, based in the USA is available to assist with in-country capacity building. This particular approach will be piloted in one of the selected countries and dynamically adjusted as needed.

Data Management, Documentation and Dissemination of Best Practices

The NTD program approach to data management, documentation and dissemination of best practices will be based on:

- 1) Prioritizing data integrity and knowledge generation with host country leadership;
- 2) Recognizing country ownership of national NTDCP data while also reinforcing the need of donors to monitor program performance;
- 3) Harmonizing indicators across END in Africa and Asia and ensuring use of indicators in line with WHO indicators;
- 4) Encouraging data use for country-level planning and resource allocation; and
- 5) Tailoring documentation to the priorities of key audiences, including national NTDCP program managers, national and international policy makers, and donors.

Data integration and use – including implementation of the integrated M&E framework developed by USAID under RTI- are discussed further in the **Project Monitoring and Evaluation Plan** section.

The main activities related to Knowledge Management are to:

- Establish and maintain the project's knowledge management and marketing standards and processes;
- Coordinate MOH project staff to attend appropriate international forums to optimize opportunities of sharing program information.
- Maximize opportunities to capture, produce and disseminate all communications/ documentation relating to the NTD control programs, project outcomes, methods, strategies guidelines, progress, lessons learned and best practices both internally and externally.

Collaboration and Coordination

Collaboration and coordination with national government entities are central to successful implementation of the END in Africa and they are built into activities throughout the rest of the program components. All program activities support country-led scale up of integrated NTD control through implementation of national NTD strategic and annual work plans.

The main activities to be executed during the first year in Burkina Faso, Niger, Guinea, Sierra Leone, Togo and Ghana are outlined below.

- Coordinate with USAID, MOHs and existing USG-funded NTD programs to ensure an efficient, transparent grant-making and transition process in the six selected countries for the first year.
- As previously mentioned, FHI will participate in introductory meetings with Ministries of Health, USAID, sub-grantees, and local non-governmental organizations involved in NTD control activities.
- If and as needed, strengthen NTD coordinating bodies in focus countries to improve coordination of national NTD planning, resource allocation, management, and monitoring. Improved functioning and effectiveness of existing committees will provide a mechanism for stronger coordination of NTD planning, management and monitoring, as well as coordination of donor support with domestic resources under national strategic and annual work plans.
- Sub-grantees will support the government to establish NTD coordinating committees in countries where they do not exist, and when the MOH identify this as a need for a successful implementation of the country strategy for controlling NTDs. This process should be headed by the MOH with support from the sub-grantee. Establishing and strengthening coordinating bodies will be included in the sub-grantee's annual work plan.
- Promote low-cost, accessible ways of sharing information among sub-grantees and selected countries NTDCP and other stakeholders. These include:
 - Development of a website for managing the grant process and disseminating information about the program;
 - Dissemination of an electronic quarterly newsletter highlighting progress and success stories;
 - Development of a mailing list and alert system where interested parties can receive program information, news and updates;
 - Participation in conferences and workshops sponsored by other actors, such as WHO;
 - Regular communication through a monthly conference call among FHI-led team partners and USAID AOTR designated officials to track project implementation and identify early signs of areas that require special

attention.

- Use existing networks to support project implementation. The matrix below illustrates where each of the partners of the FHI-led team has offices or projects. We will seek to leverage our local presence to enhance efficiencies, facilitate transition and promote savings. These factors will be taken into consideration when defining with USAID the more cost effective strategic to deploy the program in each country.

Matrix of existing FHI-led team coverage in Africa

Country	FHI	JSI	Deloitte	LATH
Burkina		P	P	
Cameroon			O	
DR Congo	P		O	
Ethiopia	P/O	P		
Ghana	P/O	P	P/O	
Guinea				
Mali	P		P/O	
Mozambique	P/O	P	P	
Niger			P	
Nigeria	P/O	P	P/O	
Senegal	P/O		O	
Sierra Leone			P	
Sudan	P/O	P	P/O	P
Tanzania	P/O	P	P/O	
Togo				
Uganda	P	P	O	

O – Existing institutional office

P - Existing project office

Staffing Plan

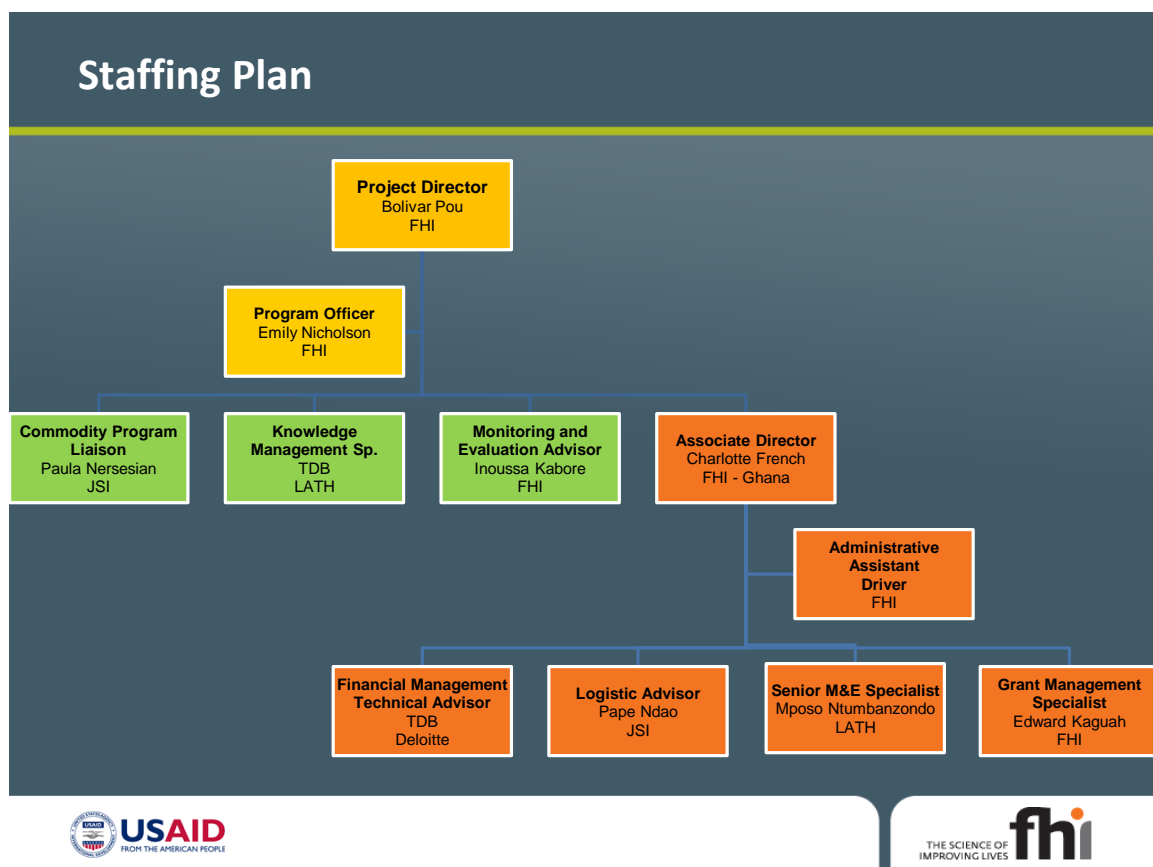
The program is managed from HQ/Arlington, VA by the FHI Project Director with the support of a Program Advisory Team, composed of the Associate Director (FHI/Regional Hub), M&E Advisor (FHI/HQ), KM Specialist (LATH/HQ), Commodity Program Liaison, (JSI/HQ), and Financial Management Technical Advisor (Deloitte/Ghana). To facilitate effective support and oversight to programs in all focus countries, a regional hub is established in Accra, Ghana.

Under the direction of the Project Director, regional hub staff will coordinate, support and monitor all grant-making, M&E and capacity building assistance activities in and across countries. Regional staff include the Associate Director (FHI), Logistics Advisor (JSI), Financial Management Technical Advisor (Deloitte), an Senior M&E Specialist

(LATH), and a Grants Management Specialist (FHI). Staff in the regional technical hub will report to the Associate Director, who will in turn report to the Project Director at HQ and respective organizational supervisors (JSI, Deloitte, and LATH).

Managing and implementing the M&E systems will require capacity building, as M&E tends to be the weakest link of many programs. Therefore, the program will establish an M&E in-house capacity as part of the program's regional hub in Accra to provide ongoing, locally relevant capacity building in M&E. A Senior M&E Officer will be stationed in the hub in Ghana, and work will be overseen by a US-based M&E advisor. The in-house M&E Specialist will support the integration of data at the country level, as well as data analysis, interpretation and programmatic application. The M&E team will provide technical assistance to M&E/data manager staff positions in sub-grantee organizations and the MOH to ensure data quality, management and timely reporting.

The FHI-led team structure for implementing the NTC Control Program for Africa is shown below:



Level of Effort

A summary of the level of effort (LOE) approved under the cooperative agreement for the Control of Neglected Tropical Diseases in Africa is presented below. LOE for short

term positions are indicative and will be finalized after the capacity building plans for each focus country is finalized.

Long Term Positions

Position	Affiliation	Location
Project Director	FHI	USA
Financial Management Assistant	FHI	USA
Knowledge Management Specialist	LATH	USA
Associate Director	FHI	Ghana
Senior Grant Management Specialist	FHI	Ghana
Administrative Assistant	FHI	Ghana
Senior M&E Specialist	LATH	Ghana
Financial Management Technical Advisor	Deloitte	Ghana
Logistic Advisor	JSI	Ghana

Short Term Positions

Position	LOE (days) ¹
US Home Office Management FHI-team	368
US Based Technical Support	
- Program and grants management	44
- Financial management	45
- Supply chain management SCM	79
- M&E and knowledge management	304
ST Consultants Ex-pat	
- Capacity Building specialists	100
- Procurement and SCM Specialists	100
ST Consultants Local	
- Capacity Building Specialists	335
- Other Specialists	150

¹ LOE represents multiple positions

Travel Plans

Anticipated travel needs during the start-up phase and kick-off of project implementation in Burkina Faso, Niger, Guinea, Sierra Leone, Togo and Ghana.

Travel Plans for Q1 and Q2 of 2011

Traveler	From	To	# Trips	Duration	Month	Purpose
Pape Ndao, Local Logistics Advisor	Senegal	WDC	1	3 weeks	January 2011	Training and orientation
Charlotte French, AD	W/DC	Ghana	1	2 weeks	January 2011	Setting up hub office, recruitment of local staff and procurement of equipment
Mposo Ntumbansondo Local M&E Specialist	W/DC	Ghana	1	Relocation	January 2011	Relocation of M&E specialist to hub office in Ghana
Charlotte French, AD	W/DC	Ghana	1	Relocation	February 2011	Relocation of Associate Director to hub office in Ghana
Pape Ndao, Local Logistic Advisor	Senegal	Ghana	1	Relocation	February 2011	Relocation of Logistical Advisor to hub office in Ghana
Bolivar Pou, PD	W/DC	Ghana	1	1 week	April 2011	Project start up and establishing Regional Hub Induction Workshop with Local Team
Mposo Ntumbansondo Local M&E Specialist	Ghana	W/DC	1	1 week	April 2011	Discussion with RTI and USAID about the current NTD M&E framework.
Charlotte French, AD	Ghana	Burkina Niger	2	1 week/each	April 2011	Projects launch in Burkina and Niger with sub-grantee and USAID; agree on key elements for sub-grantee work plans, etc. Meeting with the MOH.
Mposo Ntumbansondo Local M&E Specialist	Ghana	Burkina Niger	2	1 week/each country	May 2011	Provide support for M&E implementation as needed based on requests form the MOH.
Pape Ndao, Local Logistic Advisor	Ghana	Burkina Niger	2	1 week/each country	May 2011	Provide technical support for MDA implementation and drugs projections as needed based on requests form the MOH.
Charlotte French, AD	Ghana	Guinea	1	1 week	TBD	Projects launch in Guinea with sub-grantee and USAID; agree on key elements for sub-grantee work plans, etc. Meeting with the MOH.
Mposo Ntumbansondo Local M&E Specialist	Ghana	Guinea	1	1 week	TBD	Provide support for M&E implementation as needed based on requests form the MOH
Pape Ndao, Local Logistic Advisor	Ghana	Guinea	1	1 week	TBD	Provide technical support developing projections and MDA implementation as needed based on requests form the MOH
Charlotte French, AD	Ghana	S Leone Togo	2	1 week/each	TBD	Projects launch in S Leone and Togo with sub-grantee and

Traveler	From	To	# Trips	Duration	Month	Purpose
						USAID, agree on key elements for sub-grantee work plans, etc. Meeting with the MOH.
Paula Nersesian, Commodity Program Liaison	W/DC	Atlanta	1	2 days	TBD	Introduce project to commodity donation program staff and identify areas of collaboration.

Reporting

The project will deliver the following reports to USAID:

Report	Due
First year annual work plan	December 2010
First semiannual progress report	March 2011
Second semiannual progress report	September 2011
Quarterly financial reports	December 2010 March 2011 June 2011 September 2011
Second year annual work plan	August 2011

Partners Contribution

FHI-lead team, which includes Deloitte, JSI and LATH, built upon a dynamic and flexible approach that support the implementation with the project through a lean technical structure base in Ghana to reduce the operational costs. FHI and its partners will act as appropriate to support national government in the implementation of their program for controlling NTDs. In general, our partners will contribute the program according the framework described below.

Deloitte Contribution

The purpose of Deloitte participation is to provide technical assistance and capacity building support in financial management systems and budgeting to MOH and sub-grantees, for an effective and efficient implementation of the program that meet USAID requirements and regulations. Specific objectives include:

1. Provide technical assistance for capacity building in areas of financial management, budgeting, project costing and financial gap analysis as appropriate, in respond to requests by the MOH; and
2. Analyze grantees implementation cost efficiency to keep the project within the financial parameters agreed upon with USAID.

3. Support the grantees in the application of financial and costing tools for successful project implementation.

As part of the FHI-led team, Deloitte will lead financial management technical assistance and capacity building activities. Activities will include:

- Conduct consultations with the MOH at the onset of working in country, to take into account current initiatives that are intended to address the capacity needs of the national program.
- Based on these consultations with the MOH, propose the more appropriate approach to address the bottlenecks that exist within the counterpart organization to address the needs.
- Implement capacity building activities in partnership with the MOH team such as training, mentoring, coaching, twinning, etc. as needed.

Other program management related activities that will be required of Deloitte will be to:

- Support sub-grantees to meet USAID Reporting requirements
 - Monthly financial reports
 - Quarterly and semi-annual program reports linked to work plans and budgets
 - Cost share reports
 - Value-added tax reports
 - Final program and financial reports

As part of the FHI-led team, Deloitte will meet these objectives through a seconded staff person to the Ghana-based project team and short-term technical assistance (both US- and regionally-based).

JSI Contribution

The purpose of JSI participation is to provide training, capacity building, and technical assistance for MOH/NTDCPs and selected USAID NTD sub-grantees in drug forecasting, ordering, and other supply chain management (SCM) functions. Specific objectives for JSI within the FHI-led team are:

1. As needed, conduct SCM country assessments to identify strengths, weaknesses and technical assistance needs of the national NTD programs and the sub-grantees supporting the implementation of their programs, develop TA plans to address those needs, and provide in-country technical assistance
2. Support, conduct, and develop project staff capacity in forecasting/quantification; procurement planning; inventory control, drug management, product quality assurance, customs clearance procedures, storage, distribution, transport, and waste management (disposal)
3. Help the project meet recordkeeping, reporting, and logistics management information system (MIS) needs

4. Strengthen procurement, supply chain-related regulatory and policy environments, and resource mobilization
5. Develop and disseminate SCM resources to support access to commodity donations and to define the program's SCM system and procurement services
6. Coordinate project inputs with commodity donation program commitments and timing of donations
7. Procure essential commodities when they are not provided in sufficient quantities through the commodity donation programs

As part of the FHI-led team, JSI will meet these objectives through a seconded Logistic Advisor to the Ghana-based project team, part-time staff working at the JSI/Washington office, and short-term technical assistance (both US- and regionally-based).

Given their specialist skills in public health supply chain management, JSI will have substantial involvement in the execution of the following tasks:

- As requested, conduct country specific assessments and situation analysis to identify the SCM strengths and weaknesses of current national NTD control programs and address MOH managerial capacity building needs in areas including planning and SCM
- Seek information on the current program's successes and challenges, including to what extent previous targets were met, and respond to capacity building, and technical assistance needs identified by the MOH.
- Define SCM strategies of selected countries
- Participate in the development of country-specific capacity building plans, identifying STTA, training, and capacity building requirements for MOH/NTDCP and selected sub-grantees related to SCM for NTD products
- Provide TA, training, and capacity building in SCM for NTD products according to the needs identified and the plan as directed by FHI

LATH Contribution

The purpose of LATH is to provide training and technical assistance for MOH capacity building in M&E, identification of technical constraints and knowledge management (KM). Specific objectives for LATH within the FHI-led team are:

1. Provides TA in M&E systems design, planning, implementation and capacity building within the MOH/NTDCP and sub-grantees as needed;
2. Assists sub-grantees and countries in data collection, verification, analysis and report writing and implementing data quality systems;
3. As needed, conducts analysis of program implementation to identify areas of weakness or opportunity vis-a-vis the appropriate M&E strategy and guidelines;

As part of the FHI-led team, LATH will have a substantial involvement in execution of the following tasks:

- As needed, conduct country specific situation analysis to support national NTD control programs to identify their needs in M&E
- Identifying in a participatory fashion STTA and training requirements for MOH and sub-grantees based in the results of country specific consultations.
 - Monitoring and Evaluation
 - Quality Assessment
 - Knowledge Management
- Provide TA and training workshops training sections in areas/needs according to the plan as directed by FHI
- As needed, participate in meetings with national NTDCP to review progress
- Develop and regularly update END in Africa website data. Development of, and interaction in, a Discussion Forum will be encouraged;
- Project outcomes, methods, strategies, guidelines, progress, lessons learned and best practices will be captured for dissemination via the most appropriate channel/s. FHI will coordinate how its partners feed into and populate the END in Africa website.

As part of the FHI-led team, LATH will meet these objectives through a seconded M&E Specialist in the Ghana-based project team, and part-time seconded Knowledge Management Specialist working at the FHI/Washington office.

Project Monitoring and Evaluation Plan

Background

Within the past five years, major global health organizations, including the US Agency for International Development (USAID), have embraced the idea that seven neglected tropical diseases (NTDs) can be more effectively addressed through an integrated NTD program than through separate vertical programs. Integration will only be successful if systems for monitoring and evaluation (M&E) provide timely, reliable data needed for program planning, decision-making, program refinement, and assessing health impact. Thus, M&E is essential not only for assessing progress toward achieving specific goals for control and elimination of each of the seven diseases; it also is essential for informing the process of NTD integration itself. In the framework at the right, M&E will be critical in enabling integrated NTD programs to move successfully from inputs through processes/activities to outputs, outcome.

The seven targeted NTDs (lymphatic filariasis, onchocerciasis, schistosomiasis, trachoma, and three soil-transmitted helminthes (intestinal worm infections) differ to various degrees in their epidemiologic features, treatment regimens, and potential for elimination. A fundamental challenge to M&E of integrated NTD control is that many countries still have vertical, relatively uncoordinated, disease-specific data management systems at the country level. Many countries do not yet have coordinated NTD data collection processes or a national focal point or working group for NTD M&E and surveillance. Gaps in available mapping data, variable data quality, limited data use, and a reluctance to share data are additional ongoing challenges. In collaboration with WHO and

its implementing partners, USAID aims to develop and implement a set of streamlined M&E tools, including a framework and reporting standards/tools for both the national and international programs, their donors and their advocates. USAID has supported development of a state-of-the-art M&E framework for measuring integrated delivery of preventive chemotherapy (see text box). However, it is not yet fully implemented or used effectively at the country level. In addition, approaches and indicators to measure progress toward elimination and control of specific NTDs are still being developed.

The Integrated NTD M&E Framework

- M&E plan with a set of common, standard indicators
- Initial disease mapping following standard protocols with assessments based on international guidelines
- Treatment monitoring during PCT campaigns
- Monitoring and reporting of serious adverse events (SAEs)
- Drug forecasting and supply management
- Financial inputs to country NTD programs
- Global surveillance and tracking of lymphatic filariasis elimination progress

Therefore, the best practices and standards for M&E in NTD control programs are still evolving, and this project will contribute significantly to that evolution.

Overarching Approach

FHI's approach to monitoring and evaluation (M&E) is founded on the principle that M&E is an integral part of program inception, design and implementation. As such, M&E will serve as a backbone to the grant-making and management processes. The program will build on the existing M&E framework and tools, avoiding duplication and additional burdens on countries, sub-grantees and front-line data collectors. More specifically, we will use existing tools, developed under the current USAID supported project with RTI, to collect, analyze, and report data to USAID as well as at the country level. The team will work with RTI and in-country Ministry of Health (MOH) staff to review and improve these tools as needed. USAID's Integrated NTD M&E Framework will provide the basis for strengthening country M&E systems under END in Africa, in coordination with Track One. M&E will be an integrated part of grant-making in this project (see Grantees M&E responsibilities, below).

Monitoring and Evaluation and Program Components

Within the NTD Control Program, three types of monitoring are required, each with a specific purpose and application. They include: 1) monitoring for program planning; 2) routine monitoring to assess program performance; 3) monitoring to assess programmatic outcomes.

Table 1: Elements to be monitored

Monitoring for Program Planning (component 1) <ul style="list-style-type: none"> • Baseline assessment • Geographic distribution of infection and disease (mapping) • M&E system • Serious adverse event (SAE) reporting systems • Need for capacity building • Degree of program integration • Estimated annual drug requirements 	Routine Performance Monitoring (Component 2 and 3) <ul style="list-style-type: none"> • Participation in MDA (e.g., number of persons participating) • Regular Data quality (using DQA) as described in the narrative, and in line with national programs • Capacity building (e.g., number of people trained) • Need for, and provision of, capacity building and technical assistance • Quantities and value of donated drugs, including and drug stock-outs
Outcome Monitoring (Component 4) <ul style="list-style-type: none"> • Treatment coverage (e.g., drug coverage) • Periodic trachoma and LF assessments (using WHO and/or drug donation program guidelines) • Drug resistance 	

Monitoring and Evaluation Activities

The activities or tasks required that will be implemented can be considered in the following: a) program planning (review existing tools and conduct initial assessment); b) develop program monitoring plans (PMPs); c) ensure data quality; e) report findings; and g) disseminate results and “lessons learned.” The M&E team will be responsible for providing critical guidance, technical assistance, and input for all of these activities, which are described in more detail below.

A. Program Planning

1. Review existing documents such as the national strategic plan, data and tools for conducting additional initial assessments: To familiarize the M&E team with the existing M&E and surveillance tools, it is anticipated that the M&E team will meet with RTI and others in a one-day orientation in February 2011. During this meeting, current RTI M&E tools will be provided to FHI team and their use and application described. We do not anticipate revision of existing tools but any needs of changes or revisions of the tools, will be coordinated with RTI team to ensure consistent data collection, analysis and use across countries.

2. Collect baseline assessment: The M&E team will collect established baseline information from existing data to inform the planning and implementation of the program in each country. FHI will pay attention to M&E in each country and identify gaps to be filled as well as opportunities. To be efficient and save resources, an M&E expert from the regional hub or the FHI HQ will focus on the M&E component, rather than conducting a separate M&E assessment. Areas covered in this examination include:

- Mapping. The degree to which the entire country has been mapped for selected NTDs. The project will ensure that any mapping needs are addressed in the work plan of sub-grantees if requested by the MOH. In consultation with USAID, the project may support the incorporation of advances in mapping, monitoring and outcome assessment methodologies that offer rapid, cost-effective, integrated and easy-to use techniques, such as integrated mapping protocols, rapid mapping procedures.
- Previous number of rounds and coverage of MDAs/PCT.
- The M&E system. Review of the M&E system and assessment of its completeness, the use of data in decision-making; roles and responsibilities; data management and data flow.
- Serious adverse events (SAEs). Adequacy of surveillance for detecting, responding to, and reporting SAEs following MDA.

M&E staff will engage in ongoing consultation with others who have responsibility for aspects of monitoring NTD programs in the African region, such as the Africa Regional

Office of WHO and the African Program for Onchocerciasis Control. Furthermore, in addition to these assessments, the M&E team will document best practices and incorporate them into project planning and implementation. The findings of the initial assessment will be used to prepare a Performance Monitoring Plan (PMP) for each country (see below)

B. Develop and Implement Performance Monitoring Plans

1. Develop a consolidated performance monitoring plan (PMP) that will be used for overall program monitoring and evaluation in each country. The FHI-led team will engage the participation of key stakeholders in finalizing these plans: USAID, the MOH/NTDCP, MOEs and other coordination body members. This consolidated PMP will reflect the PMPs of grantees (see “Grantee responsibilities,” below). The process of developing the PMP, in concert with the existing coordination body, will build consensus, initiate a process of harmonizing data collection for different NTDs, and facilitate planning for integrated data collection. Developing the PMP will be an opportunity to review the indicators, tools, coverage and targets, and develop a consolidated, integrated M&E plan in each country, with clear roles and responsibilities.

An illustrative PMP, which describes the benchmarks and indicators to be collected, the frequency of data collection, and a timeframe, is shown in the Annex. All data collected will be disaggregated by sex, as appropriate. The implementation will entail the development and implementation of the following activities.

- Participation in MDA will be monitored according to standard indicators and protocols adopted by WHO.
- Serious adverse events (SAEs). The M&E team will work with MOHs and sub-grantees to ensure that they understand established SAE reporting requirements and have an SAE monitoring system in place. They will work with NTDCP managers to ensure that SAEs are promptly investigated, reported, and acted on at the appropriate levels.
- Data quality. A data quality assessment (DQA) process will be implemented at all levels of the program (see below), which will provide for monitoring of data quality.
- Capacity building. Following the initial assessment, FHI will assist in the development of a comprehensive plan to build national-level capacity in M&E.
- Drug cost and supply. Quantities and value of donated drugs will be monitored routinely by FHI, and drug stock outs events will be reported.
- Post-MDA coverage surveys. The program also will support, as appropriate, post-MDA surveys using the standardized protocol adopted the WHO to check the reliability of integrated MDA treatment data and identify areas where non-compliance may threaten program success.
- Program costs. The program will use a standardized protocol for assessing the program costs. These figures will be used to provide financial inputs to

country NTDCPs, assess the cost of integration, monitor government and donor (including USAID Bureau and Mission) financial and cost-sharing contributions, and inform scaling up of the program. The program will routinely report on the indicator “cost per person treated” by country.

- Post-intervention surveillance. In focus countries that have successfully eliminated lymphatic filariasis or trachoma, the program will collaborate with the NTDCP and WHO to ensure support for post-intervention surveillance to monitor for transmission recrudescence.

C. Ensure data quality – Data quality assessment

The quality of NTD program data is often sub-optimal. Drawing on FHI’s global experience in data quality assessment (DQA), the program M&E team will support the sub-grantees to establish a standard DQA process for each level of the data collection process (from front-line data collectors to the district, regional and national levels). The FHI team will train the sub-grantees in the process and performance of DQA. DQA will be integrated as part of NTDCP and sub-grantees’ supervisory activities in the field. To ensure robust quality data at the inception of programs, these will be carried out following the schedule of the MDA campaigns. The team will support these assessments in coordination with the national MOH, USAID and Track One. The M&E hub based in Ghana will perform overall DQA of data provided by the sub-grantees on a yearly basis. In addition, the program will develop simple, cost-effective improvement plans to address weaknesses identified with specific sub-grantees.

D. Program Reporting

Reporting on selected standard indicators and establishing a management information system (MIS). To respond to reporting requirements as well as to improve program performance, sub-grantees will report monthly to the Sr. M&E officer in the regional hub, where selected global indicators will be compiled and reported to USAID. Such data reported will be used to establish and maintain a lean MIS, based on a relational database, with inputs including staffing, financial inputs, program targets, indicators and milestones by country.

As part of the program’s annual work planning, the team will review program performance against the annual targets, identify any constraints or problems and institute improvement measures.

1. Progress toward targets. The team will evaluate performance against annual and five-year targets using standardized indicators agreed on by USAID. The team also will, in collaboration with USAID, MOHs and sub-grantees, identify country-level sub-grantee targets for USAID-supported MDA activities for the lifetime of the program.
4. Progress in building managerial capacity. Sub-grantees will report semiannually on progress in correcting problems identified during self-assessment, monitoring and periodic assessment of internal controls. The program will evaluate managerial capacity building

efforts through four mechanisms: 1) the routine monitoring system; 2) quality assessments (sub-grantee surveys, managerial capacity assistance provider comments/self-assessment, technical review); 3) outcome evaluation (effect of capacity building on sub-grantee managerial capacity consistent with financial and program performing requirements, procurement guidelines and collection of standardized M&E data); and 4) follow up assessment of capacity. The program also will use outcome indicators as measures of improved managerial capacity, performance and effectiveness. The team acknowledges that capacity building will be only one factor contributing to the overall effectiveness of the national integrated NTD programs in END in Africa focus countries in Africa, as measured by the outcome indicators.

E. Disseminate results and lessons learned

Translating lessons learned from M&E to more effective program implementation. The M&E hub will play a vital role in documenting lessons learned. Data generated from the M&E system will be disseminated and used to strengthen the program. National coordinating body meetings provide an opportunity to report on M&E of the national NTD control program and to share achievements and lessons learned at existing task forces and NTD committee meetings.

The M&E activities including dissemination of data will be coordinated and harmonized with END in Asia. Tools and guidelines will be shared; same existing standardized and indicators will be used to ensure comparison of across projects; furthermore, regular virtual meetings will be convened to share lessons learned.

Sub-grantee Responsibilities

Each sub-grantee will be responsible for developing several plans related to M&E with support from FHI as needed:

1. A PMP that includes a comprehensive set of standardized indicators. Although these indicators may vary depending on the nature of the sub-agreement and program areas, most indicators will be similar across countries and are those that are currently in use by USAID funded NTD programs. The PMP will address both the national-level needs and needs of the project.
2. A data analysis and use plan, including annual performance reviews.
3. A plan for a mid-term and final overall program review/evaluation, depending on the size and population covered under the program.
4. A timetable for reporting and for completion of the M&E deliverables.
5. A data quality assessment (DQA) plan, with assistance from the M&E team at the hub in Ghana.
6. A set of measurable indicators for achieving realistic targets.
7. Depending on the size and geographic coverage of the sub-grantees, FHI may request that they hire an M&E officer.

8. As much as possible, the tools for data collection should utilize those currently in use in each country in order avoid duplication and additional burdens on countries, sub-grantees and front-line data collectors.
9. If needed, a plan for building the technical capacity of MOHs in the area of M&E.

Annex: Performance Monitoring Plan - Illustrative benchmarks, indicators and timeline that will be developed in a participatory process with project stakeholders in participatory manner.

Components	Implementation Plan of NTD	Time Frame	Benchmarks & Indicators <i>Indicators & Benchmarks will have baseline and follow-up</i>	Mean of Verification (MOV)
	Activities			How Measured
Component 1	Perform country assessment	As countries are identified	Country assessment performed Country baseline assessment checklist developed; # of country assessment performed	Country assessment report
	Develop implementation plan for country	As countries are identified	Country plan developed based on assessment findings; # country plans	Country plans
	Issue grants	Y1, 2, 3, 4	SOP for grant management developed and used; # grant issued by country; # of grantees in compliance in compliance with financial management SOPs; # of grantees in compliance with financial management SOPs.	Grant tracking tools
Component 2	Build capacity and monitor grantees	Y1, 2, 3, 4	Capacity building plan developed # of countries with capacity building plan; # of capacity building workshop; proportion of grantees with demonstrated improvement in organizational capacity by country; # of country with adequate financial systems by country	Technical Organizational Capacity Assessment (TOCAT) Financial management assessment
	Train countries on relevant managerial TA needs	Y1, 2, 3, 4, 5	# of training sessions by technical areas; # of people trained by technical areas, by sex, by country; Increased managerial capacity of MOH & grantees	Training logs
	Provide technical assistance to grantees	Y1, 2, 3, 4, 5	Technical assistance plan developed; Improved mechanism of identification, coordination, and communication of TA; # of technical assistance needs met; # of technical assistance provided by country	Technical assistance track tools; technical assistance reports
	Organize coordination meetings	Every quarter	# of coordinating meeting conducted	Minutes of meetings
	Develop an adequate data	Y1, and updated every year	Improved data management, use & documentation of best	Data management

Components	Implementation Plan of NTD	Time Frame	Benchmarks & Indicators <i>Indicators & Benchmarks will have baseline and follow-up</i>	Mean of Verification (MOV)
	Activities			How Measured
Component 3	management systems		practices; Data management systems developed # of countries with adequate data management systems; improved use of data for program improvement	systems
	Develop and carry out documentation plan, including best practices and dissemination	Y1 and updates every year	Documentation plan developed # of best practices documented, and disseminated	Documentation plan Best practices documents; dissemination tracking tool
Component 4	Organize NTD task force meeting at regular basis	Every quarter	Intra-coordination NTDs committee strengthened; # of NTDs task force meeting	Meetings minutes
	Establish strategic collaboration at country level	Y1, 2, 3, 4, 5	Improved coordination for NTDs programming; # of MOU signed	MOU
Program wide cross-cutting with all components	Track program coverage and reach over time	Routinely during the life of the project	Increased coverage of NTDs intervention; # eligible people reached by sex, by age group and by country; treatment coverage by gender and by country (post MDA)	Service delivery forms
	Track disease prevalence	Year 1 and 5	Reduced disease prevalence; Disease prevalence by gender and country	Prevalence surveys

Timeline

