Data-driven Workplans

NTD Data Use Resource Hub

Acknowledgements

We extend our sincere appreciation to the **National NTD programs from seven countries (Benin, Burkina Faso, Ethiopia, Kenya, Nigeria, Senegal, and South Sudan)** for their unwavering cooperation, leadership, and commitment to public health.

We also thank our **in-country implementing partners** for their vital collaboration, operational expertise, and dedication to delivering impactful interventions on the ground. This work would simply not be possible without their collective support—each contribution has been essential to driving progress and improving lives across affected communities

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Lastly, we also acknowledge the **World Health Organization's ESPEN platform** for hosting these resources and making them accessible to the global health community, further strengthening transparency, coordination, and knowledge-sharing across regions.

1 NTD DATA USE RESOURCE HUB

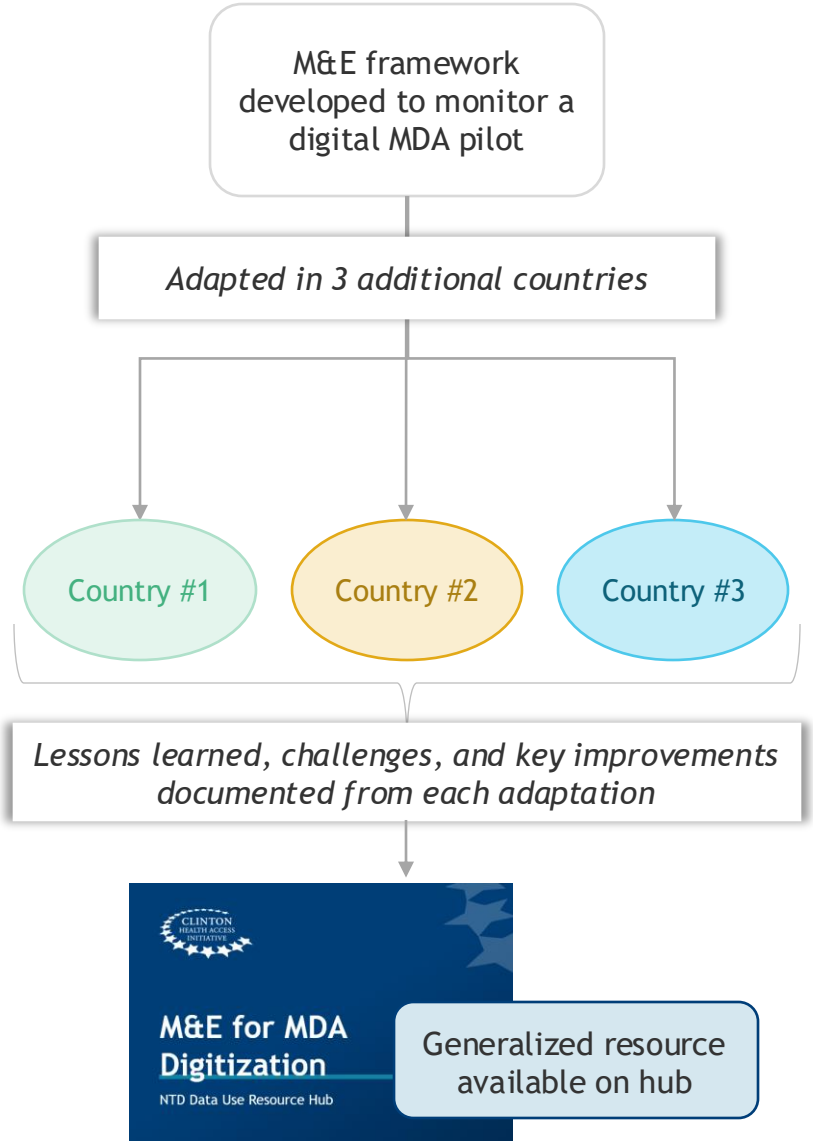
Background: Data use support provided to 6 NTD programs

- In **2021**, CHAI started providing support to **Kenya**, **Benin** and **Nigeria** (Kano) NTD program (2021-2024) with support from BMGF to accelerate elimination of PC-NTDs by:
  - Improving sustainable **access to timely and high-quality information** across relevant levels of the health system.
  - **Capacitating programs** to **routinely use data and generated analytics** such as modeling, integrating it within existing processes and structures.
- In **2022**, the support was expanded to all ARISE countries including **Burkina Faso**, **Ethiopia, Senegal, and South Sudan*** (2022-2025) with support from CIFF and BMGF.
- CHAI staff conducted in-depth country landscaping in 6 countries to identify the specific NTD program data use gaps that were undermining campaign and intervention effectiveness.
- Based on this work, CHAI staff worked in concert with NTD programs and key implementing partners to develop customized solutions to address these key challenges.

- Direct support to 6 countries
- 15 staff embedded in country
- August 2021 – December 2025

**CHAI has no in-country presence in South Sudan. Support consisted of sharing cross-country lessons and deepening engagement through other in-country partners.*

The NTD Data Use Resource Hub: Customized solutions → generalized guidance

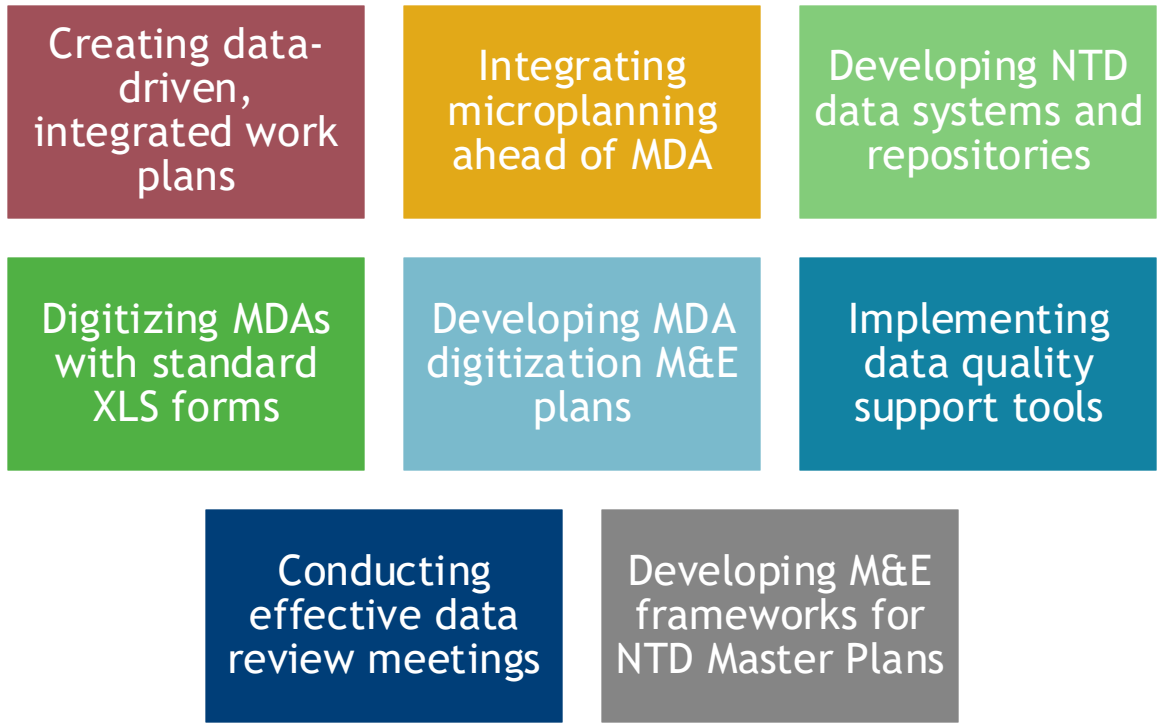


- While solutions were developed for the specific goals and challenges of individual NTD programs supported through the BMGF/CIFF investment, the work revealed **significant overlaps between countries in impactful solutions**.
- Throughout implementation, **CHAI teams actively shared and adapted guidance, templates, and best practices** – showcasing the transferability of learnings and resources across countries.
- To enable broader uptake beyond grant-supported countries, these resources were **standardized and paired with concise "how-to-use" guides** to facilitate adaptation by other NTD programs.
- The tools are designed to **complement existing resources** from the WHO and key NTD partners, with a focus on bridging the gap between technical tools and day-to-day program operations.
- **Emphasis is placed on practicality and usability**: organizing planning meetings, structuring data review discussions, and improving access to and use of routine data without overburdening NTD program staff.

Available resources and intended users

- These tools are designed for NTD program teams—**particularly program managers and M&E officers**—who want to strengthen data use to inform decision-making.
- These resources are designed to help programs **address existing challenges in how they organize, review and use data** for planning and decision-making.
- Each resource includes a brief usage guide to support customization and integration into existing workflows accompanied by generalized templates for adaptation.

Available resources in Hub



The WHO's Roadmap M&E Framework outlines key best practices for managing NTD data. Resources included in the Hub are designed to help programs put those best practices into action.

Available resources in Hub

- Creating data-driven, integrated work plans
- Integrating microplanning ahead of MDA
- Developing NTD data systems and repositories
- Digitizing MDAs with standard XLS forms
- Developing MDA digitization M&E plans
- Implementing data quality support tools
- Conducting effective data review meetings
- Developing M&E frameworks for NTD Master Plans

Data collection	• Integrated and standardized disease-specific and cross-cutting indicators and data collection tools • Mainstreamed into health management information system/integrated disease surveillance and response • Disaggregated by age, gender and location • Recorded and reviewed on the same day that collected • Reported to the next level in a timely manner • Supervised collection of data • Digital health platform used for collection
Data storage and aggregation	• Mainstreamed into health management information system/integrated disease surveillance and response • Secured with defined users and access • Updated at regular intervals
Data validation	• Validated at multiple levels with feedback on data quality • Triangulated from various sources • Checked for internal and external consistency • Routine (e.g., during supportive supervision) and period exercises (e.g., coverage evaluation surveys, data quality audits) conducted
Data analysis	• Viewed through the lens of person, time, place to answer 4/5 Ws: "what, where, when, why and how?" • Analysed at multiple levels (community, health facility, district, national, regional, global) • Advanced analyses used to fill public health data gaps
Monitoring progress towards targets	• Progress measured with attention to geographical areas, population groups and trends over time • Progress analysed as to how and why targets are being achieved or not achieved to inform decisions

Source: Box 2, Best practices in NTD data process

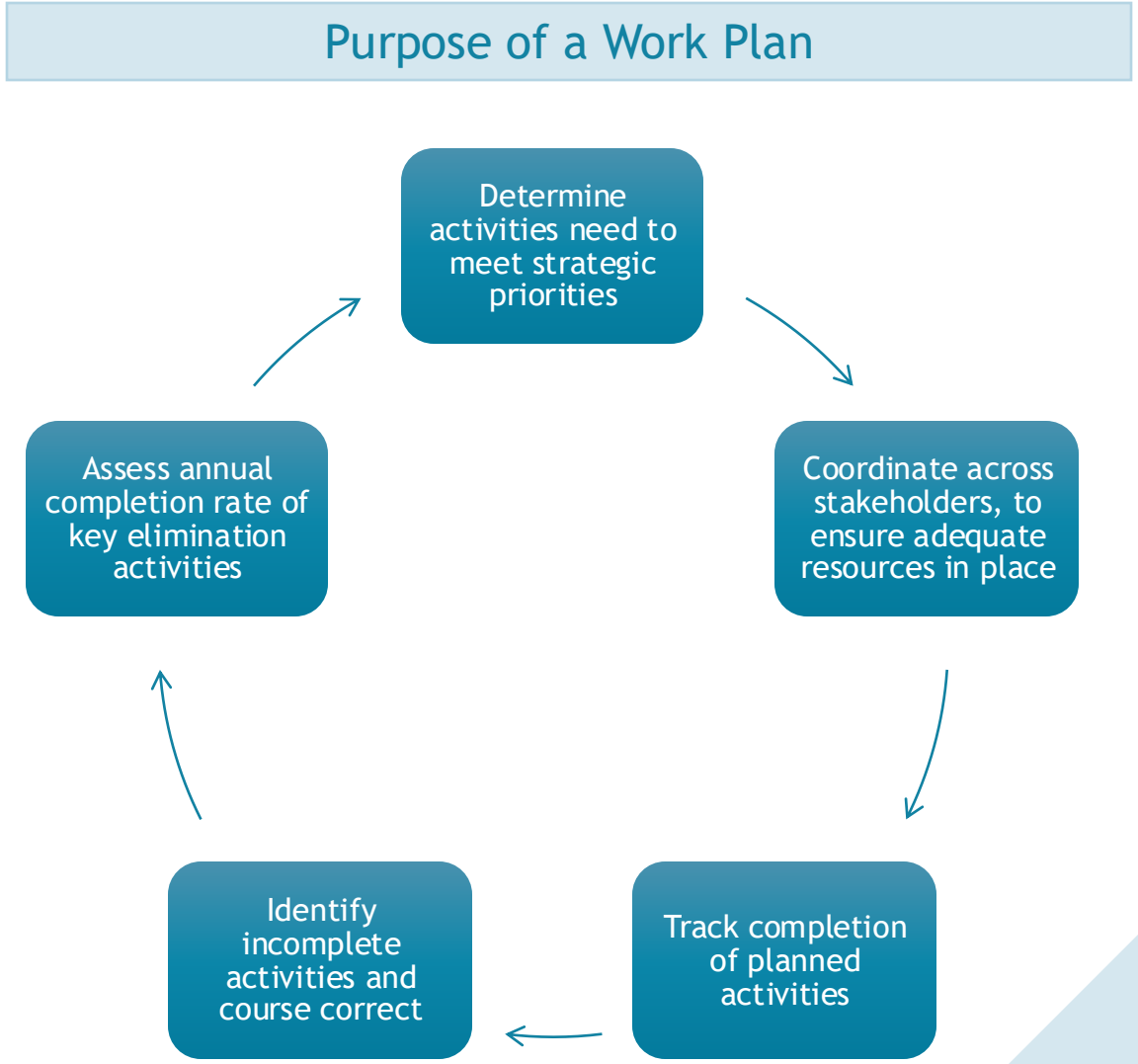
2 OVERVIEW

Creating data-driven, integrated work plans

PURPOSE	• Ensure key epidemiological, population, funding, and performance data is available in a single location. • Simplify tracking progress towards elimination at the IU level and identifying areas with challenges • Make evidence-based prioritization decisions when deviations from the original plan are necessary.
USE CASE	• To be updated and reviewed on a routine basis, with an emphasis on use during campaign planning, post-campaign reporting, and at any times where deviation from original plan is necessary.
INTENDED USERS	• To be owned by the PC-NTD coordinator and used by all relevant stakeholders.
ADAPTION REQUIRED	• Moderate: NTD programs can use JRSM + TEMF as a base, but to make an IU workplan functional for more detailed decision-making, programs should consider pulling in additional information.

Purpose: To enable programs leverage Implementation Unit (IU)-level data for annual work planning, enhancing the monitoring of progress and improving the strategic targeting of resources.

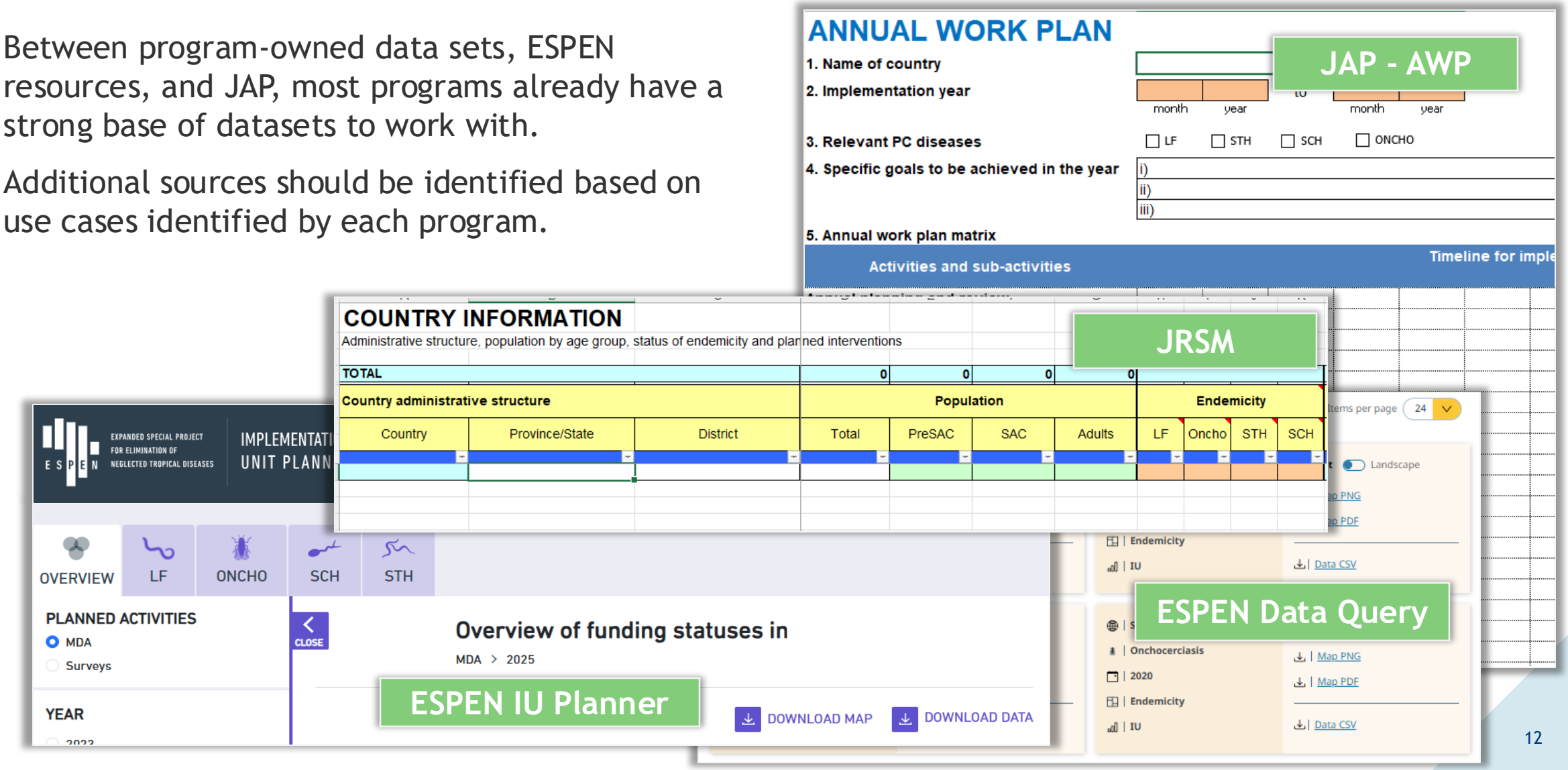
- The WHO emphasizes the **value of annual workplans**, nothing that they: “allow national programmes to identify the specific objectives to be achieved in the year, to focus on the key activities that need to be implemented to achieve those objectives, and to identify the gap in financial and technical resources to achieve the objectives.” (Source)
- During implementation of the data-use investment, a common gap identified was that while programs could report aggregate figures, they were not using a format that could depict:
  - Trends and activities over time across IUs
  - Disease profile across IUs
- Compiling existing data into a single Excel file at the IU level enables better planning and coordination. It allows programs to take a **unified view of their PC-NTD portfolio—bringing together historical progress, funding status, partner presence, and co-endemicity in one place**. This consolidated perspective empowers programs to:
  - Plan and coordinate activities across diseases and partners.
  - Identify areas at risk of missing elimination timelines.
  - Spot opportunities for integration.
  - Prioritize activities in the face of funding constraints.



3 APPROACH

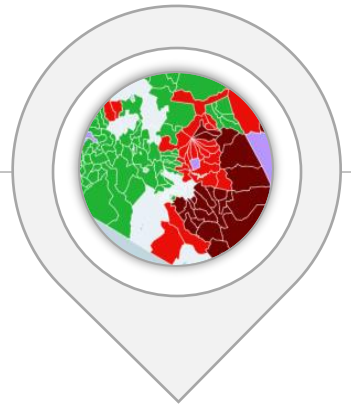
Don’t reinvent the wheel: Most programs are already engaged in work planning, activity tracking, and completing tools like the JRSM and TEMF. This resource is designed to build on those existing processes—enhancing, not replacing, what’s already working.

- Between program-owned data sets, ESPEN resources, and JAP, most programs already have a strong base of datasets to work with.
- Additional sources should be identified based on use cases identified by each program.



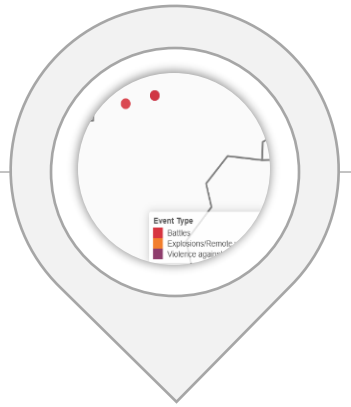
Be intentional with your data: Think about specific use cases for your IU-level workplan, pulling in relevant data that supports your goals.

Understand impact of population denominator on coverage estimates: Pull official and programmatic population tallies into the IU workplan to calculate how coverage estimates change.



Prioritize areas for treatment in case of funding uncertainty: Prevalence data – in addition to endemicity categorization – can be pulled in to help flag areas most in need of treatment in case of funding challenges.

Landscape implementing partners: Partner data from ESPEN IU Planner and internal programmatic sources can be included to understand the complete landscape of which IUs are covered by which partners, across different types of activities.



Document areas where insecurity may disrupt programming: IUs can be flagged for potential insecurity to ensure continency planning. National sources and ACLED can be used for data.

Understand challenges to elimination milestones: Including information like number of rounds reaching effective coverage, survey results, and progress against MMDP milestones can help programs pinpoint IUs that may need extra support to reach elimination goals.

4 STRUCTURE

Prototype your IU-level work plan: You can use the basic structure suggested in accompanying template and add or remove portions as required.

- Recommend using a standard Excel file, with one row per IU. A current or previous JRSM, JRF, or TEMF can be used as a starting point if a program does not have an existing IU workplan.
- Some lessons learned are depicted below:

Consider use cases when you establish your columns and name your variables. Want to be able to filter your data? Avoid merging cells in your header rows. Want to be able to pivot your data? You may want to use variable codes instead of labels in a single header row.

ADMIN	IU NAME	ID1	ID2	ID3	ENDEMICITY	POPULATION	TREATMENT	PARTNER

Be sure to include the administrative hierarchy in your IU workplan, not just the IU name. For data input purposes, this can help distinguish between similarly-named IUs. For work plan use, it is often necessary to consider regional factors.

If you're pulling from multiple data sources, IU names are often a cumbersome way to match data, especially as IUs may be different between different sources (e.g., JAP or TEMF) – include the IU name, but use IDs where possible for data import.

Instead of matching by name, aim to include a unique ID per IU from every source included. This will save significant amounts of time during updating the work plan. Include HMIS / data repository and ESPEN IDs as well as any others implicated. These columns can be hidden during use of the work plan for planning purposes.

Endemicity can be pulled from ESPEN data but can also be accompanied by prevalence estimates (also available from ESPEN or internally), which can be useful for understanding direction of impact / sub-IU strategies.

Age-disaggregated population data is essential to include as this informs treatment groups. Other population data useful to include can include "programmatic" estimates and sub-IU populations in cases where the entire IU does not require MDA.

Treatment strategies, targets, and actuals should all be included in the work plan to help assess progress against activities. Estimates of historical treatment, MMDP backlogs and progress can also be included to add context.

Partner information can be broken down by activity and funding status. Additional columns can be added to flag partners from previous years and anticipated future partners in order to track progress over time.

A few additional lessons learned on formatting, structure, and updating

Each cell should contain a single entry – use notes to add context where necessary, rather than adding text to the cell.

Use outline features in Excel to show / hide columns as needed to prevent overwhelm during use.

Establish a clear procedures for updating e.g., during JRSM workshop and after activities.

File should be stored in a shared location, with a clear procedure for transferring ownership as needed.

Establish a sheet in the Excel file with a data dictionary and a sheet with an update log to ensure visibility in maintenance procedure.

The work plan should be broadly visible, but editable only by a few. This will reduce version management issues.

5 RESOURCES

Examples of structure and use cases for workplans

- Examples of different structures of workplans
  - Example 1
    - **Original purpose:** Used to track within-IU progress toward elimination goals over a multi-year project.
    - **Features:** Reflects targets / actuals across each grant year. Wide display encompassing relevant diseases. Provides space for additional population estimates as needed.
  - Example 2
    - **Original purpose:** Used to organize IU-level population and epidemiological data to feed into pivot tables to estimate regional totals.
    - **Features:** Structured in long format to support multi-year data integration and pivot-based filtering. Includes IU identifiers to facilitate alignment with external datasets.
  - Example 3
    - **Original purpose:** Use current year JRSM to flag where funding shocks would impact treatment plan and prioritize areas for reprogramming.
    - **Features:** Easy to build from JRSM and could link with ESPEN IU Planner data for funding information. Provides ability for program to better understand priority regions impacted by funding cuts.