



Partners Map

Data Form Manual

The [Neglected Tropical Diseases \(NTD\) Partners Map](#) is an interactive, online tool that shows **where** organizations are working, **what** activities they are doing, and **how** to contact them for more information. **Partners submit their data for inclusion on the map.** The map can be used to identify potential partners, facilitate collaboration, establish synergistic relationships, and leverage resources. It also allows partners to showcase their achievements. This document will help guide you on how to submit data using the [Partners Map Data Form](#).

Reporting Your Projects

Very few data fields are required (organization, project name, description, start and end date, sector(s), country, contact name and email). The lowest administrative level (e.g. country, province/state, district) or GPS coordinate dictates how many rows of data one would enter. For example, if you implement school-based deworming in 10 villages in Haiti, then you would preferably submit 10 rows of data (note: to ease data entry one could cut and paste the rows of data and only change the data fields that help distinguish the projects). If you would like to report multiple projects within a single administrative level (i.e. WASH projects in 3 schools of the same district) please make sure that each project has a unique name, description or provide GPS coordinates. If project rows are identical, they will be merged into one project.

Submitting Data

Organizations should email completed data forms to [Children Without Worms](mailto:cww@taskforce.org) (CWW) cww@taskforce.org. CWW manages this interactive, online tool and once your data form is received, CWW will quickly review and upload the data. Please include "Partners Map" and your organization's name in the subject line.

Let's Fill Out The Data Form!

The data form makes sharing your organization's projects on the Partners Map flexible and easy! Simply, fill out the form and we will upload them to the map. Once your projects are uploaded we will provide you with a user name and password that will allow you to view all the projects that have been added for your organization, edit existing projects, or add new ones. Below, you will find a detailed description of all the data fields that can be entered to showcase your projects. For illustrative purposes, the data form also includes data entry examples in row 3-5 of the spreadsheet.

Note: An asterisk () indicates a required field.*

Data Field	Description	Data Rule
LOCATION		
Country*	Country in which project is taking place.	Country's Name
1st / Admin Level	First administrative level (e.g., province, state, region) in which the project is taking place.	Admin Level's Name
2nd / Admin Level	Second administrative level (e.g., district, county) in which the project is taking place. Please report this administrative level, if possible.	Admin Level's Name
Location Details	Optional field for providing more specific location information. Please complete this field when reporting multiple projects at the same 2 nd administrative level.	Village, City and/or GPS coordinates ("Latitude: XX.XX, Longitude: XX.XX")
PROJECT IDENTIFICATION		
Organization*	The name of your organization.	Text
Organization Project ID	Alpha/numeric code assigned to an intervention or shipment by an organization in its internal systems. Providing this detail helps in tracking and updating organization projects. CWW will auto-fill this data field using a generic ID if it is not identified by your organization.	Text
SECTOR(S)		
Sector(s)*	Classification of the type of project. Reply "Yes" to all that apply to the project: <ul style="list-style-type: none"> • Agriculture • Education • Immunization • NTDs • Nutrition • WASH 	Yes/No

PROJECT DETAILS		
Project Name*	The official title of the project, preferably the official name used in program/project/documents. This can also be generic like "Deworming in Haiti."	Text
Project Description*	Brief description of the project (at least 150 words), including if possible, goals and/or objectives. Description does not need to be unique for each project by your organization.	Text
Additional Information	This optional field can be used to provide additional information on the project, such as progress to date, results data, etc.	Text

DATE		
Start Date*	First day of project implementation.	mm/dd/yyyy
End Date*	Date by which the project is expected to be completed (list as 6 months from start date for on-going projects) – this information can be updated later with actual end dates upon completion.	mm/dd/yyyy

ACTIVITIES		
Activities	<p>Although not required, identifying project activities will help give your project context. Reply "Yes" to all that apply to the project:</p> <ul style="list-style-type: none"> • <i>Drug Treatment</i> • <i>Sanitation Intervention</i> • <i>Vitamin A Distribution</i> • <i>Other Micronutrient</i> • <i>Supplementation</i> • <i>Logistics / Supply Chain</i> • <i>Advocacy</i> • <i>Technical Support</i> • <i>Surgery Immunization</i> • <i>Water Intervention</i> • <i>Hygiene Education</i> • <i>Iron/Folic Acid Distribution</i> • <i>Vitamin A supplementation</i> • <i>Research</i> • <i>Monitoring & Evaluation</i> • <i>Capacity Building / Training</i> • <i>Other</i> 	Yes/No

AUDIENCE		
Audience	<p>Although not required, identifying project audience(s) can help identify potential partnerships and improve coordination. Reply "Yes" to all that apply to the project:</p> <ul style="list-style-type: none"> • <i>Infants</i> • <i>Preschool-age Children</i> • <i>School-age Children</i> • <i>Women of Reproductive Age</i> • <i>Pregnant Women</i> • <i>Adult Men</i> • <i>Health Workers</i> • <i>Academia</i> • <i>Policymakers</i> • <i>Donors</i> 	Yes/No

TARGET DISEASES		
Targeted diseases	What disease(s) do your efforts target or involve? Reply "Yes" to all that apply to the project:	Yes/No
	<ul style="list-style-type: none"> • <i>African Trypanosomiasis</i> • <i>Anemia</i> • <i>Buruli Ulcer</i> • <i>Chagas</i> • <i>Cysticercosis / Taeniasis</i> • <i>Dengue</i> • <i>Echinococcosis</i> • <i>Foodborne Trematodiasis</i> • <i>Guinea Worm Disease</i> • <i>Hiv / Aids</i> • <i>Leishmaniasis</i> • <i>Leprosy</i> • <i>Lymphatic Filariasis</i> • <i>Trachoma</i> • <i>Malaria</i> • <i>Malnutrition</i> • <i>Onchocerciasis</i> • <i>Rabies</i> • <i>Schistosomiasis</i> • <i>Soil-Transmitted Helminthiasis</i> • <i>Trematodiasis</i> • <i>Tuberculosis</i> • <i>Vitamin A Deficiency</i> • <i>Yaws</i> 	

MEDICINE USED		
Medicine	What medicine, if any, is involved with your project? Reply "Yes" to all that apply to the project:	Yes/No
	<ul style="list-style-type: none"> • Albendazole • Mebendazole • Ivermectin (Mectizan) • Diethylcarbamazine Citrate (Dec) • Azithromycin • Praziquantel 	

PROJECT MANAGEMENT		
Budget	Amount budgeted for a project or, in the case of in-kind donations, the value of a shipment. Share if you would like.	Positive integer
Donor(s)	What organization(s) was the original source of funds or in-kind donations for this project?	Donor 1, Donor 2
International Partner(s)	Name(s) of international, non-local organization(s) involved in the implementation of the project. In the case of in-kind donations, list organizations receiving goods. Multiple entries should be separated by a comma.	Organization 1, Organization 2
Local Partner(s)	Name(s) of local organization(s) involved in the implementation of the project. In the case of in-kind donations, list organizations receiving goods. Multiple entries should be separated by a comma.	Organization 1, Organization 2

PROJECT IMPACT		
# of People Reached (target)	Target number of individuals to be reached over the life of the project. Should correspond to number of individuals intended to directly benefit from the project. Share if you would like.	Positive integer
Target Group	Type of individuals or groups primarily intended to benefit from the project (e.g. children under five, pregnant women, people with disabilities, etc). This can be the same as the project audience. Only provide this if you provide an estimate for the number of people reached.	Target group 1, Target group 2

CONTACT INFORMATION		
Project Contact Person*	Who should people contact with questions about this project? If desired, you can provide a general contact source here.	Name
Project Contact Position	What is their role?	Job title
Project Contact Email*	What is their email? If desired, you can provide a general contact source here.	Email Address
Project Contact Phone Number	What is their phone number? (include country code).	International format
Project Website	Link to project website, if available.	Web URL



We want your feedback! The NTD Partners Map is an interactive, online tool that was developed by Children Without Worms in hopes of providing organizations a platform to answer the perennial question of “Who is doing What, Where”? Your opinion is very important to us. We appreciate your feedback and will use it to evaluate changes and make improvements in our site and the data form process. Please [email](#) us with any questions or comments that you may have.