

ANNEX B: PROGRAM ASSESSMENT FRAMEWORK

County:	Angola
Implementing Partner:	The MENTOR Initiative
Currency:	USD dollars

Periods Covered and Dates for Periodic Reports and Disbursement Requests

	PY1	P5	P6	P7	P8	PY2	PY3	PY4	PY5
Period Covered: from	25-Mar-13	01-Apr-14	01-Jul-14	01-Oct-14	01-Jan-15	01-Apr-14	01-Apr-15	01-Apr-16	01-Apr-17
Period Covered: to	31-Mar-14	30-Jun-14	30-Sep-14	31-Dec-14	31-Mar-15	31-Mar-15	31-Mar-16	31-Mar-17	31-Mar-18
Date Report Periodic Report Due	30-Apr-14	31-Jul-14	31-Oct-14	31-Jan-15	30-Apr-15	N/A	N/A	N/A	N/A
Disbursement Request	Yes	No	Yes	No	Yes	N/A	TBD	TBD	TBD
Annual Report Due Date:	30-Apr-14	30-Apr-15	30-Apr-16	30-Apr-17	30-Apr-18				
Audit Report Due Date:	30-Sep-14	30-Sep-15	30-Sep-16	30-Sep-17	30-Sep-18				

Goals:

1 To assist the MoH in achieving a significant reduction in the burden of soil-transmitted helminth and schistosomiasis infections in high burden areas of northern Angola

Impact / Outcome Indicator	Indicator	Baseline			Targets					Comments:
		Value	Year	Source	Year 1	Year 2	Year 3	Year 4	Year 5	
Impact	STH Prevalence Rate	TBD	2014	MoH Angola	N/A	TBD	N/A	TBD	N/A	Zaire and Uige are estimated to have high NTD transmission. Huambo is moderate NTD transmission.
Impact	Schistosomiasis Prevalence Rate	TBD	2014	MoH Angola	N/A	TBD	N/A	TBD	N/A	
Impact	LF Prevalence Rate	TBD	2014	MoH Angola	N/A	TBD	N/A	TBD	N/A	
Outcome 1.1	Timely completion of national NTD workplans and guidelines. Angola participates in international NTD control activities.									
Outcome 2.1	Passive NTD treatment data is reported and effective enough for comparison against baseline mapping information									
Outcome 3.1	% coverage enrolled SAC through school based MDA	TBD	2014	MENTOR	565,621/1,131,242	TBD	TBD	TBD	TBD	50% SAC in year 1, 85% in years following
Outcome 3.1	% coverage of community based MDA	TBD	2014	MENTOR	N/A	47/94	70/94	94/94	94/94	50% in year 2, 75% year 3, 100% years following
Outcome 3.1	% coverage of at risk population	TBD	2014	MENTOR	N/A	TBD	TBD	TBD	TBD	TBD Post-mapping
Outcome 3.2	% coverage enrolled SAC through school based MDA	TBD	2014	MENTOR	565,621/1,131,242	TBD	TBD	TBD	TBD	50% SAC in year 1, 85% in years following
Outcome 3.2	% coverage of community based MDA	TBD	2014	MENTOR	N/A	47/94	70/94	94/94	94/94	50% in year 2, 75% year 3, 100% years following
Outcome 3.2	% coverage of at risk population	TBD	2014	MENTOR	N/A	TBD	TBD	TBD	TBD	TBD Post-mapping
Outcome 3.3	% coverage of community based MDA	TBD	2014	MENTOR	N/A	47/94	70/94	94/94	94/94	50% in year 2, 75% year 3, 100% years following
Outcome 3.3	% coverage of at risk population	TBD	2014	MENTOR	N/A	TBD	TBD	TBD	TBD	TBD Post-mapping
Outcome 3.4	% Trained in Program Activities	TBD	2014	MENTOR	3536/3177	TBD	TBD	TBD	TBD	
Outcome 4.1	% School Coverage	TBD	2014	MENTOR	N/A	1063/2127	2127/2127	2127/2127	2127/2127	50% schools year 2, 100% in years following

Program Objectives, NTD Macro Categories, Outputs and Indicators

Objective No.	Objective Description
1	Ministry of Health has sustainable integrated NTD program across 3 provinces and capacity to scale to national coverage Outcome 1: Effective National NTD MOH Department and Provincial Coordination Committees are in place and operational and competent in co-ordination, planning, procurement, supply chain and analysis for NTD control by project completion
2	Primary Health Care System (PHC) in provinces has competency and delivers systematic NTD control Outcome 1: Primary Health Care clinics able to accurately diagnose, record, treat and manage priority NTDs and quantify and monitor disease prevalence by project completion.
3	The intensity of infection of schistosomiasis, lymphatic filariasis and intestinal worms in children, women and men reduced significantly from baseline. Outcome 1: Treat 75% of eligible at-risk population for intestinal worms through mass drug administration (MDA) of albendazole by project completion (to World Health Organization standards). Outcome 2: Treat minimum 75% of eligible at-risk population for schistosomiasis through MDA of Praziquantel by project completion (to World Health Organization standards). Outcome 3: Treat minimum 80% of eligible at risk population for lymphatic filariasis through MDA of Albendazole and ivermectin or DEC as appropriate by project completion (to World Health Organization standards). Outcome 4: Community drug distributors and education officials are trained to competently and safely administer MDA drugs by project completion
4	WASHE is integrated into school curriculum and hand washing with soap increased significantly from baseline Outcome 1: 2,127 (all) schools receive hygiene kits or replenishment, annually and systematically by project completion and children in 2,127 (all) schools learn water, sanitation and personal hygiene based on WASHE package by project completion

Objective No.	NTD Macro Category	Output/Description	Activity	Output Indicator	Deliverables	Means of Verification	Annual Targets				Periodic Targets PY2				Annual Target Totals				Targets Cumulative Y/N	Comments
							Year 1	P5	P6	P7	P8	Year 2/HT Y1	Year 3/ HT Y2	Year 4/ HT Y3	Year 5					
1.1.1	NTD Capacity Building	NTD programme activities coordinated and planned at both national and provincial levels	Provide planning, coordination and implementation support to NTD program activities at the national and provincial levels	Number of NTD stakeholder meetings in Uige, Huambo and Zaire Provinces (1 per province/month plus quarterly national)	One meeting per province/month and quarterly national meetings	Signed Attendance sheet	All stake holder meetings	H:3 U:3 Z:3 National: 1	H:3 U:3 Z:3 National: 1	H:3 U:3 Z:3 National: 1	H:3 U:3 Z:3 National: 1	H:12 U:12 Z:12 National:4	H:12 U:12 Z:12 National:4	H:12 U:12 Z:12 National:4	H:12 U:12 Z:12 National:4	N	One meeting per province/month + 1 national meeting per quarter. National meeting includes M&E meeting in 1.1.5 of DC proposal logframe.			
1.1.2	NTD Capacity Building	Improved technical and logistical capacity of the provincial and national NTD teams	Provide technical support and capacity building to provincial and national NTD teams. Provide logistical support to provincial and national NTD teams.	Number of Rational and feasible NTD local annual work plans developed and agreed with stakeholders (1 per province plus one national) Percentage of logistical support requests fulfilled by the programme	One workplan per province/year including drug supply. One national plan per year. 80% of the requests are fulfilled	Produced Workplan Activity Reports	All work plans completed N/A	0 80% of MoH Requests	3 (Provincial) 80% of MoH Requests	1 (National) 80% of MoH Requests	0 80% of MoH Requests	4 80% of MoH Requests	4 80% of MoH Requests	4 80% of MoH Requests	4 None	N	One workplan per province +1 national, per year Ongoing - dependent on requests from MoH, aim to fulfil at least 80% of those requests.			
1.1.3	Supervision	Ministry of Health has capacity for NTD information Management in Uige, Huambo, Zaire Provinces	To organise regular meetings to accurately analyze NTD burden data in Uige, Huambo and Zaire Provinces Support logistically the NTD data collection	Number of monthly meetings between MENTOR/MoH in Uige, Huambo and Zaire Provinces to analyze health facility (HF) NTD data (1 per province/month) Percentage of logistical support requests fulfilled by the programme	One meeting per province/month 80% of the requests are fulfilled	Signed attendance sheet Activity Reports	Huambo: 3 Uige: 3 Zaire: 3 N/A	0 80% of MoH Requests	H:1 U:1 Z:1 80% of MoH Requests	H:1 U:1 Z:1 80% of MoH Requests	H:1 U:1 Z:1 80% of MoH Requests	Huambo: 3 Uige: 3 Zaire: 3 80% of MoH Requests	36 80% of MoH Requests	36 80% of MoH Requests	36 N/A	N	Meetings will be linked to routine malaria data meetings with MoH (USAID funded), but will be jointly funded by this budget as they will be more regular (monthly) Ongoing - dependent on requests from MoH, aim to fulfil at least 80% of those requests.			
1.1.4	Supervision	Procurement & supply of NTDs drugs for schools, communities and health facilities is ensured	To organise specific meetings targeting NTD drug supply needs for both MDA at schools and case management stock and technical requirements at health facilities.	Number of Mentor/MoH/MoE and other stakeholders logistical meetings to manage the drug supply system (1 per province per month)	One meeting per province/month	Signed attendance sheet	Huambo: 1 Uige: 1 Zaire: 1	H:3 U:3 Z:3 80% of MoH Requests	H:3 U:3 Z:3 80% of MoH Requests	H:3 U:3 Z:3 80% of MoH Requests	H:3 U:3 Z:3 80% of MoH Requests	36 80% of MoH Requests	25 80% of MoH Requests	33 80% of MoH Requests	33 N/A	N	50% of the municipalities in Year 1, 75% in Year 2, 100% in Year 3			

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2	Primary Health Care System (PHC) in provinces has competency and delivers systematic NTD control Outcome 1: Primary Health Care clinics able to accurately diagnose, record, treat and manage priority NTDs and quantify and monitor disease prevalence by project completion.
3	The intensity of infection of schistosomiasis, lymphatic filariasis and intestinal worms in children, women and men reduced significantly from baseline Outcome 1: Treat 75% of eligible at-risk population for intestinal worms through mass drug administration (MDA) of albendazole by project completion (to World Health Organization standards). Outcome 2: Treat minimum 75% of eligible at-risk population for schistosomiasis through MDA of Praziquantel by project completion (to World Health Organization standards). Outcome 3: Treat minimum 80% of eligible at risk population for lymphatic filariasis through MDA of Albendazole and Ivermectin or DEC as appropriate by project completion (to World Health Organization standards). Outcome 4: Community drug distributors and education officials are trained to competently and safely administer MDA drugs by project completion
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							Year 1	P5	P6	P7	P8	Year 2/HT Y1	Year 3/ HT Y2	Year 4/ HT Y3	Year 5					
2.1.1	Training and Workshops	First line health workers are trained to effectively prevent, manage and report NTD cases	Organise training sessions of health workers on the prevention, management & reporting of NTD cases in Huambo, Uige and Zaire provinces	No. of HF or ANC based health workers trained	At least 2 workers trained per health facility supported/3 years based on prioritization	Filled supervision form, training registers	Health Facilities: H: 100 U: 60 Z: 50 ANC: H:20 U:15 Z: 15	200	156	0	0	356	356	356	TBD	N	There are 534 health facilities. At the end of year 4 we want to have 2 workers trained per health facility. 534*2=1068. Every year from yr 2 onwards we should train 1068/3= 356. Disease mapping will inform which health facilities to target in priority (those in high prevalence areas).			
2.1.2	Support to Health Facilities	Health workers in primary health care facilities have access to NTD case management technical guidelines	Produce NTD technical guidelines and disseminate to health workers	Number of NTD treatment guidelines developed and provided to HFs	One technical guidelines kit is provided to every health facility supported over 3 years	activity reports; guidelines present in health facilities	Huambo: 202 Uige: 122 Zaire: 96	200	156	178	0	534	534	534	TBD	N	2 sets of technical guidelines provided to every health facility supported (guidelines for STH, Schisto and other NTDs including drug administration guidelines). Updated and disseminated once per year.			
2.1.3	NTD Capacity Building	The capacity of provincial NTD Programme services to accurately analyze NTD disease data is improved in Uige, Huambo and Zaire Provinces	Perform specific joint technical supervisions with Provincial NTD coordinators to municipal health departments on NTD data collection and analysis	Joint analysis of HF passive NTD patient data collection is conducted with specialist assistance	Percentage of Municipal Health Departments (Reparticos Municipal Da Saúde) presenting a monthly report on NTDs	Filled supervision form	N/A	H:11, U:16, Z:6	H:11, U:16, Z:6	H:11, U:16, Z:6	99	H:44, U:64, Z:24	H:44, U:64, Z:24	H:44, U:64, Z:24	N/A	N	At least one supervision visit per municipality, per quarter			
2.1.4	IEC/ACSM	Health workers in all health facilities have access to IEC technical guidelines and education material	Produce and disseminate IEC technical guidelines and education material in partnership with the national NTD program	No. of IEC technical guideline sets/kits developed and provided to HFs	One IEC technical guidelines kit per health facility supported	activity reports; guidelines present in health facilities	N/A	200	156	178	0	534	534	534	0	N	One set of updated IEC technical guidelines & education kit (guidelines for STH, Schisto and LF, including patient education) per health facility supported per year			
2.1.5	Support to Health Facilities	MOH NTD case management and materials supply chain to in health facilities is reinforced	Perform technical support supervisions and coaching on NTD case management medicine stock and supply chain management	Number of Joint MENTOR/MoH technical coaching visits to HFs assisting with distribution/delivery of NTD supplies	50% of health facilities reached each year	Filled stock management supervision form	Huambo: 100 Uige: 60 Zaire: 50	66	67	67	67	267	267	267	TBD	N	50% of all health facilities will be visited every year. The Program Coordinators will have to prioritise the ones with the most difficulties or the ones in areas with the highest disease burden.			
3.1.1	NTD Mapping	Disease prevalence is mapped in Uige, Zaire and Huambo Provinces	Perform mapping studies for STH and schistosomiasis in schools	Number of sampled schools visited to test children	100% of sampled schools reached.	Study report	0	400	193	0	0	593	N/A	593	N/A	Y	17,790 students to be tested in 593 schools			
3.1.2	NTD Mapping	Disease prevalence is mapped in Uige, Zaire and Huambo Provinces	Perform mapping studies for lymphatic filariasis in communities	Number of sampled villages visited to test residents	100% of sampled villages reached.	Study report	0	60	39	0	0	99	N/A	99	N/A	Y	9,900 adults to be tested in 99 villages			
3.1.3	Mass Drug Administration	MDAs for intestinal worms reach school children in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole in schools in Huambo, Uige and Zaire provinces	No. of enrolled school aged children (5-15) treated for STH in Huambo, Zaire and Uige	<15 year old school children receive MDA in Zaire, Huambo, Uige and Bié Provinces	Provincial MDA report; MDA session filled form	H:300,000; U:174,899; Z:90,722; Total:565,621	0	0	H:510,000 U:297,328 Z:154,227 Total:961,555	0	H:510,000 U:297,328 Z:154,227 Total:961,555	H:510,000 U:297,328 Z:154,227 Total:961,555	H:510,000 U:297,328 Z:154,227 Total:961,555	N	Treatment numbers here are estimates based on the percentage of total school children in Zaire, Huambo, Uige Provinces. Population numbers to be confirmed. Treatment numbers will also provide gender ratios for each province.				
3.1.4	Mass Drug Administration	MDAs for intestinal worms reach unenrolled school-aged children in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole in Huambo, Uige and Zaire provinces	No. of unenrolled school aged children (5-15) treated for STH in Huambo, Zaire, and Uige.	200,000 in Year 1; 300,000 patients from Year 2 onwards	Provincial MDA report; MDA session filled form	H:75,200 U:69,600 Z:55,200 Total:200,000	0	0	H:112,800 U:104,400 Z:82,500 Total:300,000	0	H:112,800 U:104,400 Z:82,500 Total:300,000	H:112,800 U:104,400 Z:82,500 Total:300,000	H:112,800 U:104,400 Z:82,500 Total:300,000	N	Treatment numbers here are estimates based on the percentage of total school children in Zaire, Huambo, Uige Provinces. Population numbers to be confirmed. Treatment numbers will also provide gender ratios for each province.				
3.1.5	Mass Drug Administration	MDAs for intestinal worms cover all eligible communes in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole in communities in Huambo, Uige and Zaire provinces	No. of communes reached through CDD MDA	Increasingly scaled % program coverage in years 2-4, reaching 100% by year 4 onwards.	Provincial MDA community based campaign reports	N/A	0	0	47	0	47	70	94	0	N	Total eligible communes reached with MDAs 50% (47) yr 2, 75% (70) yr 3, 100% (94) yr 4. Eligibility of communes will be determined by the disease mapping.			
3.1.6	Mass Drug Administration	MDAs for intestinal worms reach children between 1 and 5 years old in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole in communities in Huambo, Uige and Zaire provinces	No. of pre-SAC that receive MDA in Huambo, Zaire and Uige	Increasingly scaled % program coverage in years 2-4, reaching 100% by year 4 onwards.	Provincial MDA community based campaign reports	N/A	0	0	312'199	0	312'199	468'299	624'399	0	N	Percentage of estimated total children between 1 and 5 years old in Zaire, Huambo, Uige Provinces that receive Albendazole MDA once in the year (based on increasing geographical coverage each year) Treatment numbers will also provide gender ratios for each province.			
3.1.7	Mass Drug Administration	MDAs for intestinal worms reach pregnant women in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole in communities in Huambo, Uige and Zaire provinces	No. of pregnant women that receive MDA in Huambo, Zaire and Uige	Increasingly scaled % program coverage in years 2-4, reaching 100% by year 4 onwards.	Provincial MDA campaign reports	N/A	0	0	195'124	0	195'124	292'686	390'249	0	N	Percentage of estimated total eligible pregnant and lactating women in Zaire, Huambo, Uige Provinces that receive Albendazole MDA once in the year. (based on increasing geographical coverage each year) Treatment numbers will also provide gender ratios for each province.			

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							Year 1	P5	P6	P7	P8	Year 2/NT Y1	Year 3/ HT Y2	Year 4/ HT Y3	Year 5					
3.1.8	Mass Drug Administration	MDAs for intestinal worms reach 75% of those in high risk groups in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole in communities in Huambo, Uige and Zaire provinces	No. of high risk adults (>15) that receive MDA in Huambo, Zaire and Uige	Target to be set post-mapping	Provincial MDA campaign reports	N/A	0	0	All 3 Provinces	0	Numbers to be locally determined when disease mapping is completed	Numbers to be locally determined when disease mapping is completed	Numbers to be locally determined when disease mapping is completed	0	N	Percentage of estimated total adults engaged in high-risk activities (fishing, miners, tea pickers, car washers, etc.) in Zaire, Huambo, Uige Provinces that received Albendazole MDA once in the year. Treatment numbers will also provide gender ratios for each province.			
3.2.1	Mass Drug Administration	MDAs for schistosomiasis reaches school children in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Praziquantel in schools in Huambo, Uige and Zaire provinces	No. of enrolled school aged children (5-15) treated for Schisto in Huambo, Zaire and Uige	3.1 <15 year old school children receive MDA in Zaire, Huambo, Uige and Bié Provinces	Provincial MDA report; MDA session filled form	H:300,000; U:174,899; Z:90,722; Total:565,621	0	0	TBD	0	TBD	TBD	TBD	TBD	N	Total number of treatments delivered, based on number of school children (between 5 and 15 years of age) in Zaire, Huambo and Uige Provinces that received Praziquantel MDA. Treatment numbers will also provide gender ratios for each province.			
3.2.2	Mass Drug Administration	MDAs for schistosomiasis reaches unenrolled school-aged children in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Praziquantel in Huambo, Uige and Zaire provinces	No. of unenrolled school aged children (5-15) treated for Schisto in Huambo, Zaire, and Uige.	2.7 200 000 STH and scistosomiasis patients treated in Year 1 in Huambo, Uige and Zaire Provinces; 300 000 patients treated in Bié, Huambo, Uige and Zaire Provinces in Year 2; 420 000 patients treated from Year 3 onwards	Health facilities MDA campaigns reports; NTD provincial programmes and Provincial Directions of Health reports	H:75,200 U:69,600 Z:55,200 Total:200,000	0	0	TBD	0	TBD	TBD	TBD	TBD	N	Total number of treatments delivered, based on number of estimated unenrolled school-aged children (between 5 and 15 years of age) in Zaire, Huambo and Uige Provinces that received Praziquantel MDA. Treatment numbers will also provide gender ratios for each province.			
3.2.3	Mass Drug Administration	MDAs for schistosomiasis cover all eligible communes in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Praziquantel in communities in Huambo, Uige and Zaire provinces	No. of communes reached through CDD MDA	Increasingly scaled % program coverage in years 2-4, reaching 100% by year 4 onwards.	Provincial MDA campaign reports	N/A	0	0	47	0	47	70	94	0	N	Total eligible communes reached with MDAs 50% (47) yr 2, 75% (70) yr 3, 100% (94) yr 4. Eligibility of communes will be determined by the disease mapping.			
3.2.4	Mass Drug Administration	MDAs for schistosomiasis reaches 75% of qualifying adults in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Praziquantel in communities in Huambo, Uige and Zaire provinces	No. of high risk adults (>15) that receive MDA in Huambo, Zaire and Uige	Target to be set post-mapping	Provincial MDA campaign reports	N/A	0	0	All 3 Provinces	0	TBD	TBD	TBD	0	N	Percentage of estimated total adults living in high risk areas or engaged in high-risk activities (fishing, miners, tea pickers, car washers, etc.) in Zaire, Huambo, Uige Provinces that received Praziquantel MDA once in two years. Treatment numbers will also provide gender ratios for each province.			
3.3.1	Mass Drug Administration	MDAs for lymphatic filariasis cover all eligible communes in Zaire, Huambo, Uige Provinces	Conduct annual joint MDA/IEC campaigns with Albendazole & Ivermectin OR DEC in communities in Huambo, Uige and Zaire provinces OR bi-annual MDA with Albendazole	No. of communes reached through CDD MDA	Increasingly scaled % program coverage in years 2-4, reaching 100% by year 4 onwards.	Provincial MDA campaign reports	N/A	0	0	47	0	47	70	94	0	N	Total eligible communes reached with MDAs 50% (47) yr 2, 75% (70) yr 3, 100% (94) yr 4. Eligibility of communes will be determined by the disease mapping.			
3.3.2	Mass Drug Administration	MDAs for lymphatic filariasis reach all eligible population in Zaire, Huambo, Uige Provinces (excluding SAC in output #1)	Conduct annual joint MDA/IEC campaigns with Albendazole & Ivermectin OR DEC in communities in Huambo, Uige and Zaire provinces OR bi-annual MDA with Albendazole	No. of people at risk of LF receive treatment in Huambo, Zaire and Uige	Target to be set post-mapping	Provincial MDA campaign reports	N/A	0	0	All 3 Provinces	0	TBD	TBD	TBD	0	N	See section on STH for number of children treated with Albendazole above. Numbers of pre-SAC and adults to be determined when disease mapping is completed, based on presence and prevalence of the disease. Treatment numbers will also provide gender ratios for each province.			
3.4.1	Training and Workshops	Education and health officials are trained to train teachers to competently and safely deliver MDA	Provide annual basic NTD training to provincial and municipal coordinators and education area coordinators	No. of government officials that receive training as part of cascade	See comments, to be revised.	Activity Reports	N/A	0	100	0	0	100 (to be confirmed)	100 (to be confirmed)	100 (to be confirmed)	0	N	3 trainers from the national level, 3 per province (total 9), + 2 per municipality (total 66) + area coordinators (up to 22).			
3.4.2	Training and Workshops	Teachers and school directors trained in basic NTD package	Provide annual basic NTD training to teachers and school directors of MDA supported schools	No. of teachers involved in MDA campaign planning and delivery in their schools	At least Two teachers and one director per MDA targeted school receive basic sensitization on NTDs	Teachers' IEC report for each school	Huambo: 200 Uige: 120 Zaire: 100	0	6381	0	0	6381	6381	6381	6381	N	At least 2 teachers per MDA targeted school + 1 director receive basic sensitization on NTDs per MDA = 3 people per school (761 schools in Huambo, 1084 in Uige, 282 in Zaire)			
3.4.3	Training and Workshops	Community drug distributors are trained to competently and safely deliver MDA	Provide annual basic NTD training to community drug distributors	No. of CDDs involved in MDA campaign planning and delivery	At least XX per MDA targeted commune receive training	Activity Reports	N/A	0	0	TBD	TBD	TBD	TBD	TBD	0	N	Number to be determined according to the number of communes and municipalities			

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1	Ministry of Health has sustainable integrated NTD program across 3 provinces and capacity to scale to national coverage Outcome 1: Effective National NTD MOH Department and Provincial Coordination Committees are in place and operational and competent in co-ordination, planning, procurement, supply chain and analysis for NTD control by project completion
2	Primary Health Care System (PHC) in provinces has competency and delivers systematic NTD control Outcome 1: Primary Health Care clinics able to accurately diagnose, record, treat and manage priority NTDs and quantify and monitor disease prevalence by project completion.
3	The intensity of infection of schistosomiasis, lymphatic filariasis and intestinal worms in children, women and men reduced significantly from baseline. Outcome 1: Treat 75% of eligible at-risk population for intestinal worms through mass drug administration (MDA) of albendazole by project completion (to World Health Organization standards). Outcome 2: Treat minimum 75% of eligible at-risk population for schistosomiasis through MDA of Praziquantel by project completion (to World Health Organization standards). Outcome 3: Treat minimum 80% of eligible at risk population for lymphatic filariasis through MDA of Albendazole and Ivermectin or DEC as appropriate by project completion (to World Health Organization standards). Outcome 4: Community drug distributors and education officials are trained to competently and safely administer MDA drugs by project completion
4	WASHE is integrated into school curriculum and hand washing with soap increased significantly from baseline Outcome 1: 2,127 (all) schools receive hygiene kits or replenishment, annually and systematically by project completion and children in 2,127 (all) schools learn water, sanitation and personal hygiene based on WASHE package by project completion

Objective No.	NTD Macro Category	Output/Description	Activity	Output Indicator	Deliverables	Means of Verification	Annual Targets					Periodic Targets PY2				Annual Target Totals				Targets Cumulative Y/N	Comments
							Year 1	P5	P6	P7	P8	Year 2/HT Y1	Year 3/ HT Y2	Year 4/ HT Y3	Year 5						
3.4.4	IEC/ACSM	Opportunities for linking MDA to other community based campaigns will be maximized where feasible	Conduct joint IEC campaigns with other community-based programs (Vaccination and others)	Number and type of non-program funded community campaigns to which MDA activities develop linkages (at least 2 per year per province)	At least 2 annual joint IEC campaigns are conducted in every province	IEC campaign report; Activity reports	1	0	0	3	0	3	3	3	3	3	N	Linkages will be opportunistic with mass vaccination programmes, or mass commodity distributions programmes as and when other organisations plan these. One per province in year 2.			
4.1.1	Assessments and Surveys	Understanding of existing hygiene and sanitation knowledge and practices amongst teachers and children acquired	Conduct a KAP study on NTD transmission and WASH practices	No. of KAP Studies	1 KAP study per province completed twice over years 2-4	Studies Concluded	N/A	0	2	1	0	3	0	3	0	N	One survey per province				
4.1.2	Assessments and Surveys	Assessment of a sample of 10 schools in each province for existing WASH facilities	Assess the condition and current provision of WASH facilities in schools in the operational area	Number of schools sampled for assessment report	1 Assessment report is produced on the assessment of water, hygiene and sanitation conditions in a sample of 10 schools per province	Assessment report	N/A	30	0	0	0	30	0	30	0	N	Assessment report is produced on the assessment of water, hygiene and sanitation conditions conducted in a sample of 10 schools per province. This assessment should be performed during the mapping				
4.1.3	WASH	Children in schools are sensitised to the main NTD transmission modes and the risks associated with poor hygiene and sanitation practices	Undertake hygiene information, education and communication interventions in schools targeting priority NTDs	Number of schools reached with WASH package IEC interventions	Year two 50% of all schools reached, Years three and following 100%	WASH reports	N/A	0	0	531	532	1063	2127	2127	0	N	Number of registered schools receiving WASHE package IEC interventions including life-skills hygiene education (yr 2 50%, 100% as of Yr 3)				
4.1.4	WASH	Schools are assisted to improve their hygiene environment with basic hygiene and sanitation 'kits'	Distribute, replenish or replace hygiene 'kits' to all schools annually when IEC interventions are carried out	Number of hygiene kits distributed to the schools	At least 1 hygiene kit/MDA targeted school is distributed	WASH reports	N/A	0	0	531	532	1063	2127	2127	0	N	At least one hygiene kit (soap, 'tippy tap' handwashers, etc.) per targeted school is distributed, replenished or replaced annually (year 2 reaching 50% of schools, 100% as of Yr 3). This number reflects total number of hygiene kits delivered				
4.1.5	NTD Capacity Building	The government's supervision, monitoring and follow up of integrated WASHE program is strengthened	Provide information from all WASH assessment reports to provincial Ministry of Education officials	No. of reports submitted to government stakeholders	2-3 reports per province per year	WASH reports	N/A	0	3	3	3	9	6	9	0	N	KAP, WASH assessment & annual provincial WASH activity reports (3) shared with MoEd leader for each province. There will be no KAP in Year 3, so only WASH reports and assessments will be shared.				