



Federal Ministry of Health

**TACKLING NEGLECTED TROPICAL DISEASES  
THROUGH WATER, SANITATION & HYGIENE:**

A national framework to guide  
integrated programmes in Ethiopia

September 2019

## ACRONYMS

4Ws matrix	Who, What, Where, When matrix
ARI	Acute Respiratory Infection
CLTSH	Community Led Total Sanitation and Hygiene
CSO	Concerned Sector Office
DHIS2	Demographic Health Information System two
EDHIS	Ethiopia District Health Information System
EDHS	Ethiopian Demographic Health Survey
EMIS	Education management Information system
FMOH	Federal Ministry of Health
HDA	Health Development Army
HEH	Hygiene and Environmental Health
HEP	Health Extension Program
HEW	Health Extension Worker
JRT	Joint Technical Review
M&E	Monitoring and Evaluation
MIS	Management Health Information System
MOFED	Ministry of Finance and Economic Development
MSF	Multi Sector Forum
NGO	Non-Governmental Organization
NTD	Neglected Tropical Diseases
NWTT	National WASH technical Team
NWTT	National WASH Technical Team
OWNP	One WASH National Program
PTAs	Parent Teacher Association
RWTT	Regional WASH Technical Team
SAM	Severe Acute malnutrition
SBCC	Social, Behavioural Change Communication
TF	Task Force
TWG	Technical Working Group
WASH	Water Sanitation Hygiene
WASHCO	Water Sanitation & Hygiene Committee
WHO	World Health Organization
WOFED	Woreda Office for Finance Economic Development
WWT	Woreda WASH Team

## FOREWORD

Neglected Tropical Diseases (NTDs) affect over 1 billion people worldwide, with Ethiopia among the highest diseases burden countries.

High NTD prevalence is strongly linked with inadequate hygiene and sanitation conditions, and it has become globally understood that prevention and treatment of NTDs must include water, hygiene and sanitation improvements (WASH) in addition to mass drug administration (MDA).

The 2<sup>nd</sup> Ethiopian NTD Master Plan (2016-2020) explicitly discusses the need for investment in WASH improvements as part of programs targeting NTDs. By applying a more holistic approach considering environmental health factors and availing WASH infrastructure- an enabling environment for sustainable disease reduction and elimination can be created.

The Ethiopian Federal Ministry of Health has been pioneering an inter-sectoral coordination approach for disease reduction, where multiple sectors join forces in targeting communities for achieving better health outcomes.

This National Framework aims to guide the integration of programs in Ethiopia across sectors, while setting clear standards and expectations of all partners and stakeholders carrying out NTD and WASH programs in the country, towards achieving global and national targets. The FMOH strives to ensure the coordinated endeavors will become part and parcel of all such activities.

The Ministry recognizes the critical role of different stakeholders and is committed to continue its leadership role and support the process of integrative work between these multiple sectors at the national level to be able to achieve the Sustainable Development Goals.



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## I. INTRODUCTION

Safe water and sanitation services play a fundamental role in population health and wellbeing, by reducing environmental disease transmission and enabling safe hygiene practices in homes, schools, healthcare facilities and elsewhere. Water, sanitation and hygiene (WASH) is therefore a crucial aspect of improving quality of life and reducing inequalities. This has been acknowledged globally within the sustainable development agenda, specifically through goals 3 and 6 – including a dedicated target to reducing waterborne diseases, and in [Ethiopia’s Growth and Transformation Plan](#).

WASH plays a crucial part in the prevention and care of the Neglected Tropical Diseases (NTDs). Often referred to as ‘Diseases of Poverty’, these diseases tend to affect the poorest populations – those that also lack adequate water and sanitation services. As such, the presence of NTDs in a given community serves as a powerful indicator of the need for WASH investment. This fundamental link is acknowledged in the 2012 World Health Organization [NTD Roadmap](#) as one of five key strategies to control, eliminate and eradicate NTDs; and in the 2015 Global Strategy [‘Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases’](#). Ethiopia’s [second National NTD Master Plan](#) acknowledges this link and sets the necessary policy conditions for intersectoral action.

The high prevalence of many of the NTDs in Ethiopia is a marker of the challenges in providing universal access to improved water and sanitation services that protect human health and enable equity and participation in economic production. Nine NTDs are highly prevalent and have been prioritised under the second National NTD Master Plan: trachoma (targeted 657 woredas), onchocerciasis (188 woredas), schistosomiasis ( 385 woredas), soil-transmitted helminths (721woredas), lymphatic filariasis ( 70 woredas), podoconiosis (345 woredas), leishmaniasis (120 woredas – cutaneous form in 170 and visceral in 40), Guinea worm (1)<sup>1</sup>.

While significant improvement has been made, in 2016 only 39% of Ethiopians had access to improve (‘at least basic’ water supplies, and 7% to improved sanitation; 33% routinely practiced open defecation ([EDHS, 2016](#)). Collaboration between Ethiopia’s WASH and NTDs programmes can help ensure that WASH investment is targeted to unserved populations, and that this investment contributes to improved equity and wellbeing of all Ethiopians.

## II. BACKGROUND TO THE NATIONAL FRAMEWORK

The Federal Ministry of Health, having acknowledged the need for WASH interventions to tackle NTDs, has, since 2013, led efforts to enhance coordination and joint action between the national NTD program and the WASH sector, particularly the One WASH National Program. At the same time, both sectors face significant challenges to collaboration, including mismatched institutional structures and financial flows, and a lack of clear guidance on best practice for integrated program design, implementation and monitoring.

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<sup>1</sup> Ethiopia second NTD Master Plan

This framework has been developed by the Federal Ministry of Health, the World Health Organization and the National WASH and NTDs Technical Working Group, based on a review of programme and policy documents and stakeholder consultation. It serves to implement the vision set out in the Growth and Transformation Plan, the Health Sector Transformation Plan, the NTD Master Plan, the National Hygiene and Environmental Health Strategy, and the targets of the One WASH National Programme. The framework sits alongside practical tools and guidelines including the WASH and NTDs coordination Toolkit for Regions, Zones and Woredas. Given the nature of the NTDs prioritised by the national NTD Master Plan II, the framework focuses predominantly on WASH aspects in the rural context. However, its principles apply also to urban and peri-urban settings.

**The purpose of the framework is to:**

- Articulate the vision of the FMOH in terms of programme quality standards to be adhered to by all partners implementing WASH interventions within NTD programmes, to achieve global and national targets
- Facilitate coordination and integration across agencies and sectors by setting out key integrated actions and coordination structures
- Enhance the targeting of WASH interventions for improvement of health outcomes in Ethiopia, with a specific emphasis on NTDs as prioritization criteria in selection of beneficiary districts or communities.
- Help ensure that interventions result in sustained impact on disease distribution and severity, and contribute to broader health, wellbeing, equity and poverty-reduction objectives

The aspects covered in the Framework apply to all agencies – government, NGO and donor – funding and delivering NTD programmes in Ethiopia, including WASH agencies involved in programme delivery.

### III. KEY DEFINITIONS

The terms coordination and integration are used frequently in this and other key documents and vary in meaning across different sectors and communities. For the purpose of clarity, the following definitions will apply in this document. It should be noted that varying degrees of integration are possible and relevant depending on the context and nature of the diseases addressed, and it is possible to integrate selected programme components. These definitions should not be read as recommendations for a certain level of integration. Standards and practices are set out later in the document.

- **Coordinated programme:** collaboration to achieve joint goal while maintaining separate structures; Including coordinating committees, financial coordination of components, staff/facility sharing, use of similar M&E indicators.
- **Integrated programme:** complete merging of some or all components of different programmes; Including single management body, joint financing arrangements, multi-disciplinary teams under the same management, single M&E system. In NTD programmes, the term ‘integration’ often refers to coordination of drug distribution programmes to address multiple diseases, or the integration of NTD aspects within the primary healthcare system. In this framework, ‘integration’ refers to joint planning, implementation, and evaluation of activities across sectors and programmes to achieve common goals. The degree of integration needed depends on the context and nature of the diseases being addressed, and it is possible to integrate selected programme components.

- **Linked programme:** informal link through ad-hoc meetings, delivery of services in the same location, separate reporting systems.

## IV. NATIONAL FRAMEWORK

### 1. Programme objectives

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A clear link with existing national and sub-national targets and programmes is essential not only for monitoring and accountability purposes, but also to encourage buy-in from government agencies and partners for programme implementation.

Any programme initiative implemented in Ethiopia to tackle Neglected Tropical Diseases should be framed within a programme document submitted to the FMoH prior to implementation, setting out how the programme contributes to:

- achieving and sustaining the disease control and elimination targets set out in the National NTD Master Plan and any other regional, zonal and woreda level plans
- achieving the integration objectives set out in the National NTD Master Plan
- strengthening the health system in line with the Health Sector Transformation Plan objectives
- Achieving the national WASH targets, increasing access of water and sanitation facilities and hygiene practices with reference to specific behaviours and practices relevant to the disease targeted by the programme (including strategies to achieve sustainable behaviour change in communities, schools and other institutions).

### 2. Programme location and targeting/ criteria for prioritizing woredas with high prevalence of NTDs for WASH interventions

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The choice of programme location should be based on a thorough and robust assessment of the distribution of disease and the WASH conditions relevant to disease control and care, in order to maximise resources, prevent programme resource duplication and achieve the equity goals of the National NTD programme and the One WASH National Programme. Proposals for new programmes or for the expansion of existing programmes into new geographic areas should be approved by the FMoH in negotiation with other sectors prior to implementation in order to prioritise woredas with high NTD prevalence, in accordance with the following two decision matrices:

Table 1: NTD Weighted Matrix

NTDs -Weighted Decision Matrix						
Decision Factors		Trachoma	Schistosomiasis	STH	Podoconiosis	
Criteria	WT	1	2	3	4	Criteria Definitions
High	4					<b>High:</b> > 30 % for Trachoma, STH, Schistosomiasis and > 10 % for Podoconiosis
Moderate	4					<b>Moderate:</b> > 10% < 30% for Trachoma, > 20% < 50% for STH, > 10% <50% for Schistosomiasis and < 10 for Podoconiosis
Low/endemic	2					<b>Low/Endemic:</b> > 5% < 10% for Trachoma, > 0% < 20% for STH, > 0% <20% for Schistosomiasis
<b>Weighted Scores</b>						
<b>Total</b>						<b>A certain district should be prioritized for intervention if its NTD weighted score is &gt; or equal to 8</b>
<b>Instructions:</b> Select and insert a score of 0 to 1 for each criterion. The score will be multiplied by the weight to arrive at the total weighted score.						

Table 2: WASH Weighted Matrix

WASH-Weighted Decision Matrix						
Decision Factors		Kebele	Institutional	Household	Total	
WASH	WT	1	2	3		Criteria Definitions
Sanitation	4					<p><b>Kebele level</b></p> <p><b>Low:</b> &lt; 80 % of kebeles free from open defecation (ODF) {4}</p> <p><b>Medium:</b> &gt;= 80% of kebeles free from open Defecation (ODF) {2}</p> <p><b>High:</b> All kebeles are verified as free of open Defecation (ODF) and sustain the status for three years {1}</p> <p><b>Household &amp; Institution level</b></p> <p><b>Low:</b> &lt; 25% of HHs/institutions have improved latrines {4}</p> <p><b>Medium:</b> 25 - 80% of HHs/institutions have improved latrines {2}</p> <p><b>High:</b> &gt; 80% of HHs/institutions have improved latrines {1}</p>
Hygiene	3					<p><b>Household &amp; Institution level</b></p> <p><b>Low:</b> &lt; 20% availability of functional hand washing facilities (with water and soap) on premises {4}</p> <p><b>Medium:</b> 20%--80% availability of functional hand washing facilities (with water and soap) on premises {2}</p> <p><b>High:</b> &gt; 80% availability of functional hand washing facilities (with water and soap) on premises {1}</p>
Water	3					<p><b>Household &amp; Institution level</b></p> <p><b>Low:</b> &lt;60 % of kebele/schools/HCFs/HHs use drinking water collected from improved sources. (Improved sources include piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Unimproved sources include river, dam, lake, pond, stream, canal or irrigation canal, unprotected dug well or unprotected spring) {4}</p> <p><b>Medium:</b> &gt;= 60 % of kebele/schools/HCFs/HHs use drinking water collected from an improved source, for which collection time exceeds 30 minutes for a roundtrip including queuing {2}</p> <p><b>High:</b> &gt;= 60% of kebele/schools/HCFs/HHs using drinking water collected from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing {1}</p>
Weighted Scores						<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>Institution definition: School, Religious and Healthcare facilities</li> <li>Improved latrine definition: A hygienic sanitation option for securing sustainable access to safe, hygienic, sealed and convenient service for excreta disposal providing adequate and secured privacy, protected from rain, built either on site or connected to sewer or septic tank while at the same time ensuring a clean and healthful living environment (National Hygiene and Environmental Health Strategy, FMOH)</li> <li>ODF protocols included in CLTSH guideline developed by the FMOH</li> </ul>
Total		<p><b>A certain district should be prioritized for intervention if its WASH weighted score is &gt; or equal to 60 points</b></p>				
<p><b>Instructions:</b> Select and insert a score of 4, (Low WASH access) 2, (Medium WASH access) and 1 (High (Basic) WASH access) for each criterion. The score will be multiplied by the weight to arrive at the total weighted score</p>						

### **Integrating both weighted scores for prioritizing intervention districts:**

1. First priority: Districts with high NTD burden and low WASH access
2. Second priority: Districts with high or moderate NTD burden and high or medium WASH access
3. Third priority: Districts with low or no NTD burden and low WASH access (to raise attention by WASH partners for need of intervention).

### **3. Coordination and planning**

Close collaboration with government agencies at all levels, and use and strengthening of government systems, are crucial for smooth implementation, sustainability and impact at scale; it is therefore expected of all NTD and WASH partners operating in Ethiopia. Under the One WASH National Programme, any new WASH programmes or new phases of existing WASH programmes, including WASH components of NTD programmes, are expected to be aligned with the Programme principles, approaches and plans. To achieve this, NTD programmes should work with regional, zone, woreda and kebele WASH Committees to consult on programme design, integration of WASH components, and to ensure targeting of WASH services to endemic communities by embedding requirements for WASH interventions in annual One WASH plans and budgets.

#### **All agencies must:**

- Appoint a focal person for coordination with relevant sectors and partners, programme monitoring and reporting. The focal person should participate in both NTD taskforce and WASH-NTD Technical Working Group meetings.
- Share and coordinate plans with the National NTD Programme, One WASH national and regional Steering Committees, the National NTD Taskforce and WASH and NTDs Technical Working Group, and relevant disease-specific technical working groups (e.g. for trachoma, and schistosomiasis/soil-transmitted helminths); and participate in all annual and quarterly review and coordination meetings.
- Align plans with all existing relevant plans including the National NTD Master Plan and the National Hygiene and Environmental Health Strategy.
- Ensure, through robust coordination, that all relevant aspects of a comprehensive programme for NTD control are fully funded; this is likely to mean that different agencies fund different aspects of the programme. It is important to avoid the delivery of WASH interventions that are partial or not delivered to entire population groups, in a way that undermines disease control objectives. The outcome of the funding coordination process should be either a clear fully funded implementation plan, or shared identification of service gaps for inclusion in OWNPN or health annual plans.
- Coordinate plans and implementation with the Regional Bureaus in charge of Health, Education, Water and Finance and the Regional WASH and NTD coordinators.
- Attend meetings of regional, zone and woreda NTD Task Forces and share plans and reports
- Involve relevant government staff in programme training activities
- Work closely with relevant structures including kebele development committees, community WASH committees, religious leaders and associations, women's groups, parent-teacher associations, disability organisations, and others, to ensure buy-in and participation and to prevent exclusion of marginalised and vulnerable groups from programme activities and benefits. The latter aspect is particularly crucial given the stigma and exclusion related to certain NTDs due to cultural and social context.

### **WASH-NTD integration, implementation and coordination**

Core WASH planning takes place during August through November to establish annual targets/outputs, followed by work planning during December through February to add activities, assignments, schedules and proposed expenditures.

Once approved, plans are built into the Development Plans at each administrative level. NTD programmes should seek to inform this planning process to ensure that endemic areas are included in planned investments in WASH infrastructure and promotion.

Planning should also align with the government planning period which is June-July, working closely with the health, education and water sectors as they develop their annual plans, to ensure inclusion of WASH-NTD integrative components.

A data gathering period should take place between March-May, including collection and analysis of disaggregated sector specific data, WASH and NTD matrices analysis, and selection of priority districts for interventions.

A monitoring period is required around January, involving all relevant sectors, to track progress of the integrative activities as well as to inform the following planning period.

Table 3: NTD sector structure

	<b>Federal</b>	<b>Region</b>	<b>Zone</b>	<b>Woreda</b>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Ministry of health, NTD program</li> </ul>	<ul style="list-style-type: none"> <li>Regional Health Bureau disease prevention and health promotion directorate</li> </ul>	<ul style="list-style-type: none"> <li>Zonal Health department Disease prevention case team</li> </ul>	<ul style="list-style-type: none"> <li>Woreda Health office disease prevention case team</li> </ul>
<b>Technical</b>	<ul style="list-style-type: none"> <li>NTD Task Force</li> <li>Disease specific TWG</li> <li>WASH &amp; NTD TWG</li> </ul>	<ul style="list-style-type: none"> <li>NTD Task Force</li> <li>WASH &amp; NTD Task Force/TWG</li> </ul>	<ul style="list-style-type: none"> <li>NTD Task Force</li> <li>WASH &amp; NTD Task Force/TWG</li> </ul>	<ul style="list-style-type: none"> <li>WASH &amp; NTD Task Force/TWG</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Ministry of Health</li> <li>Implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>Regional Health bureau</li> <li>Implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>Zone Health department</li> <li>Implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>Zone Health office</li> <li>Implementing partners</li> </ul>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>Federal ministry of health</li> </ul>	<ul style="list-style-type: none"> <li>Regional health bureau</li> </ul>	<ul style="list-style-type: none"> <li>Zone health department</li> </ul>	<ul style="list-style-type: none"> <li>Woreda health office</li> </ul>
<b>Review</b>	<ul style="list-style-type: none"> <li>NTD biannual review meeting</li> <li>Multi-Stakeholder Forum</li> </ul>	<ul style="list-style-type: none"> <li>NTD biannual regional review meeting</li> </ul>	<ul style="list-style-type: none"> <li>NTD biannual zonal review meeting</li> </ul>	<ul style="list-style-type: none"> <li>Woreda level review meeting</li> </ul>

Table 4: WASH sector structure

	<b>Federal</b>	<b>Region</b>	<b>Zone</b>	<b>Woreda</b>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Ministry of health, Hygiene and Environmental Health directorate</li> <li>National WASH Steering Committee</li> </ul>	<ul style="list-style-type: none"> <li>Regional WASH Steering Committee</li> </ul>	<ul style="list-style-type: none"> <li>Zonal WASH steering committee</li> </ul>	<ul style="list-style-type: none"> <li>Woreda WASH Steering Committee</li> </ul>
<b>Technical</b>	<ul style="list-style-type: none"> <li>WASH Sector Working Group</li> <li>National WASH Technical Team</li> <li>WASH &amp; NTD TWG</li> </ul>	<ul style="list-style-type: none"> <li>WASH &amp; NTD Task Force/TWG</li> </ul>	<ul style="list-style-type: none"> <li>Zonal WASH TWG</li> </ul>	<ul style="list-style-type: none"> <li>Woreda WASH technical team</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Ministry of Finance and Economic Development</li> <li>Ministry of Water, Irrigation and Energy</li> <li>Ministry of Health</li> <li>Ministry of Education</li> </ul>	<ul style="list-style-type: none"> <li>Bureau of Finance and Economic Development</li> <li>Bureau of Water</li> <li>Bureau of Health</li> <li>Bureau of Education</li> <li>Water Resource Development Fund</li> </ul>	<ul style="list-style-type: none"> <li>Finance and Economic development department</li> <li>Water department</li> <li>Health department</li> <li>Education departments</li> </ul>	<ul style="list-style-type: none"> <li>Woreda Finance and Economic Development Office</li> <li>Woreda WASH Team</li> <li>Kebele Development committee</li> <li>Community WASH Committees</li> </ul>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>National WASH Coordination Office</li> </ul>	<ul style="list-style-type: none"> <li>Regional WASH Coordination Office</li> </ul>	<ul style="list-style-type: none"> <li>Zonal WASH Coordination Office</li> </ul>	
<b>Review</b>	<ul style="list-style-type: none"> <li>WASH Sector Joint Technical Review</li> <li>Multi-Stakeholder Forum</li> </ul>			

### **Roles and responsibilities for WASH and NTD coordination**

**WASH-NTD Technical Working Group:** Co-Chaired by the National NTD Programme Manager and the Environmental health directorate.

#### **Tasks:**

- Identify synergies across NTDs, and between NTDs and WASH
- Strengthen platforms for sharing knowledge and increasing collaboration
- Improve awareness about NTDs and opportunities provided by joint interventions among professional communities within and beyond WASH and NTDs

- Formulate cross-cutting program M&E systems including standardized and comparable success indicators
- Collect disaggregated data
- Define an agenda for applied practical operational research on effective implementation
- Guidance on joint WASH-NTD coordination, and disseminating standards and guidelines into policy and practice
- Support the development and strengthening of governance and institutional arrangements that enable collaboration
- Joint use of existing datasets and reports between stakeholders and across sectors to track progress and inform decision-making at national and below levels
- Test integration tool kits and follow their implementation
- Ensure integration of NTDs in WASH packages of the planned FMOH “School Health Program” starting from the pilot phase, and other similar activities

**Social and Behavioural Change and WASH expert for NTDs (leads WASH-NTD Coordination at national level):**

- Promote integration of behavioral change and WASH intervention in government NTD control programmes
- Promote inter-sectorial coordination (WASH, NTDs, Health Promotion, etc.) on the federal level, and support regions in cascading similar approaches
- Serve as a technical liaison of programmes led by different structures within the FMOH which pertain to NTDs, including hygiene and environmental health, health promotion and communication, primary health care and the health extension program
- Lead and support National, Regional and ground level WASH and NTD coordination and integration platforms, and develop supporting guidelines and tools to facilitate them
- Closely work with government sector offices such as Ministry of Education, Ministry of Water, One WASH coordination office, bilateral organizations such as UNICEF, WHO and other WASH and NTD implementing partners
- Closely work with NTD teams (on federal and regional level) to incorporate SBCC interventions in their ongoing NTD intervention strategies
- Support the design of monitoring and evaluation methods and tools for measuring effectiveness of community engagement and WASH interventions for control of NTDs

**Regional WASH-NTD coordinators:**

- Support the formation of coordinated WASH-NTD platforms at regional, zonal and woreda levels, and closely follow and monitor their continuous collaboration
- Strengthen existing platforms of WASH-NTD coordination throughout the region and zones, and support any joint interventions
- Enhance coordination between regional, zonal and woreda partners for WASH and behavioral change for NTDs across departments and sectors, involving the Health Extension Program, WASH sector, Education sector and WASH Partners

- Support roll out and implementation of district level WASH-NTD coordination toolkit; provide capacity building to key focals at zonal and district level and jointly monitor progress at district level
- Provide support on ways to monitor and measure the effectiveness of the community engagement and WASH interventions for control of neglected tropical diseases
- Support ways of incorporating WASH related components within existing community mobilization efforts
- Support the design and rollout of behavioral change interventions for neglected tropical diseases

Table 5: WASH NTD coordination structure and linkage to ONE WASH coordination platforms

Level	WASH-NTD coordination			ONE WASH program coordination			Mechanisms of linkage
	Platforms	Meeting schedule	Involved sectors/ partners	Platforms	Meeting schedule	Involved sectors/ partners	
<b>National</b>	TWG	Quarterly	Government WASH and NTD sectors, Key WASH and NTD partners	National WASH Technical Team (NWTI)	Quarterly	Directors assigned from each respective Ministries (water, health, education, MOFED)	HEH directorate and NTD team leader will participate in ONE WASH TWG meeting. Delegated person from ONE WASH program will participate in WASH-NTD TWG meeting
<b>Region</b>	TWG/ TF	Quarterly basis is recommended (may vary among region)	Key sectors (health education, water, Finance) WASH and NTD coordinators, experts and Key WASH and NTD partners	Regional WASH Technical Team (RWTT)	Quarterly	WASH coordinators from water, health, education, BOFED and WASH partners	Regional delegated person (coordinator) of WASH coordination office will participate in WASH-NTD TWG meeting. Assigned persons from WASH-NTD TWG (WASH and NTD coordinators) will participate in RWTT meeting
<b>District/ woreda</b>	TF & TWG	Monthly for TWG and quarterly for TF	Key sectors (health education, water, Finance) WASH and NTD experts and Key WASH and NTD partners	Woreda WASH Team (WWT)	Quarterly	CSO/NGOs/Em emergency WASH, office of water, education, health, WOFED	The TF meeting will be merged with the WWT. A delegated person from WWT will participate in the WASH-NTD TWG meeting
<b>Kebele</b>	Using existing platforms	Based on the other platform schedules	HEW's, HEW supervisor, school principals, WASHCO representatives, HDA, Kebele Admin, women and children's affairs	Kebele WASH Team	Quarterly	HEW's, HEW supervisor, school principals, WASHCO representatives, HDA, Kebele Admin, women and children's affairs	Kebele level WASH-NTD coordination meeting schedule should be aligned with kebele WASH team meeting

## 4. Integration

The degree of integration of WASH components into NTD programmes and of NTD aspects into WASH programmes depends on the context and nature of the diseases being addressed. Only the relevant components should be considered for integration and delivered through the most appropriate channels. The choice of which aspects should be integrated should be based on seeking to improve effectiveness and efficiency, maximise human and financial resources utilization, and strengthen systems and capacities. **All programmes should:**

- Align with existing national plans to integrate mass drug administration (MDA) for all chemotherapy treated NTDs, using MDA campaigns as an entry point for social mobilization and behaviour change activities.
- Specify key WASH activities to be delivered by the programme, and at the very least include basic promotion of preventive behaviours such as latrine construction and use, good hygiene practices, proper solid & liquid waste handling & disposal and avoidance of contact with unsafe surface water. If the NTD programme does not include WASH infrastructure components, the programme should stipulate any advocacy or coordination activities to ensure planned WASH services will be targeted to programme areas [see “Coordination” above].
- To the extent possible, strengthen links between primary prevention, MDA and morbidity management and disability prevention (MMDP) components of the NTD programme.
- Utilise and strengthen existing woreda and community-based structures and capacities as relevant:
  - Embed relevant activities within the primary and secondary healthcare system, and in existing disease control, MNCH and nutrition programmes
  - Embed relevant activities within the Health Extension Programme in line with the mandated role of Health Extension Workers and the Health Development Army, in close coordination with regional and zone health bureaus to prevent overdue burden on frontline staff. Measures should be taken to coordinate training activities, align health promotion messages and materials, and prevent duplication and clashing of schedules and incentives.
  - Link all relevant programme components with the existing School Health Programme, including health and hygiene promotion in teacher training and the school curriculum, and avoid the creation of new or separate structures such as clubs or committees. School Health Clubs and Parent Teacher Associations should be strengthened as a matter of priority.
  - Utilise community structures such as committees, religious structures and women’s groups to communicate programme objectives and seek community participation.
  - Actively involve Disabled Persons Organisations (DPOs) and community members with disabilities in consultative and decision-making groups.

Table 6: Integrated actions

Priority NTDs/or NTDs interventions	WASH interventions/ activities to be integrated	Mechanism for Integration	Means of verification (ensuring implementation)	Role of NTDs intervention implementer	Role of WASH intervention implementer
MDA campaign	<ul style="list-style-type: none"> <li>Behaviour change promotion (personal &amp; household hygiene e.g. hand washing at five critical times, proper use of latrines, face washing, shoe-wearing, other preventive behaviours)</li> </ul>	<ul style="list-style-type: none"> <li>Tool development through NTD Behaviour Change TWG</li> <li>Messaging through different media during community mobilisation</li> </ul>	<ul style="list-style-type: none"> <li>Independent MDA monitoring</li> <li>Post MDA coverage validation survey.</li> <li>review meeting at different levels</li> </ul>	<ul style="list-style-type: none"> <li>Tool development</li> <li>Training of community drug distributors and health extension workers</li> <li>follow the quality of the intervention.</li> <li>making sure it happens</li> <li>prepare aid material</li> </ul>	<ul style="list-style-type: none"> <li>Tool development</li> <li>Coordinate and mainstream the messaging in different platforms</li> </ul>
MMDP	<ul style="list-style-type: none"> <li>Promotion of self-care practices:</li> <li>Personal foot hygiene</li> <li>Proper shoe wearing</li> </ul>	<ul style="list-style-type: none"> <li>Toolkit development through NTD BCC and LF/Podo TWGs</li> <li>Messaging through different media during community mobilization</li> </ul>	<ul style="list-style-type: none"> <li>HMIS/DHIS2 (lymphedema management indicator)</li> <li>Review meeting at different levels</li> </ul>	<ul style="list-style-type: none"> <li>Technical support to toolkit development</li> <li>Support for demonstration kits</li> <li>Supportive supervision</li> <li>Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Toolkit development</li> <li>Coordinate and mainstream the messaging in different platforms</li> <li>Supportive supervision</li> </ul>
Community-based IMCI (esp. counselling for cases of ARIs, SAM)	<ul style="list-style-type: none"> <li>Behaviour change promotion (personal &amp; HH hygiene, shoe-wearing, other preventive behaviours)</li> </ul>	<ul style="list-style-type: none"> <li>Embedding of core behaviour messages into IMCI training and promotion materials</li> </ul>	<ul style="list-style-type: none"> <li>Health MIS/ IMCI reporting</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and review of IMCI tools</li> <li>Training of frontline health workers</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and review of IMCI tools</li> </ul>
NTD promotion through Health Extension Programme and Health Development Army	<ul style="list-style-type: none"> <li>Behaviour change promotion (personal &amp; HH hygiene, shoe-wearing, other preventive behaviours)</li> <li>Gathering information on HH and community transmission (cases, functionality/quality of WASH services)</li> </ul>	<ul style="list-style-type: none"> <li>Embedding of core behaviour messages into HEP manuals</li> </ul>	<ul style="list-style-type: none"> <li>Health MIS/ HEP reporting</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and review of HEP tools</li> <li>Training of HEW</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and review of HEP tools</li> <li>Provision &amp; maintenance of water infrastructure</li> <li>CLTSH implementation</li> </ul>
School-based NTD promotion through curriculum materials, teacher training, school clubs	<ul style="list-style-type: none"> <li>Behaviour change promotion (personal &amp; HH hygiene, shoe-wearing, other preventive behaviours)</li> <li>Gathering information on functionality/quality of school WASH infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>Development of teaching and training materials and embedding in school curriculum and School Health Transformation Programme</li> <li>Strengthening of School Health Clubs</li> </ul>	<ul style="list-style-type: none"> <li>School Health Programme reports</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and input into school health programme tools</li> <li>Training of teachers and PTAs</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy and input into school health programme tools</li> <li>Provision of school WASH infrastructure</li> </ul>

## 5. Technical programme quality

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WASH components delivered through NTD programmes should adhere to quality standards as set by the One WASH National Programme, The National Hygiene and Environmental Health Strategy, the National NTD Taskforce and the WASH-NTDs Technical Working Group.

### A. Behaviour change

Interventions promoting behaviour change (such as handwashing, face washing, shoe wearing, Safe water management, and construction and use of latrines) should be:

- Based on formative research undertaken prior to the design of programme materials to identify existing practices and their context, as well as the motives and perceptions that underlie these practices. Formative research is essential to ensure that the behaviour change intervention effectively responds to behavioural determinants, and that all messages, channels and materials are suitable to the cultural and social conditions in the programme area.
- Aligned with the agreed behaviour change messages defined by the FMOH Health Promotion team, “Health Message Guide (Hygiene & Environmental Health and Neglected Tropical Diseases)”.
- Prepared through a robust process of design and consultation, including review and sign-off on BCC materials by the relevant technical working groups.
- Avoiding undue reliance on printed posters and leaflets as a key tool for behaviour change; posters and leaflets should be used in conjunction with other communications strategies such as school and community-based interpersonal communication. All materials should be accessible and socially appropriate, using images rather than words to the extent possible, and using local languages.
- Using multiple channels of communication with action-oriented messages, encouraging long lasting sustainable behavioural change.

### B. Infrastructure

If provisions for WASH infrastructure have not been made within the specific NTD programme, programmes must at the very least seek to coordinate with the relevant WASH structures to ensure that service gaps in endemic areas are included in annual One WASH plans and budgets. If infrastructure components are included, programmes should:

- Ensure that targets are set to achieve adequate access and functionality levels in order to contribute to transmission control within the programme area. If the achievement of such targets is not feasible with the available financial resources of the programme, programmes should undertake coordination as specified above to ensure coverage gaps are addressed by the One WASH Programme.
- Consider the needs of people with disabilities while constructing WASH infrastructure.
- Adhere to established national quality standards on all aspects including:
  - **Water:** drinking water quality, borehole siting and drilling, and provisions for operation and maintenance as set out in the Compulsory Ethiopian Standards - Drinking Water Specifications, 2013
  - **Sanitation:** quality and safety of sanitation facilities in terms of faecal waste capture, containment, transportation and treatment/reuse. Given the relevance of safely-managed sanitation to disease control objectives, particularly for control of soil-transmitted helminths and trachoma, programmes should seek to ensure not only the construction of basic latrines, but also to work closely with

woreda WASH teams to facilitate traditional latrine upgrades to improved ones through sanitation marketing, and further improvements to ensure separation of faeces from human contact.

{Environmental sanitation relevant activities: solid and liquid waste proper disposal; vectors and breeding site control}

- **Hygiene:** The National Hygiene and environmental Health Strategy 2016-2020 details the target, indicators and milestones on hand washing, face washing, general personal hygiene, open defecation and other important interventions for NTDs elimination and control (see table 1 page 37-48 in the strategy document).
- Deliver WASH interventions through established delivery channels such as expert NGOs and certified services providers, seeking advice from the woreda WASH Team with regards to preferred suppliers.
- Embed key messages on maintenance and proper use of WASH infrastructure, such as toilet cleanliness, use of water filters etc, into behaviour change aspects of the programme, and reinforce relevant aspects of the Health Extension Programme such as separation of animals from living and cooking areas, safe waste disposal, etc.

## 6. Monitoring, evaluation and reporting

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Joint monitoring in its various forms, from integrated monitoring systems to simple information sharing, can ensure the achievement of the shared objectives of WASH and NTD programmes, as well as their respective objectives of achieving universal access to water and sanitation services and disease control and elimination. Robust monitoring that documents programme lessons and successes is also important for mobilising further domestic and external resources in support of WASH and NTDs in Ethiopia.

### Programmes should:

- Ensure relevant data on WASH access, use and functionality is included in NTD programme baseline, routine monitoring and evaluation surveys;
  - To the extent possible, programmes should set and monitor outcome indicators relating to behavioural aspects such as hygiene behaviour and toilet use (cleanliness, functionality, continued open defecation, disposal of child faeces), as well as process indicators relating to programme management and coordination.
  - To the extent possible, access and functionality data should be obtained from existing WASH sector monitoring mechanisms including the One WASH monitoring information system and the Ethiopian District Health Information System (EDHIS) as part of regular engagement with WASH coordination and management structures at all administrative levels.
- Engage with and utilise information from WASH and NTDs mapping initiatives, and other available endemicity data, to identify and address areas with poor WASH coverage and high disease endemicity. Share information through existing coordination structures and in line with the annual reporting schedule to enable the use of data for enhanced planning and budgeting processes.
- Collect and share information on relevant indicators: on NTDs using EDHIS and disease-specific surveys and impact assessments; on WASH using EDHIS and other programme surveys, and on WASH-NTD coordination using woreda level toolkit data collection tools.
- Track and report financial investment on WASH and NTDs services to endemic populations through established ministerial databases.

- Produce high quality programme documentation detailing challenges, lessons and successful practices as tools for improving programme quality across the country, enhancing accountability, and mobilising resources. Documentation should include assessments of programme costs and cost efficiencies gained from integrated programming; measures put in place to ensure participation of government and ensure inclusion of key groups and populations such as women, people with disabilities and people affected by NTDs; and impact on disease and WASH outcomes.
- Undertake joint WASH and NTDs supervision at woreda level using the supervision form. Visits should take place twice a year by federal level NTD and Environmental health teams, and quarterly by regional and zonal respective teams. Information from joint supervision visits should be collated for use in WASH and NTDs TWG discussions for decision making and programme improvements and included in annual reports.

### **Funding:**

Governmental funding for integrated WASH and NTD programmes should be obtained during the annual planning period, in which WASH and NTD integration is its own programmatic component (tagged with its own activity code) within the ministry plan. Therefore, specific budget allocation for its implementation will be granted and provided to the regions alongside a clear budget breakdown with specific activities to be carried out.

During the planning period, each team at the FMoH will invite its partner NGOs to view its annual plan of action. Existing funding and implementation gaps will be presented. NGOs are expected to align their programmatic implementation plans with those of the FMoH. Resources for WASH-NTD integration activities which were not obtained from partners will be requested from the ministry's resource mobilization unit.

### **Data sources and reporting process:**

- WASH and NTD related data can be obtained from the following sources: EMIS, DHIS2, EDHIS and ONE WASH Inventory; 4Ws matrix (who, what, where, when) developed by the WASH Cluster; ONE WASH monitoring information system (MIS); disease-specific surveys and impact assessments.
- The ONE WASH monitoring information system (MIS) will be in place in 2020; The WASH cluster 4Ws matrix (database) currently includes information at woreda level and is updated by more than 50 implementing partners on a monthly basis.
- Disease specific endemicity status survey findings should be reviewed and used for necessary adjustments of programmes.
- Existing reporting systems for data collection and update should be utilized. Most data from communities and institutions is reported on monthly, quarterly and annual basis (frequency changes based on indicators). This reporting system is uniform for key sectors such as health (DHIS2), education (EMIS, EDHIS), water and ONE WASH program (MIS, 4Ws matrix). WASH and NTD data should be updated at least annually.
- For tracking governmental financial expenditures for WASH and NTD integrated activities, detailed activity and expenditure reports are expected from both finance and program departments at regional level to the federal level finance and program departments. A first report is expected 6 months after the money is transferred, and a second report at the end of the year (June 30th). To the extent possible,

reports should include reference to the WASH and NTD joint indicators (annexed), with emphasis on how funding has contributed to positive outcomes as reflected by the indicators.

- For strengthening knowledge sharing between WASH-NTD platforms and ONE WASH programme monitoring and evaluation systems, the following is recommended:
  - Accessing ONE WASH programme reports from coordinators and focals of NWT, MSF JTR and routine reports of this programme
  - Conducting joint infrastructure audits/sustainability checks and supervision visits to follow-up on progress in sites

## V. Annex: WASH and NTD Joint indicators

(Taken from Woreda level coordination toolkit for the WASH and NTD sectors)

### 1. **Process indicators:**

- # of woreda master plans that include WASH-NTD integrated activities, targets and indicators and are materialized in the woreda NTD program strategies and plans (targets, activities and monitoring).
- # of district-level WASH-NTD taskforces meeting per month/quarter/ biannually/ annually, where there is mutual representation of WASH and NTD sectors.

### 2. **Community-level indicators:**

- Presence of a functioning, clean latrine for household use (fly and odor free latrine)
- Presence of hand Washing facility for household use
- Access to safe water for community member use
- Community members possess basic knowledge regarding hygiene practices
- Community members are in the habit of hand Washing with soap/ash at critical times
- Community members avoid open defecation
- Kebeles declared ODF

### 3. **School-level indicators:**

- Presence of functioning, clean latrines with separated stalls for males and females
- An improved water source is located on site and available for students' use
- Students possess basic knowledge of hygiene practices
- Students are in the habit of hand Washing with soap/ash at critical times
- Students avoid open defecation