In lieu of the full baseline data collection exercise taking place, please complete the following reporting document. One overarching document for the whole consortium is preferred. However, if it is easier, we are happy to also accept one form per consortium partner.

While the document predominately uses a narrative reporting format, we have also included space for inclusion of any quantitative data that may be available. Please try to include as much quantitative data as possible.

In addition, the final part of the form requests publication and grants data relating to co-applicants (named personnel within the original bid document). These are vital for successful review of the progress of the African Institutions Initiative and we request that you provide as much data here as possible.

Any queries regarding the forms should be sent to: r.e.hanlin@open.ac.uk

Please endeavour to return the completed form(s) to us by 30th November 2010.

PART A: Capacity baseline

1. What was the situation with respect to scientific/research related human resources capacity (research active staff, post-grads) within your relevant field of activity in your African partner institutions at baseline (September 2009)?

Narrative report:

Some data on this are provided in our original application to the Wellcome Trust.

The main overall point to make is that, at the majority of African partner institutions at baseline, research was not considered in practice as a legitimate use of the time of the academic staff, which was fully taken up with their teaching and administrative workload.

Any additional supporting quantitative data:

2. What relevant training courses/programmes (for post-graduate teaching in particular, but also professional development) were available within the partner institutions at baseline (September 2009)? Please distinguish between courses/programmes available in Northern institutions and African institutions if possible.

Narrative report:

London School of Hygiene & Tropical Medicine

Some 20 MSc courses, including Public Health in Developing Countries, 6 distance learning MSc courses including Epidemiology, short courses including 5 week course in Tropical Environmental Health. Also, more than 50 Staff Development courses, and courses specially organised by other capacity-building consortia involving the School.

Any additional supporting quantitative data:
3. What was the situation with respect to research management, governance and administration structures within your relevant field of activity in your African partner institutions at baseline (September 2009)?

**Narrative report:**

<table>
<thead>
<tr>
<th>Any additional supporting quantitative data:</th>
</tr>
</thead>
</table>

4. What was the situation with respect to physical and ICT infrastructure within your relevant field of activity in your African partner institutions at baseline (September 2009)? Where any additional facilities based within Northern partner institutions regularly used by African partner institutions at baseline?

**Narrative report:**

<table>
<thead>
<tr>
<th>Any additional supporting quantitative data:</th>
</tr>
</thead>
</table>

**PART B: Publication and grants situation**

Please provide the following as additional annexes to this report:

- A list of co-applicants’ publications (for the last 10 years). Data should relate to both African and Northern institutions.
- A list of co-applicants’ grants (if possible for the last 10 years, minimum requirement is 5 years). Data should relate to both African and Northern institutions.
London School of Hygiene & Tropical Medicine
Publications in last 10 years by co-applicant Prof. Sandy Cairncross


CAIRNCROSS S., Muller R., Zagaria N. 2002 Dracunculiasis (Guinea worm disease) and the eradication initiative. Clinical Microbiology Reviews 15: 223-246

Jensen P.K., Ensink J.H.J., Jayasinghe G., van der Hoek W., CAIRNCROSS S., Dalsgaard A. 2002 Domestic transmission routes of pathogens; the problem of in-house contamination of drinking water during storage in developing countries. Tropical Medicine & International Health 7: 604-609


Curtis V, CAIRNCROSS S, 2003. Water, sanitation and hygiene at Kyoto; hand washing and sanitation need to be marketed as if they were consumer products. British Medical Journal 327: 3-4.


Bolt E, CAIRNCROSS S. 2004. Sustainability of Hygiene Behaviour and the Effectiveness of Change Interventions. 1 – Lessons learned on research methodologies and research implementation from a multi-country research study. Delft, Netherlands: IRC International Water and Sanitation Centre


CAIRNCROSS S, Valdmanis V. 2006. Water supply, sanitation and hygiene promotion. In: Jamison DT, Breman JG, Measham AR et al. (eds.) Disease Control Priorities in


Fung IC, CAIRNCROSS S 2006. Effectiveness of handwashing in preventing SARS; a review. Tropical Medicine & International Health 11 (11): 1749-1758


Barreto ML; Genser B, Strina A; Teixeira MG, Assis AMO, Rego RF, Teles CA; Prado MS; Matos SMA; Alcântara-Neves NM; CAIRNCROSS S 2010, Impact of a City-Wide Sanitation Programme in Northeast Brazil on Intestinal Parasites Infection in Young Children. Environmental Health Perspectives (in press).
<table>
<thead>
<tr>
<th>Title</th>
<th>Funder</th>
<th>Role</th>
<th>Total Value (£)</th>
<th>LSHTM Share (£)</th>
<th>Period (years)</th>
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<tbody>
<tr>
<td>Sanitation &amp; Hygiene Research Programme (SHARE)</td>
<td>DFID</td>
<td>Research Director</td>
<td>10,000,000</td>
<td>3,500,000</td>
<td>5 yrs, 1/2010 – 1/2014</td>
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<tr>
<td>Analysis of Cholera Responses in Guinea</td>
<td>UNICEF</td>
<td>PI</td>
<td>53,000</td>
<td>53,000</td>
<td>0.3 yr, 2009/2010</td>
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<tr>
<td>Five Occasions Study</td>
<td>Lifebuoy</td>
<td>PI</td>
<td>15,000</td>
<td>15,000</td>
<td>1 yr 2009/2010</td>
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<tr>
<td>African SNOWS Strengthening Research Capacity</td>
<td>Wellcome Trust</td>
<td>Deputy Director</td>
<td>1 million</td>
<td>137,350</td>
<td>5 yrs 9/2009 – 8/2014</td>
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<tr>
<td>Collation and Presentation of Evidence to CHERG</td>
<td>UNICEF</td>
<td>PI</td>
<td>35,000</td>
<td>24,000</td>
<td>2.3 yrs 2008/9</td>
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<td>WASH presentation to CHERG</td>
<td>Gates via UNICEF</td>
<td>PI</td>
<td>11,000</td>
<td>11,000</td>
<td>2.3 yrs 2008/9</td>
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<tr>
<td>Longitudinal prevalence as a measure of diarrhoea and other recurrent infections</td>
<td>Wellcome Trust (Grant no.082569)</td>
<td>Grant holder &amp; PI</td>
<td>77,604</td>
<td>57,604</td>
<td>1.25 yrs 8/2007 – 1/2009</td>
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<td>Systematic review of health benefits of sanitation</td>
<td>WaterAid</td>
<td>Grant holder, co-PI</td>
<td>40,000</td>
<td>40,000</td>
<td>6 months, 5 – 11/2007</td>
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<tr>
<td>TARGETS Research Programme Consortium in Communicable Diseases, Vulnerability, Risk and Poverty</td>
<td>DFID</td>
<td>Director (until June 2006)</td>
<td>£5 million</td>
<td></td>
<td>5 yrs 2005 - 2010</td>
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<tr>
<td>Review of integrated women’s health projects</td>
<td>WHO</td>
<td>Grant holder, &amp; supervisor</td>
<td>£101,194</td>
<td>£101,194</td>
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<tr>
<td>Multicountry Study on Sustainability of Hygiene Promotion</td>
<td>EU/DGIS</td>
<td>Co-PI</td>
<td>Euros 13,080</td>
<td>Euros 13,080</td>
<td>2000-2003</td>
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<tr>
<td>WELL Resource Centre</td>
<td>DFID</td>
<td>Technical Director</td>
<td>Approximately £611,582/year</td>
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<td>2001-2005</td>
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</tbody>
</table>