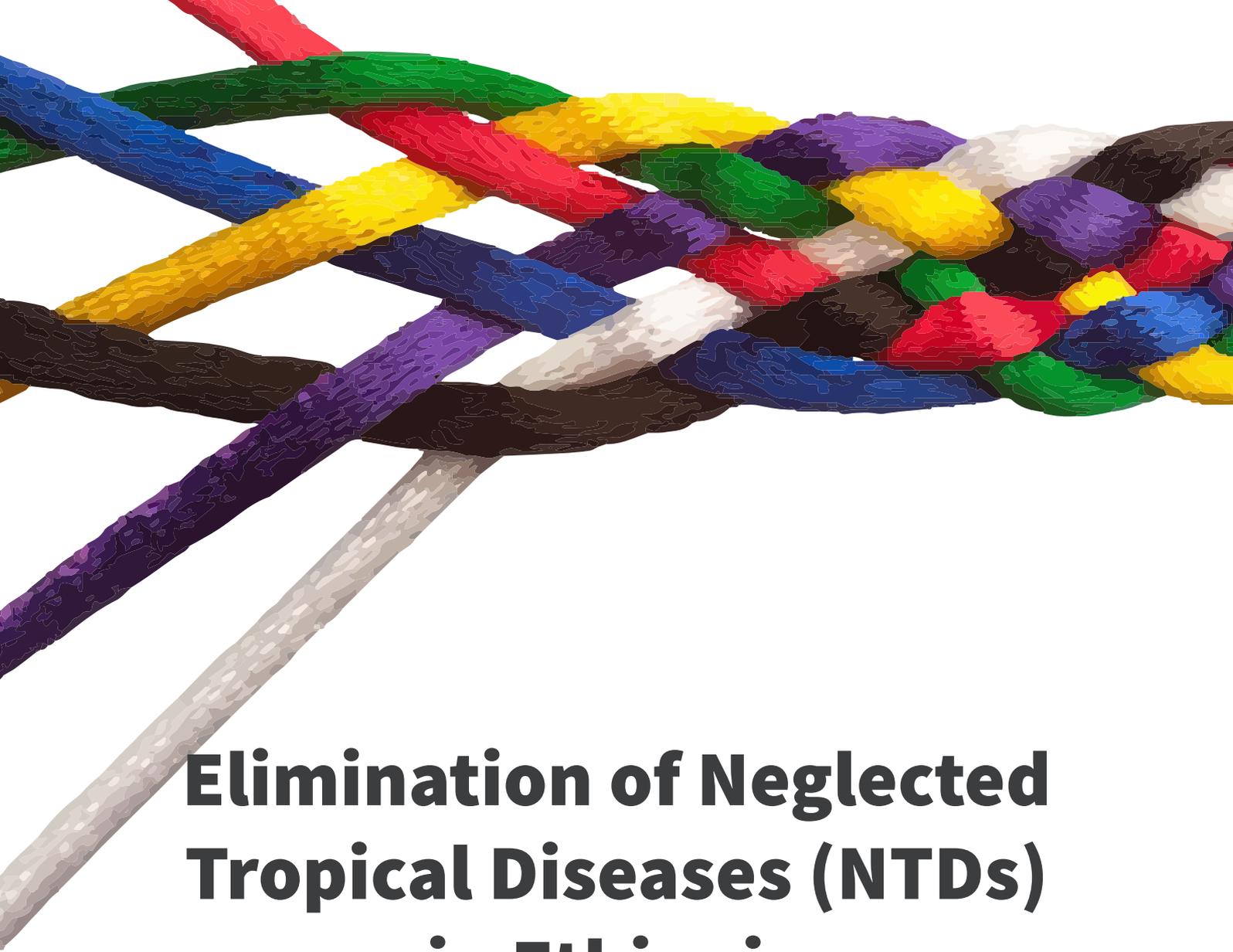


Elimination of Neglected Tropical Diseases (NTDs) in Ethiopia

WOREDA LEVEL COORDINATION TOOLKIT
FOR THE WASH AND NTD SECTORS



Federal Ministry of Health



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World Health Organization



NTD Advocacy, Learning, Action



Sightsavers

Contents

| | |
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| ACKNOWLEDGMENTS | I |
| ABBREVIATIONS | II |
| FOREWORD | III |
| 1. INTRODUCTION | 1 |
| 1.1 BURDEN OF NTDS, WASH AND NTD PROGRAM OVERVIEW | 2 |
| 1.2 NEED FOR WASH AND NTD PROGRAM COORDINATION | 3 |
| 1.3 OBJECTIVES OF THE TOOLKIT | 4 |
| <hr/> | |
| 2. PROCESS STEPS | 5 |
| 2.1 PREPARATION AND INITIATION | 9 |
| 2.2 TASK FORCE AND TECHNICAL WORKING GROUP ESTABLISHMENT AND ACTIVATION | 13 |
| 2.3 ANALYSIS AND CHARACTERIZATION OF THE CURRENT SITUATION | 19 |
| 2.4 DEVELOPING A WORK PLAN | 24 |
| 2.5 IMPLEMENTATION | 31 |
| 2.6 MONITORING AND EVALUATION | 34 |
| <hr/> | |
| 3. TOOLKIT APPENDICES | 41 |
| APPENDIX A – LETTER OF APPOINTMENT FOR MEMBERS OF THE TF/TWG | 43 |
| APPENDIX B – ADVOCACY POWER POINT PRESENTATION TEMPLATE | 44 |
| APPENDIX C – MESSAGES FOR SECTOR ENGAGEMENT | 46 |
| APPENDIX D – WOREDA LEVEL TASK FORCE AND TECHNICAL WORKING GROUP ToR | 47 |
| APPENDIX E – SUGGESTED AGENDA FOR INITIAL MEETING OF THE TECHNICAL WORKING GROUP | 51 |
| APPENDIX F – TABLE FOR MAPPING AUTHORITY, RESPONSIBILITY AND INFLUENCE OF SECTORS/PARTNERS | 51 |
| APPENDIX G – TABLE FOR MAPPING SECTOR INTERDEPENDENCIES | 52 |
| APPENDIX H – TEMPLATE FOR TWG MEETING SUMMARY | 52 |
| APPENDIX I – SUGGESTED INDICATORS FOR BASELINE DATA COLLECTION | 55 |
| APPENDIX J – PARTNER MAPPING AND CAPACITY ASSESSMENT TEMPLATE | 59 |
| APPENDIX K – SUMMARY AND ANALYSIS OF COLLECTED BASELINE DATA | 60 |
| APPENDIX L – INSTITUTIONS AT WOREDA LEVEL | 63 |
| APPENDIX M – RECOMMENDED STAKEHOLDERS AND RESPONSIBILITIES | 65 |
| APPENDIX N – GUIDING QUESTIONS AND DISCUSSION POINTS FOR IDENTIFYING INTEGRATIVE PROGRAM OPPORTUNITIES | 66 |
| APPENDIX O – STRUCTURE OF WORK PLAN TEMPLATE | 67 |
| APPENDIX P – INTEGRATIVE ACTIVITIES SAMPLE | 68 |
| APPENDIX Q – SUCCESS STORY DOCUMENTATION TEMPLATE | 69 |
| APPENDIX R – RECOMMENDED JOINT INDICATORS FOR MONITORING AND EVALUATION | 71 |
| APPENDIX S – KEBELE SUPPORTIVE SUPERVISION VISIT CHECKLIST | 72 |
| APPENDIX T – COMMUNITY LEVEL DATA COMPILING TEMPLATE (BY HEWs) | 77 |
| APPENDIX U – FULL WOREDA DATA COMPILING TEMPLATE (BY HEWs SUPERVISOR) | 79 |
| APPENDIX V – QUARTERLY REPORTING TEMPLATE FROM TWG TO TF | 81 |
| APPENDIX W – INDICATORS DEFINITIONS (JMP 2018, SDG WASH INDICATORS) | 82 |



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The Ministry of Health also wishes to acknowledge the contributions of Regional Health Bureaus and City Administrations who assisted in the review and editing of the toolkit.

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ABBREVIATIONS

CBO – Community Based Organization

FMoH – Federal Ministry of Health

HDA – Health Development Army

HEWs – Health Extension Workers

HH – Household

HP – Health Post

JMP – Joint Monitoring Programme

LF – Lymphatic Filariasis

MDA – Mass Drug Administration

NALA – NTD Advocacy, Learning and Action

NTD – Neglected Tropical Diseases

RHB – Regional Health Bureau

SBCC – Social and Behavioral Change Communication

SDG – Sustainable Development Goals

SNNPR – Southern Nations, Nationalities, and Peoples’ Region

STH – Soil-Transmitted Helminthiasis

TF – Task Force

TWG – Technical Working Group

WASH – Water Sanitation and Hygiene

WASHCO – Sanitation and Hygiene Committee

WHO – World Health Organization

WOFED – Woreda Office of Finance Economy and Development

FOREWORD

Neglected Tropical Diseases (NTDs) affect over one billion people worldwide, with Ethiopia bearing among the highest disease burden. NTDs affect the poorest communities and are known to cause suffering, disfigurement and impairment, impacting both physical and cognitive growth which will in turn perpetuate the cycle of poverty.

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

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

This woreda level coordination toolkit for NTD and WASH sectors will serve as a practical guideline for implementing coordination at field level, involving key governmental sectors such as water, education, health and finance, and non-governmental partners. It is through coordinated efforts of different sectors, where each contributes its skills, knowledge and resources, that high impact interventions may be carried out for the benefit of communities in need.

The FMoH expects that coordinated efforts will become incorporated into routine sector activities and emphasizes that cooperation of all stakeholders will be crucial for reaching the full potential of the toolkit and the implementation of its recommendations.

The Ministry will continue its leadership role and support the process of integrative work between the NTD and WASH sectors at the national level.



**Dr. Lia Tadesse / MD, MHA /
State Minister**

**Dr. Lia Tadesse, MD, MHA
State Minister, FDRE MoH**

01 Introduction

Neglected Tropical Diseases (NTDs) affect more than ten percent of the world's population, primarily among the poorest populations. In Ethiopia, more than 75 million people are at risk of infection of at least one neglected tropical disease. NTDs cause suffering, blindness, disability, and delays in physical and cognitive growth which impact a person's ability to go to school and work, thus perpetuating the cycle of disease and poverty.

Chapter Highlights:

- ◆ Globally and nationally identified NTDs
- ◆ Burden of NTDs
- ◆ Global strategic objectives for joint WASH–NTD initiatives
- ◆ Program rationale of WASH–NTD coordination
- ◆ Objectives of the toolkit

01 Introduction

1.1 Burden of NTDs, WASH and NTD program overview

The World Health Organization (WHO) has identified 20 NTDs, and has developed a global roadmap with targets for control, elimination and eradication of these diseases.

Ethiopia carries a disproportional burden of many of these diseases, especially trachoma. Many of the NTDs thrive under conditions of inadequate sanitation and tend to cluster together in areas where housing is substandard, drinking water is unsafe, hygiene is poor, access to health care is limited or non-existent, and insect vectors are prevalent. However, NTD control programs often give little attention to WASH aspects and focus primarily on mass drug administration.

Studies have shown that clean water, sanitation and hygiene (WASH) are critical for the prevention and treatment of most NTDs, especially soil-transmitted helminthiasis (STH), trachoma, schistosomiasis, lymphatic filariasis (LF) and guinea worm. The WHO highlighted the need for WASH and NTD collaboration in the Global Strategy document (2015-2020) titled 'Water, Sanitation and Hygiene for accelerating and sustaining progress on Neglected Tropical diseases' (for more information see: <http://www.who.int/wash-health-toolkit>). This global strategy stipulates that better targeted and joint WASH and NTD efforts can lead to simpler, more cost-effective and streamlined interventions, using the following strategic objectives:

- Increase awareness about the co-benefits of joint WASH and NTD action by sharing experiences and evidence from improved delivery.
- Use WASH and NTD monitoring to highlight inequalities, target investment, and track progress.
- Strengthen evidence on how to deliver effective WASH interventions for NTDs and embed the findings in guidance and practice.
- Plan, deliver and evaluate programs with mutual inputs from WASH, health and NTD stakeholders at all levels.

The Ethiopian Federal Ministry of Health created an NTD Master Plan for 2016-2020, and in collaboration with the WHO also created a national WASH-NTD framework aimed at strengthening collaboration and coordination between relevant sectors and stakeholders. The framework strongly emphasizes coordination between the NTD and WASH sectors in order to create an enabling environment for sustainable disease reduction. These frameworks have added value as ground level operations of the WASH and NTD sectors often function independently, even while working in the same community, resulting in reduced efficacy of their interventions.

Nine priority NTDs have been identified by the Ethiopian Federal Ministry of Health: trachoma, soil-transmitted helminthiasis, schistosomiasis, lymphatic filariasis, onchocerciasis (river blindness), podoconiosis, dracunculiasis (Guinea-worm disease), leishmaniasis and scabies.

1.2 Need for WASH and NTD program coordination

Establishing coordination between sectors at the woreda level has many potential benefits including financial, programmatic, and logistic aspects. Coordination allows for optimization of resources (human, financial), fosters informed decision-making through shared databases, reports and tools, and enables joint planning, leading to more efficient and targeted program implementation. This also promotes increased sustainability of soft and hard components of WASH programs, and in many cases reduces duplication of resources and effort.

Although NTD and WASH stakeholders have different objectives, they often have the same ultimate goals – improving people’s health and wellbeing, and contributing to a more equitable society. The NTD and WASH sectors have several common aims, such as improving efficiency, increasing trust in public services, collection of reliable data for planning, and improving targeting of resources. Joint planning with NTD programs can help WASH partners identify and reach communities with low access to water and sanitation infrastructure. The WASH sector can embed hygiene promotion and sanitation uptake into NTD outreach programs or help find resources for such activities through disease control programs. From the NTD perspective, collaboration with WASH programs delivering water and sanitation infrastructure can help increase public trust in NTD treatment programs such as mass drug administration (MDA) and reduce the likelihood of reinfection among treated populations (<http://www.who.int/wash-health-toolkit>).

1.3 Objectives of the toolkit

The lack of a clear roadmap and guidelines has been identified as a major gap for actualizing WASH and NTD coordination at ground level. This woreda level toolkit is specifically designed to:

- Deepen WASH partners' understanding of how WASH interventions can contribute to reduction in NTD prevalence.
- Increase NTD partners' understanding of the modes in which coordination with WASH partners may enhance reaching programmatic NTD elimination goals.
- Define key roles and activities which are needed for creating a sustainable partnership between sectors.
- Recommend specific woreda level actions for promotion of integrated work by relevant sectors and partners.
- Outline a series of process steps for execution of coordinated activities.
- Facilitate effective coordination between sectors and stakeholders operating at the woreda level.
- Provide a framework and recommended tools including monitoring and evaluation, joint indicators, joint supportive supervision visits, and suggested strategies for measuring program impact on NTDs.
- Plan, deliver and evaluate programs that include inputs from WASH, health and NTD stakeholders at all levels.

This toolkit is meant to be used by woreda level government officials, NGOs and other relevant stakeholders. Woredas are encouraged to modify the toolkit to suit their specific contexts and needs.

02 Process Steps

This section of the toolkit details the coordination process at the woreda level – from initiation of platforms to evaluation of the completed intervention. The six-step process and sub sections are briefly described below. Each process step includes anticipated challenges with mitigation strategies, activity guidance, expected outcomes and relevant appendices.

The Process Steps:

- ◆ Preparation and initiation
- ◆ Task Force and Technical Working Group establishment and activation
- ◆ Analysis and characterization of the current situation
- ◆ Developing a work plan
- ◆ Implementation
- ◆ Monitoring and evaluation



02 Process Steps

| SECTION | STEP |
|---------|---|
| 2.1 | Preparation and initiation |
| 2.2 | Task Force and Technical working group establishment and activation |
| 2.3 | Analysis and characterization of the current situation |
| 2.4 | Developing a work plan |
| 2.5 | Implementation |
| 2.6 | Monitoring and evaluation |

The following timetable outlines a recommended time-frame and explains the main process steps:

| PROCESS STEP | EXPLANATION | SUGGESTED TIME ALLOCATION | RESPONSIBILITY | APPENDICES |
|--|--|---------------------------|---|---|
|  2.1 Preparation & initiation | <p>This step will cover setting the ground for establishing WASH-NTD coordination platforms, for which the Woreda administrator will be responsible. Activities will include developing a declaration of intent and core principles for the management of the coordination meetings.</p> | 1 month | Woreda administrator and Health office head | <ul style="list-style-type: none"> – Letter of Appointment for members of the Task Force/TWG (Appendix A) – Advocay PowerPoint template (Appendix B) – Messages for sector engagement (Appendix C) – TWG & TF ToR (Appendix D) |
|  2.2 Task Force and Technical Working Group establishment and activation | <p>This step will cover forming the Task Force and TWG, defining the essential participants, the goals and working procedures, how responsibilities will be divided among members and the expected next phases in the ongoing operation of the platforms.</p> | 1 month | Woreda administrator and Health office head | <ul style="list-style-type: none"> – Advocay PowerPoint template (Appendix B) – Messages for sector engagement (Appendix C) – TWG & TF ToR (Appendix D) – Suggested structure for initial meeting of the technical working group (Appendix E) – Table for mapping authority, responsibility and influence of sectors (Appendix F) – Table for mapping sector inter dependencies (Appendix G) – Template for TWG meeting summary (Appendix H) |

| COMPONENT OF PROCESS STEP | EXPLANATION | SUGGESTED TIME ALLOCATION | RESPONSIBILITY | APPENDICES |
|--|--|--|--------------------|--|
|  <p>2.3 Analysis and characterization of the current situation</p> | <p>This step will cover managing data collected from relevant sectors and creation of an integrative shared portayal of the current situation at the woreda level. It will touch on data collection and information sources in relation to the various indicators in each field, existing and required resources, mapping existing and potential partners, etc. Models which assist in the process of data analysis in the transition from information gathering to operational implications will be presented, as well as the ways in which they affect decision-making processes and the design of a joint, integrative work plan.</p> | One full work day | TWG members | <ul style="list-style-type: none"> - Suggested indicators for baseline data collection (Appendix I) - Partner mapping and capacity assessment template (Appendix J) - Summary and analysis of collected baseline data (Appendix K) - Institutions at woreda level (Appendix L) - Recommended stakeholders and responsibilities (Appendix M) - Guiding questions and discussion points for identifying integrative program opportunities (Appendix N) |
|  <p>2.4 Developing a work plan</p> | <p>This step will present the main actions for developing a work plan, highlighting the collaborative work and integration of activities between sectors. Operational goals, success indicators and joint activity protocols will be defined.</p> | One full work day | TWG members | <ul style="list-style-type: none"> - Structure of work plan template (Appendix O) - Integrative activities sample (Appendix P) |
|  <p>2.5 Implementation</p> | <p>This step will suggest methods for ongoing management of the TWG; how to sustain integrative work activities, mechanisms and methods for sharing knowledge, maintaining the interests of the members, etc. The need for updating the work plan according to periodic evaluations will also be covered.</p> | Begin within 2 months of the TWG establishment | TWG and TF members | <ul style="list-style-type: none"> - Success story documentation template (Appendix Q) |
|  <p>2.6 Monitoring & evaluation</p> | <p>This step will focus on the execution of monitoring and evaluation of the program and measuring the success over the course of the integrative work.</p> | Monitoring: monthly and quarterly | TWG and TF members | <ul style="list-style-type: none"> - Recommended joint indicators for monitoring and evaluation (Appendix R) - Kebele supportive supervision visit checklist (Appendix S) - Community level data compiling template (Appendix T) - Full woreda data compiling template (Appendix U) - Quarterly reporting template from TWG to TF (Appendix V) - Indicators definition (Appendix W) |

All sector heads will be members of the TF and lead the coordination processes. Each sector will be represented in the TWG by an expert who will participate in the implementation of joint programs.

Participating sectors:

- Woreda Administration
- Woreda Health office
- Woreda Education office
- Woreda Water office
- Woreda Finance office (WOFED)
- WASH & NTD health office experts/coordinators



2.1 Preparation and Initiation

This step will cover setting the ground for establishing WASH-NTD coordination platforms, assigning responsible sectors and individuals for the TWG and TF initiation, and related activities such as developing a declaration of intent and core principles for the management of the coordination meetings.

Chapter Structure:

- ◆ Common Challenges and Mitigation Strategies
- ◆ Activity Guidance
- ◆ Expected Outcomes
- ◆ Relevant Appendices





Letters of Appointment for members of the Task Force / Technical Working Group (A)

Advocacy Power Point presentation template (B)

Messages for sector engagement (C)

Woreda Level Task Force and Technical Working Group ToR (D)

2.1 Preparation and Initiation

This section will guide the establishment of two separate platforms which will direct the WASH–NTD coordination initiative at the woreda level.

The first platform is a Task Force comprised of the higher officials (heads) of each sector.

The second platform is a Technical Working Group (TWG) comprised of professionals from the various sectors operating on the ground level and implementing the coordination activities.

The Task Force members will select the TWG members and be responsible for supervising them. The TWG will be in charge of planning and executing the integrative work plans and reporting quarterly to the Task Force. The Task Force will assume a leadership position and hold the authority to approve action plans and decisions, as well as monitor the progress of their execution.

The Task Force is expected to meet quarterly, while the TWG will meet on a monthly basis.

Beyond the routine working group meetings, members of the different sectors are encouraged to use opportunities to participate in additional meetings held by other sectors, thus increasing the integrative work (e.g. NTD sector representative should participate in woreda WASH committee meetings).

2.1.1. Common challenges and mitigation strategies

COMMON CHALLENGES

MITIGATION STRATEGIES

Identifying leadership for newly established platforms which did not previously exist

- The ideal leader would be politically empowered and in a decision-making position, committed to the desired outcome and able to utilize the capacities of each participating governmental office for the benefit of the integrative process.
- It is recommended that the woreda administrator lead the Task Force and use their administrative authority to recruit the other office heads to partake in the platform.
- It is recommended that the woreda health office head assume the leadership role over the TWG (and receive support from the woreda administrator during the initial TWG meetings).
- Zonal administrators should approach woreda leadership (administrators) in each one of their woredas and recruit them for the leadership position. Clear advocacy messages should be prepared, highlighting the necessity of inter-sectoral coordination and the mutual benefits for different stakeholders, with the purpose of harnessing the senior managers of relevant sectors and recruiting them to take a central role in the establishment of the coordinating mechanism (See Appendix C).



2.1.2 Activity Guidance

- a. The zonal administrator will contact the woreda administrator in each of their woredas, and officially appoint them to lead the Task Force.
- b. The woreda administrator will approach all sector heads to be invited to join the Task Force, namely: Health office head, Education office head, Water office head.
- c. Communication with sector heads should focus on enlisting them to be part of a new joint platform, emphasizing their influence on improving overall health conditions in the woreda and specifically reducing NTD prevalence. In order to successfully recruit the Task Force members and secure their commitment to the process, it is important to discuss their potential contribution and connection to disease prevalence reduction, as well as their joint contribution to broader development goals.
- d. A similar approach should be made with WASH and NTD partners (NGOs) in the woreda, who are invited to participate in the TWG.
- e. The woreda administrator will issue letters of appointment to all members of the Task Force (see Appendix A).
- f. Once appointed to the Task Force, each head of office will assign a representative of their sector to participate in the coordination platform, i.e. the Technical Working Group (TWG).
- g. Permanent or ad hoc members may be added to the TWG for particular issues or as needed, such as: NGOs working in the woreda, religious organizations/religious leadership, health center managers, health extension supervisors and workers, community level business institutions (microfinance), PTA representatives, Health Development Army representatives and any additional relevant stakeholder who may promote the goals of the TWG.

Desired characteristics of TWG members:

- Active at woreda level or have presence and influence in the woreda.
- Experts in one of the following areas: WASH, NTDs, environmental health, education, water and/or sanitation infrastructure.
- Committed and motivated to promoting the collaborative initiatives and supportive of the values and principles of partnership-based work.
- Available for regular activities and monthly work meetings.

- h. The woreda administrator will create a Terms of Reference (ToR) document to be presented during the first Task Force and TWG meetings (see Appendix D).



Letters of Appointment for members of the Task Force/Technical Working Group (A)

Advocacy Power Point presentation template (B)

Messages for sector engagement (C)

Woreda Level Task Force and Technical Working Group ToR (D)



Letters of Appointment for members of the Task Force/ Technical Working Group (A)

Advocacy Power Point presentation template (B)

Messages for sector engagement (C)

Woreda Level Task Force and Technical Working Group ToR (D)

2.1.3 Expected Outcomes

- a. Official woreda leadership assumes responsibility for leading the Task Force and managing work processes.
- b. All relevant sector heads are approached to take part in the Task Force and work in collaboration.
- c. All sector heads assign a sector representative to be a member of the TWG.
- d. A ToR is developed for both platforms.
- e. A date is set for a first Task Force meeting and a separate date for the first TWG meeting.

2.1.4 Relevant Appendices

- Letters of Appointment for members of the Task Force and TWG (Appendix A)
- Advocacy PowerPoint template (Appendix B)
- Messages for sector engagement (Appendix C)
- Woreda level TF and TWG ToR (Appendix D)



2.2 Task Force and Technical Working Group Establishment and Activation



STEP
02

TASK FORCE AND
TWG ESTABLISHMENT
AND ACTIVATION

This step will cover forming the TF and TWG, defining group members, setting goals and working procedures, defining responsibilities of TF/ TWG members and expected next phases in the ongoing operation of the platforms.

Chapter Structure:

- ◆ Common Challenges and Mitigation Strategies
- ◆ Activity Guidance
- ◆ Expected Outcomes
- ◆ Relevant Appendices





Suggested agenda for initial meeting of the technical working group (E)

Table for mapping authority, responsibility and influence of sectors/partners (F)

Table for mapping sector interdependencies (G)

Template for TWG meeting summary (H)

2.2 Task Force and TWG Establishment and Activation

This section will guide the establishment and initial meetings of the two platforms, once all key members have been enlisted.

2.2.1 Common challenges and mitigation strategies

COMMON CHALLENGES

Authority,¹ Responsibility² and Influence³ scopes may not always be clear when working in cross sector partnership (i.e. who possesses the final decision making authority, how to divide responsibility for joint initiatives). Ensuring that all partners share responsibilities and agree to the division of tasks, as well as ensuring that influence holders are involved even if they do not have official authority are also key challenges.

Poor understanding and lack of agreement among members regarding the benefits and strengths which each sector brings to the team, as well as gaps and shortcomings, and ways of optimally using sectors' abilities for mutual benefit.

MITIGATION STRATEGIES

- Clearly defining authority, responsibility and influence will create a work culture of cooperation which allows each partner to bring their professional knowledge to the group without detracting from the authority or responsibility of the other partners. It is important that all partners are aware of the limits of authority, responsibility, and influence of each partner in the process.

- Clearly define expectations of each sector's involvement and contribution to the integrative initiatives.
- Create a shared vision and reflect joint successes along the course of the TWG operation, starting with minor initial successes in order to strengthen commitment and sense of purpose and advantages of the joint working group.
- Stimulate discussion regarding shared and individual (sectoral) interests of taking part in the joint platform to advance professional goals, while emphasizing the interdependence and reciprocity existing between the fields.

Notes

¹ **Authority** – refers to the duties imposed on each partner as a result of the definition of his position. The authority is irrevocable and authorization has to be granted, not taken.

² **Responsibility** – the commitment of the partner to undertake tasks in the work process and perform them accurately and faithfully.

³ **Influence** – situations where there is no formal authorization or direct responsibility but there is a clear impact on the results.

2.2.2 Activity guidance

TASK FORCE

- The woreda administrator will set an initial meeting with the members of the Task Force. If a well-functioning platform including all sector heads already exists in the woreda (for example One Wash TF) it is possible to use the existing platform instead of establishing a new one (while ensuring that the coordination agenda receives proper attention). During the first meeting the main benefits of integration and collaborative work amongst sectors will be presented, using the advocacy tool provided in Appendix B which may be prepared in the form of PowerPoint, as well as the messages for engagement in Appendix C.

- b. Interdependencies between sectors and opportunities for mutual benefit through collaborative work will be discussed, using the table in Appendix G.
- c. The Task Force ToR will be presented to the members and expectations for their leadership and active involvement in ongoing monitoring of the TWG activities will be conveyed.
- d. Each sector head will appoint a representative to be a regular member of the TWG.
- e. A discussion will be held describing the expected involvement of each sector in the integrative initiative (see Appendix M).
- f. The Task Force members are encouraged to participate in the first TWG meeting. The following meeting between the two platforms will be held after the TWG has developed an action plan, for approval by the TF (planned within a month of the TWG establishment). Once the action plan is approved, the two platforms will meet quarterly, for monitoring, evaluation, and guidance.

TECHNICAL WORKING GROUP

- a. Although the ideal leader for the TWG is the health office head it is recommended that the first meeting be led by the woreda administrator, after which they will co-lead subsequent meetings, focusing on a situational analysis and work planning. Once the implementation phase has begun, the health office head will assume full leadership.

The recommended duration of the first TWG meeting is half a workday (4 hours).

- b. The woreda administrator will determine the objectives for the initial meeting, which should include:
 - Gaining commitment among all members.
 - Defining the conditions and principles for participating in the TWG.
 - Acceptance of the signed Letter of Appointment from each member, and agreeing on a ToR.



Suggested agenda for initial meeting of the technical working group (E)

Table for mapping authority, responsibility and influence of sectors/partners (F)

Table for mapping sector interdependencies (G)

Template for TWG meeting summary (H)

- c. The woreda administrator will instruct each selected sector representative to prepare the following information in advance, to be presented at the first TWG meeting:
 - Goals and success indicators.
 - Operational actions in the field.
 - Data reflecting the challenges and their status (morbidity level, water resources, etc.).
- d. The woreda administrator will lead the first meeting following the structure described in Appendix E.
- e. Meeting structure is as follows:
 1. Meeting will begin with the motivation and rationale for collaboration between sectors (see Appendix B & C).
 2. Interdependencies between sectors and opportunities for mutual benefit through collaborative work will be discussed, using the table in Appendix G.
 3. The common objectives of the TWG will be defined as follows:
 - Reduction of NTDs, improving access to WASH and health services, improving targeting and efficiency of programs through the integrative work of all professionals working in the arena.
 - Utilizing members' capacity and professional knowledge in order to advance the objectives.
 4. The principles underpinning the work of the TWG will be defined:
 - Collaboration in processes and sharing of information and resources.
 - Commitment to attend TWG meetings and abide by group decisions.
 - Timely submission of progress reports.
 - Appreciation and recognition of all partners.
 5. The woreda administrator will lead a process of gathering in-depth knowledge of the sectors' scope of work and responsibilities:
 - Each sector representative will give a presentation characterizing their sector and field of expertise.
 - Each sector will fill out a form mapping areas of authority, responsibility and influence (see Appendix F), followed by a



Suggested agenda for initial meeting of the technical working group (E)

Table for mapping authority, responsibility and influence of sectors/partners (F)

Table for mapping sector interdependencies (G)

Template for TWG meeting summary (H)

discussion identifying overlapping areas between sectors as well as areas which are exclusive to one sector. This dialogue will lay the ground for creating fruitful cooperation while respecting sectors' authority and realm of control. It will help define boundaries and emphasize the need to collaboratively manage conflicts which may emerge during the joint work processes.

- Expected involvement of each sector in the integrative initiative will be discussed and defined (see Appendix M).
6. The woreda administrator will summarize the meeting (See Appendix H).
- All main discussion points will be concisely reviewed.
 - Action points and division of responsibility between members should be clearly defined.
 - The main action point for the following meeting is for each sector to collect relevant data on the current status of the woreda, and be prepared to present it during the following TWG meeting (see appendix I for suggested data to be collected per sector prior to the 2nd TWG meeting).
- ✓ A secretary should be appointed, who will record the minutes of the TWG and TF routine meetings, and prepare and distribute the agenda for the following meetings requested by the platform leaders.
- ✓ The health office should assign a member to consolidate all data provided by the different sectors prior to the next meeting, highlighting main data factors but without analyzing their implications. This will facilitate the review of data by TWG members during the following meeting.

2.2.3 Expected Outcomes

TASK FORCE:

- a. Task force members assume responsibility for leading the process as sector heads. They will assign representatives to the TWG, and monitor and guide them throughout the processes.
- b. The next quarterly meeting of the task force is scheduled.
- c. Minutes of the initial meeting are recorded.



Suggested agenda for initial meeting of the technical working group (E)

Table for mapping authority, responsibility and influence of sectors/partners (F)

Table for mapping sector interdependencies (G)

Template for TWG meeting summary (H)

- d. ToR is presented and approved.
- e. Letters of appointment for the TF members are signed.

TECHNICAL WORKING GROUP:

- a. All sector representatives are committed and motivated to promoting collaborative work, and understand their unique role and contribution to the process.
- b. The forum has agreed on working principles and division of responsibility and has a clear and structured framing of the work environment.
- c. The next TWG meetings is scheduled.
- d. Minutes of the initial meeting are recorded.
- e. ToR is presented and approved.
- f. Letters of appointment for the TWG members are signed.

2.2.4 Relevant Appendices

- Advocacy PowerPoint template (Appendix B)
- Messages for sector engagement (Appendix C)
- Woreda level TF and TWG ToR (Appendix D)
- Suggested agenda for initial meeting of the technical working group (Appendix E)
- Table for mapping authority, responsibility and influence of sectors/partners (Appendix F)
- Table for mapping sector interdependencies (Appendix G)
- Template for TWG meeting summary (Appendix H)
- Suggested indicators for baseline data collection (Appendix I)
- Recommended stakeholders and responsibilities (Appendix M)



Suggested agenda for initial meeting of the technical working group (E)

Table for mapping authority, responsibility and influence of sectors/partners (F)

Table for mapping sector interdependencies (G)

Template for TWG meeting summary (H)



2.3 Analysis and characterization of the existing situation

This step will cover managing data gathered from relevant sectors/partners and the creation of a common and integrative view of the current situation at the woreda level. It will touch on data collection & information sources in relation to the various indicators in each field, available and required resources, mapping existing and potential partners, etc. Models which assist in the process of data analysis in the transition from information gathering to operational implications will also be discussed, as well as the ways in which they affect decision-making processes and the designing of a joint, integrative work plan.

Chapter Structure:

- ◆ Common Challenges and Mitigation Strategies
- ◆ Activity Guidance
- ◆ Expected Outcomes
- ◆ Relevant Appendices



STEP
03

ANALYSIS AND CHAR-
ACTERIZATION OF THE
EXISTING SITUATION



Suggested indicators for baseline data collection (I)

Partner mapping and capacity assessment template (J)

Summary and analysis of collected baseline data (K)

Institutions at woreda level (L)

Recommended stakeholders and responsibilities (M)

Guiding questions and discussion points for identifying integrative program opportunities (N)

2.3 Analysing and Characterization of the Existing Situation

It is crucial to obtain a good understanding of the current situation in the woreda before formulating an action plan. For this purpose, existing data is gathered from the sectors and partners to establish the baseline (no need to conduct an impact survey, but rather use data that is already available). Success of the program will be measured against the baseline data. This information will support the TWG in identifying community needs, setting appropriate program targets, determining the type of intervention and the level of implementation and measuring program performance and impact at later stages.

In this process step, the TWG members will use their expertise to study the data collected and interpret the results to facilitate decision making and develop an action plan.

This step requires that the TWG convene for a full workday; a morning session where data is presented and documented, and an afternoon session dedicated to in-depth analysis of the data.

At this process step the health office head will join the woreda administrator to co-lead the meeting.

2.3.1 Common challenges and mitigation strategies

| COMMON CHALLENGES | MITIGATION STRATEGIES |
|---|---|
| <ul style="list-style-type: none"> • Current data collection is conducted by each sector separately and is not integrated across sectors. | <ul style="list-style-type: none"> • Agreeing on data collection and analysis tools which sufficiently address all sector information relevant for developing work plans at the woreda level. |
| <ul style="list-style-type: none"> • Lack of access to reliable sources of information which provide a clear understanding of the existing situation in the community. | <ul style="list-style-type: none"> • Assigning a focal person in each participating sector/partner to gather relevant data for their sector/organization. • Deciding on relevant data collection methods using the existing data gathered routinely at the woreda level. • Identifying key position holders at ground level in each sector who can provide a summary of sector-based knowledge and experience. These experiences should be integrated with the collected data as a narrative report to assist in the development of a work plan. |
| <ul style="list-style-type: none"> • Lack of access to reliable sources of information which provide a clear understanding of the existing situation in the community. | <ul style="list-style-type: none"> • Assigning one member of the TWG with the responsibility for gathering tacit knowledge⁴ data from all sectors, both at the initiation phase and on an ongoing basis. |
| <ul style="list-style-type: none"> • Identifying and reaching mutual agreement regarding root causes of gaps at ground level implementation (refer problem-analysis approaches section in the global toolkit for more information about the root cause analysis, http://www.who.int/wash-health-toolkit). | <ul style="list-style-type: none"> • Hold an open discussion regarding existing identified gaps, with the premise being that there is no one single truth which explains gaps in behaviors or results. Encourage a positive discussion where each sector assumes accountability for contribution to the gaps on their side. |

⁴ Tacit knowledge – personal knowledge that exists in people and is not formulated and expressed in words (but rather cumulative capabilities and experience).

2.3.2 Activity Guidance

The following steps will be conducted using Appendix K – Summary and analysis of baseline data:

A. BASIC DATA COLLECTION AND DOCUMENTATION:

At the end of the previous TWG meeting each sector and partner was given a task to collect relevant data pertaining to their sector’s activities and provide it to the health office. The list of baseline data indicators encompasses all relevant sectoral information including NTDs, community level and institutional WASH, general community background and information regarding existing inter-sectoral collaboration in the woreda (see Appendix I).

The TWG leader will begin the analysis meeting by presenting the TWG members with key findings which have been extracted from each sectors’/ partners’ data reports. The TWG members will then jointly identify the main areas of gaps in the operation of each sector.

B. ANALYZING WASH AND NTD RELATED FINDINGS USING THE ‘BEST’ FRAMEWORK:

Once key findings and areas of gaps have been identified, WASH and NTD challenges should be further analyzed using the BEST framework, which focuses on four main themes pertaining to NTD targeted interventions (Behavior, Environment, Social inclusion and Treatment and care). This information will support the creation of a comprehensive foundation for the action planning.

C. EXPANDING THE SITUATIONAL ANALYSIS USING THE ‘PEST’ MODEL

Once specific gaps and challenges have been identified for each sector, a wider assessment of external influencers in the woreda should be conducted. The PEST model considers political, economical and environmental factors which affect or are affected by programs conducted in the woreda. Therefore, such factors and their influence must be considered before planning an intervention and be part of the situational analysis of the woreda.

D. MAPPING OF INFLUENTIAL STAKEHOLDERS AND PARTNERS IN THE WOREDA:

The next step in creating the situational analysis picture is identifying additional stakeholders and influential partners in the community, beyond the sectors and partners represented in the TWG, who should be involved and engaged in the collaborative efforts planned to take place in the woreda. Examples of such key influential figures are:

- Government offices such as the agriculture office, women and youth affairs, etc.



STEP
03

ANALYSIS AND CHARACTERIZATION OF THE EXISTING SITUATION



Suggested indicators for baseline data collection (I)

Partner mapping and capacity assessment template (J)

Summary and analysis of collected baseline data (K)

Institutions at woreda level (L)

Recommended stakeholders and responsibilities (M)

Guiding questions and discussion points for identifying integrative program opportunities (N)

- NGOs working on NTDs, WASH, SBCC, Nutrition, maternal and child health.
- Community groups such as WASHCO, HDA, religious groups, youth groups, school WASH/health club, Edir and Ekub, and local businesses holders with an interest in WASH and/or NTDs.
- ✓ A list of institutions at woreda level can be found in Appendix L.
- ✓ A list of recommended stakeholders and their responsibilities, including those of the participating TWG sectors can be found in Appendix M.
- ✓ Using appendix J, identified partners should be mapped while identifying their fields of specialty and scope of work.

E. CONDUCTING SWOT ANALYSIS:

Once all stakeholders have been identified, as well as gaps and challenges using the BEST and PEST models, the final stage of the situational analysis is using the SWOT model which examines the current woreda status, identifying strengths, weaknesses, opportunities and threats to joint interventions. The SWOT analysis takes into consideration the conclusions reached using all previous analysis tools.

F. CONCLUDING FINDINGS OF THE ANALYSIS:

At the end of the analysis phase, conclusions need to be clearly defined, and serve as the basis for developing the work plan in the next step.

The following discussion points should be addressed and documented:

1. What are the main points of overlap between the work of different sectors.
2. What are clear gaps in the work of one sector which can be addressed by another sector.
3. Which key opportunities for coordination and integration can be identified.
4. Which existing interventions can be enhanced by the contribution of another sector.
5. Which new interventions, which do not yet exist, are needed in order to fill the gaps which have been identified.
6. What are the priority intervention areas.

Appendix N may be used to support the discussion on identifying integrative program opportunities.

Achieving mutual understanding of possibilities for coordination and program integration is extremely important and will facilitate the following step of developing an integrative work plan.



Suggested indicators for baseline data collection (I)

Partner mapping and capacity assessment template (J)

Summary and analysis of collected baseline data (K)

Institutions at woreda level (L)

Recommended stakeholders and responsibilities (M)

Guiding questions and discussion points for identifying integrative program opportunities (N)

2.3.3 Expected Outcomes

- a. A current situational analysis is created based on up-to-date data and information derived from the field.
- b. The collected data constitutes the basis for analyzing significance of elements and decision making. The TWG members will continue to update data regularly once implementation begins.
- c. Main gaps at the woreda are identified and their root causes analyzed.
- d. Strengths and weaknesses alongside opportunities and risks are identified, with the goal of promoting the creation of an effective collaborative work plan.

2.3.4 Relevant Appendices

- Suggested indicators for baseline data collection (Appendix I)
- Partner mapping and capacity assessment template (Appendix J)
- Summary and analysis of collected baseline data (Appendix K)
- Institutions at woreda level (Appendix L)
- Recommended stakeholders and responsibilities (Appendix M)
- Guiding questions and discussion points for identifying integrative program opportunities (Appendix N)



Suggested indicators for baseline data collection (I)

Partner mapping and capacity assessment template (J)

Summary and analysis of collected baseline data (K)

Institutions at woreda level (L)

Recommended stakeholders and responsibilities (M)

Guiding questions and discussion points for identifying integrative program opportunities (N)



2.4 Developing a work plan

This step will present the main actions to be taken while developing a work plan, highlighting the necessary collaborative work and integration of activities between sectors. Operational goals, success indicators and joint activity protocols will be defined.

Chapter Structure:

- ◆ Common Challenges and Mitigation Strategies
- ◆ Activity Guidance
- ◆ Expected Outcomes
- ◆ Relevant Appendices



STEP

04

DEVELOPING
A WORK PLAN



Structure of work plan template (O)

Integrative activities sample (P)

2.4 Developing a work plan

A well-developed work plan is crucial for maintaining integration activities and building long lasting partnerships between the various sectors and partners.

The work plan should reflect the coordination between sectors and interdependence within sectors activities. It should introduce new ideas and actions which have not been previously attempted in the woreda.

The work plan is to be developed by the TWG during their third meeting, and then approved by the Task Force members before beginning implementation in the field. WOFED needs to approve the budget for the work plan while ensuring that a high degree integration and coordination between sectors exists, and that resources are jointly contributed.

The work plan development meeting will be co-led by the woreda administrator and the health office head.

The work plan should consist of the following elements:

- Joint goals (medium and long term).
- Joint success indicators for attaining each goal.
- Concrete integrative actions which are needed for achieving goals.
- Clearly defined roles and responsibilities of sectors/partners.
- Clear resource sharing plan.

2.4.1 Common challenges and mitigation strategies

| COMMON CHALLENGES | MITIGATION STRATEGIES |
|--|--|
| <ul style="list-style-type: none"> • Lack of common goals and interests shared by sectors and partners. | <ul style="list-style-type: none"> • Identifying opportunities for integrative work which generate mutual benefits for the various sectors, will increase willingness to align goals and work jointly. |
| <ul style="list-style-type: none"> • Lack of joint programmatic indicators and success measures which generate interdependence between activities of different sectors. | <ul style="list-style-type: none"> • Developing clear joint indicators which will be used by the TWG and reflect the involvement of all sectors, while aligning with sector-specific programmatic indicators (which are related to their ongoing individual interventions). |
| <ul style="list-style-type: none"> • Lack of cross sector knowledge and data sharing for evidence-based decision making. | <ul style="list-style-type: none"> • Decision making should be based on facts as much as possible, relying on figures reflecting the severity of a given problem and its impact on the community, as well as the feasibility of the intervention. • The TWG should make use of cross sector knowledge to inform decision making while planning interventions, leading to better prioritization and resource allocations (e.g. WASH sector should take NTD prevalence statistics into consideration while deciding where to construct new WASH infrastructure; NTD sector should consider WASH improvements as a basic component of disease prevention and elimination programs). |

COMMON CHALLENGES

MITIGATION STRATEGIES

- | | |
|--|--|
| <ul style="list-style-type: none">• Information overload – multidisciplinary planning can encompass a large amount of data pertaining to different fields – which may be difficult to integrate. | <ul style="list-style-type: none">• Using data analysis tools which identify key data elements pertaining to each sector, to be used during decision making, while developing an action plan. |
| <ul style="list-style-type: none">• Judgment and prioritization while developing a work plan may cause conflict between sector members whose interests are not equally promoted. | <ul style="list-style-type: none">• In depth discussions and reaching agreement on prioritization of intervention areas is crucial for an action plan to be carried out collaboratively. All sectors must feel confident that the intervention answers their needs and gaps. |
| <ul style="list-style-type: none">• Unrealistic planning- high expectations of outcomes at the initial work phases may result in unrealistic timetables and objectives to be reached, thus leading to failures in attaining set goals. | <ul style="list-style-type: none">• The work plan should realistically assess feasibility of interventions and timelines attached to specific tasks, as well as take into consideration unexpected events which may hinder the progress. At the same time, it is important to maintain the creative thinking, and be willing to carry out activities which have not yet been attempted at the woreda previously. |

2.4.2 Activity guidance

A. SETTING JOINT GOALS

Goal definition – the overall objective that the TWG is aiming to achieve through the joint working platform.

- Goals and success indicators will guide the development of the work plan and its monitoring and evaluation mechanisms.

The TWG will set two types of goals:

- Medium term goals (to be reached over the course of one year).
 - Long term goals (to be reached more than a year after commencing the program).
- Goals should relate to the reduction of gaps which were identified in the previous step, and be geared at creating new opportunities and improvements for the woreda through joint activities and support.
 - Goals should be ‘SMART’:
 - S**pecific – clearly defined goals;
 - M**easurable – defined methods for assessment;
 - A**ttainable – achievable with the available resources;
 - R**elevant – answers gaps or needs identified in previous steps;
 - T**imely – categorized as medium-term or long-term goals.



STEP
04

DEVELOPING
A WORK PLAN



Structure of work plan template (O)

Integrative activities sample (P)

B. SETTING SUCCESS INDICATORS:

Indicator definition – indicators are measurable information used to determine if the program implementation is progressing as expected and achieving the goals set.

The TWG will determine success indicators for each goal at the beginning of the project. Later on, at the monitoring phase, they will be used to assess whether goals have been achieved/ partially achieved/ not achieved. An indicator can be quantitative (a percentage, number, decrease in the scope of a phenomenon, decrease in morbidity) or qualitative (positive attitudes towards personal hygiene, behavioral trends in the community, etc).

Types of success indicators:

- **Input success indicators** – examine how many resources have been invested in a particular issue (e.g., how many medications were distributed in the woreda).
- **Output success indicators** – examine what the program is delivering, the results of the process and evident change (e.g., how many new latrines were constructed in the wereda following a community mobilization activity).
- **Outcome success indicators** – examine the primary result the program will achieve (e.g., disease reduction due to increased MDA and latrine construction in the woreda).

C. DEFINING INTEGRATIVE ACTIVITIES:

Main opportunities for integrative activities between sectors have been identified during the situational analysis step. At this point the TWG will define the activities to be included in the action plan. Appendix P offers several examples of integrative activities at woreda level which can be considered.

D. IDENTIFYING CONCRETE NECESSARY ACTIONS:

- Once the integrative activities have been defined, the TWG will define concrete steps for implementation.
- A framework should be created defining who is responsible for implementation, the relevant sectors / partners participating in the activity, the success indicators and milestones for mid-term evaluation, the timelines, resources required, and relevant risks and opportunities (See Appendix O for suggested work plan template).



Structure of work plan template (O)

Integrative activities sample (P)

- When selecting the involved sectors/partners it is important to consider the 3 parameters which were previously described:
 1. **Authority (formal)** – the person who has the official authorization to perform the task should take the lead role.
 2. **Responsibility (the desire to carry out the task and participate)** – additional stakeholders who will be partners in executing tasks out of a sense of responsibility and who hold professional abilities to contribute to its promotion.
 3. **Influence (unique abilities and qualities)** – partners who will take part in the task due to recognition of their great influence in the woreda (on the population and/or on decision makers).

E. FINALIZING THE ACTION PLAN:

Once all concrete activities are listed, the TWG will review the action plan and ensure the following parameters are considered:

- The planned activities correlate and address the gaps and problems which were identified during the situational analysis step.
 - There is a differentiation between existing interventions of one sector which are being adapted to include additional partners, and newly designed integrative interventions.
 - Interventions are prioritized (and prioritization is mutually agreed on).
- ✓ After the work plan has been finalized, a meeting should be set with the Task Force members for their approval and endorsement.

2.4.3 Expected Outcomes

- a. Clear shared 'SMART' goals are defined.
- b. Shared success indicators are defined.
- c. An operational work plan with concrete activities is created, which reflects the integration and sharing of resources, knowledge and responsibilities.

2.4.4 Relevant Appendices

- Structure of work plan (Appendix O)
- Integrative activities sample (Appendix P)



Structure of work plan template (O)

Integrative activities sample (P)

2.5 Implementation

This step will suggest methods of ongoing management of the TWG; how to sustain integrative work activities, mechanisms and methods for sharing knowledge and maintaining the interests of the members. The need for updating the work plan according to periodic evaluations will also be covered.

Chapter Structure:

- ◆ Common Challenges and Mitigation Strategies
- ◆ Activity Guidance
- ◆ Expected Outcomes
- ◆ Relevant Appendices





2.5 Implementation

This stage constitutes the bulk of the work. Following the initial steps of planning, here is where the work plan will be rolled out. At this point the woreda health office head assumes full responsibility for the leadership of the TWG.

The work process must be consistently based on the defined work principles of the TWG, with emphasis on cooperation, coordination and constant flow of information. Sectors are expected to advance their assigned tasks and responsibilities and report on their progress during the monthly meetings. Each monthly meeting should yield additional new action points.

During the implementation process, data and observations will be recorded to facilitate proper monitoring of the operations and adjustments to the program when needed.

2.5.1 Common challenges and mitigation strategies

| COMMON CHALLENGES | MITIGATION STRATEGIES |
|--|--|
| <ul style="list-style-type: none"> Changing routine work patterns – each sector is accustomed to focusing on achievements in their field of expertise, which may hinder allocating resources to the coordination efforts. | <ul style="list-style-type: none"> Integrating the joint TWG activities into the routine and daily tasks of each sector/partner as much as possible. By linking to sectors’ core tasks, there is a higher chance of integrative activities receiving the necessary attention. |
| <ul style="list-style-type: none"> Difficulty in maintaining open and continuous communication – due to routine task load. | <ul style="list-style-type: none"> Setting an expectation of routine communication between sectors (via phone, email) in the interim of TWG meetings (facilitated by the TWG secretary). |
| <ul style="list-style-type: none"> Dates of scheduled TWG meetings are frequently postponed. A significant lapse of time between meetings can lead to delays in implementation. | <ul style="list-style-type: none"> Utilizing opportunities (forums) where sectors come together for discussion of other agendas to conduct TWG meetings. |
| <ul style="list-style-type: none"> Lack of sufficient documentation of ongoing activities which hinders the ability to assess impact or make necessary adjustments to programs. | <ul style="list-style-type: none"> Developing a meeting summary format which allows for detailed description of ongoing activities for the purpose of assessing and performing necessary adjustments to implementation. |

2.5.2 Activity guidance

TWG meetings should use a structured meeting template which includes the following components:

A. PRESENTATIONS:

- Each sector/partner should create a presentation showing the overall progress made in their field since the previous meeting.
- A presentation of implementation status should be delivered by the responsible focal point of each task. Each planned activity from the previous meeting, findings from the field visits and reports should be reviewed to assess whether implementation has been successful, partial or failed. Any delays or challenges in execution should be presented along with their causes.

B. DISCUSSION OF GAPS:

Identification of challenges and obstacles to the implementation process (both major underlying obstacles as well as minor activity-specific obstacles) are important and allow for necessary adjustments to the program. Dialogue and brainstorming should be encouraged in order to identify solutions and approaches needed for bridging the identified gaps.

C. LEARNING FROM SUCCESS:

- Each meeting should allocate a time slot for success sharing by the group members. Any successful achievement of the integrated work may be discussed, and one main achievement should be selected and ‘success analyzed’.

Presenting an event analysis enables participants to learn from the actual work which has been done and improve performance by identifying the elements which contributed to the success. Success sharing is likely to result in higher motivation for integrated work and knowledge and experience sharing. It also allows for creation of a team atmosphere and meetings are perceived as opportunities for learning.

- A fixed structure should be used for analyzing the successful event, including:
 1. A description of the ‘before’ and ‘after’ – what was done better or differently than before.
 2. Positive outcomes – what were the positive results of the successful event. If the positive outcome has any negative implications, they should be noted.
 3. Details of the actions that led to success.



STEP
05

IMPLEMENTATION



Success story documentation template (Q)

4. Identifying the turning point – at what point did the ‘before’ turn into the ‘after’, which actions led to the turning point and to the ultimate success of the activity.
 5. Dilemmas or issues requiring further investigation and learning for future success.
- The presented successful events and challenges should be documented in an orderly fashion and distributed to the TWG members (see Appendix Q). They should be submitted to the task force on a quarterly basis.

D. DEFINING ACTION POINTS:

At the end of each meeting action points of specific activities for the following month should be defined.

E. DOCUMENTATION AND SHARING:

Each meeting should be documented and meeting minutes should then be shared with all participants (See Appendix H).

2.5.3 Expected Outcomes

- a. The TWG convenes on a regular basis, ideally every month.
- b. Each meeting includes comprehensive discussions on successes and challenges.
- c. Clear action points and opportunities for coordinated activities for the following month are determined.
- d. Cooperation and mutual support between all sectors are maintained.

2.5.4. Relevant Appendices

- a. Template for TWG meeting summary (Appendix H)
- b. Success story documentation template (Appendix Q)



Template for TWG meeting summary (H)

Success story documentation template (Q)



2.6 Monitoring and evaluation

This step will focus on the execution of monitoring and evaluation processes of the program and measuring the success over the course of the integrative work.

Chapter Structure:

- ◆ Common Challenges and Mitigation Strategies
- ◆ Activity Guidance
- ◆ Expected Outcomes
- ◆ Relevant Appendices



STEP
06

MONITORING AND
EVALUATION



Recommended joint indicators for monitoring and evaluation (R)

Kebele supportive supervision visit checklist (S)

Community Level data compiling template (By HEWs) (T)

Full woreda data compiling template (by HEWs supervisor) (U)

Quarterly reporting template from TWG to TF (V)

Indicators definitions (W)

2.6 Monitoring and Evaluation

Monitoring and evaluation plays a key part in ensuring good programmatic results. While monitoring and evaluation processes serve as an accountability mechanism for ensuring and reporting that activities are being delivered as planned, they should also be used for the purpose of learning and adapting the planning of activities.

Routine monitoring will show if progress is being made in accordance with the agreed plan, allowing for challenges to be addressed as they occur. Regular reporting should be complemented by supervision, either using existing structures or through joint visits by TWG members.

An evaluation will take place at program milestones revealing the impact and efficacy of implemented programs. The assessment will reflect which activities have worked best, the main changes observed, main program achievements reached, the most significant programmatic elements, and if the set goals are close to being reached. An evaluation also generates lessons learned and best practices which may be useful for future initiatives.

The evaluation uses the baseline data gathered by sectors at the start of the TWG activities. However, new information may be needed as the joint work progresses. This information may be obtained by conducting joint WASH and NTD surveys, using disease mapping procedures to collect information on WASH and other determinants.

2.6.1 Common challenges and mitigation strategies

| COMMON CHALLENGES | MITIGATION STRATEGIES |
|--|--|
| <ul style="list-style-type: none"> • Doing vs. Learning – a tendency to devote the majority of time to carrying out activities, rather than taking sufficient time for evaluating them along the way. | <ul style="list-style-type: none"> • Holding periodic evaluations is crucial for assessing whether the activities being implemented are leading to the desired results (goals) or not. |
| <ul style="list-style-type: none"> • Mid-way evaluations throughout the process might lead to a decision to change elements which are not working in the program, thus requiring additional investment of time and resources. | <ul style="list-style-type: none"> • Creating learning processes which are integrated into the work itself, thus allowing for continuous learning and performing small/gradual adjustments along the way. |
| <ul style="list-style-type: none"> • Absence of joint indicators pertaining to all sectors by which activities can be monitored and evaluated. | <ul style="list-style-type: none"> • Agreement among all stakeholders on joint indicators which encompass information relevant to all sectors. |
| <ul style="list-style-type: none"> • Lack of structure of joint monitoring supervision visits by various sectors. | <ul style="list-style-type: none"> • Development of a joint supportive supervision tool to be used while monitoring the integrated activities. |

A. MONITORING AND REPORTING

- A review of progress should be conducted at every routine TWG meeting. As described in the implementation chapter, there should be clear documentation of activities which have not been carried out as planned, as well as identifying ways of supporting their successful execution. Sectors/partners' degree of involvement and engagement should also be monitored and assessed at every TWG meeting.
- Joint monitoring visits to sites of integrative programs by the members of the TWG are expected to take place on a quarterly basis. Each supervision visit will be documented using the recommended kebele supportive supervision visit checklist (Appendix S). The recommended joint indicators for intervention monitoring are found in Appendix R. The definitions for each indicator included in the checklist are found in Appendix W.
- The TWG leader (health office head) will guide the HEWs supervisor at the woreda to request the HEWs in each kebele to collect community level data (some indicators will be gathered monthly and some quarterly). This kebele specific data will be derived from various sources such as school data and the WASHCO.

All sectors will be expected to support the HEWs by providing relevant up-to-date data, which will be documented through the recommended reporting template (see Appendix T). The data provided by the HEWs from each kebele will then be compiled by the HEWs supervisor at the health center or woreda level depending on the woreda context (see Appendix U) and be submitted to the health office head.

- In addition to the community level data, all sectors are expected to provide a monthly report on their WASH–NTD related activities to the TWG leader.
- The woreda health office head (TWG leader) will compile semi-organized/analyzed reports from sectors, partners and HEWs supervisors in collaboration with the TWG secretary.
- Additional data such as monitoring visit reports should also be collected as they become available and presented every month during the TWG meetings.



Recommended joint indicators for monitoring and evaluation (R)

Kebele supportive supervision visit checklist (S)

Community Level data compiling template (By HEWs) (T)

Full woreda data compiling template (by HEWs supervisor) (U)

Quarterly reporting template from TWG to TF (V)

Indicators definitions (W)



STEP
06

**MONITORING AND
EVALUATION**



Recommended joint indicators for monitoring and evaluation (R)

Kebele supportive supervision visit checklist (S)

Community Level data compiling template (By HEWs) (T)

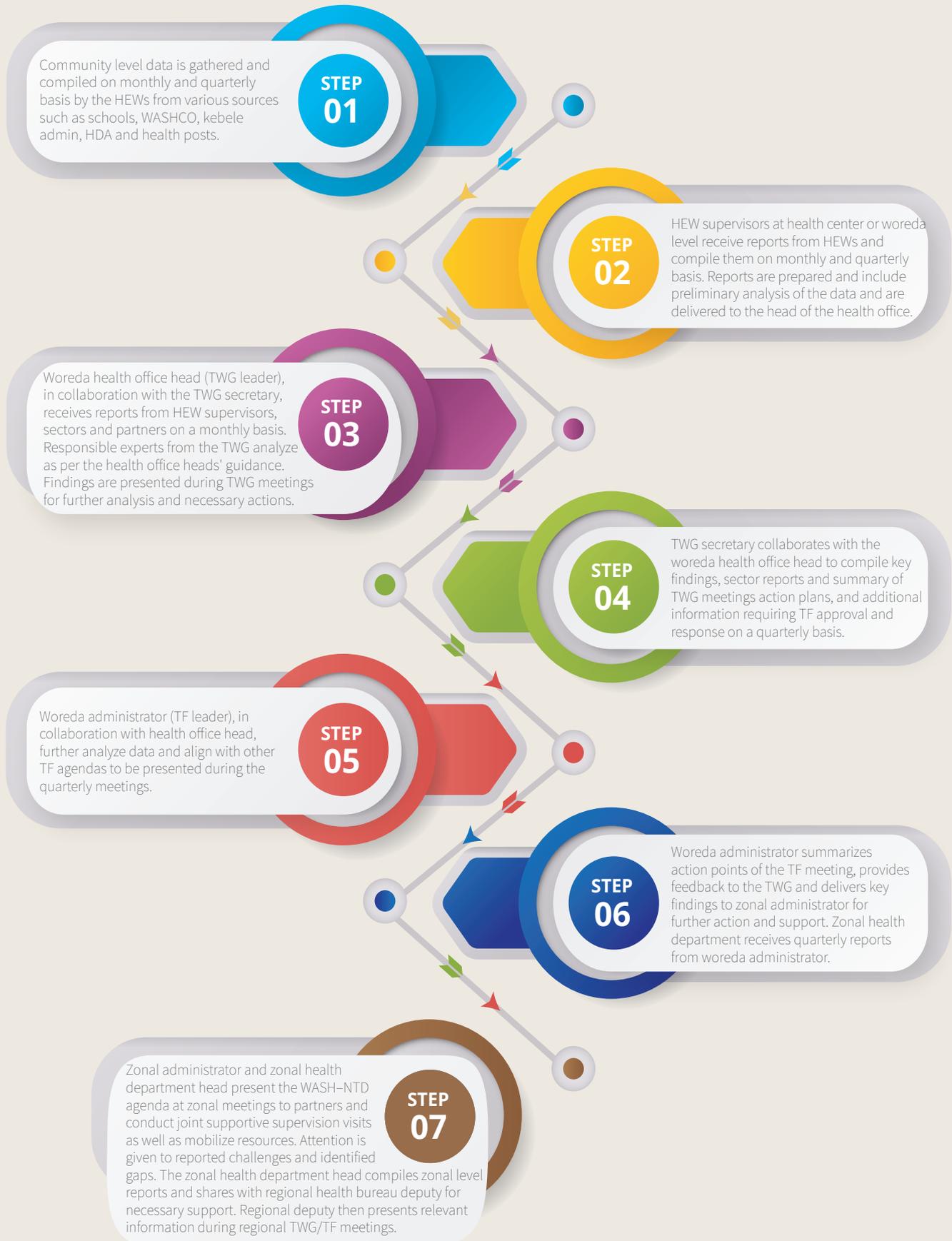
Full woreda data compiling template (by HEWs supervisor) (U)

Quarterly reporting template from TWG to TF (V)

Indicators definitions (W)

- The TWG leader is responsible for sharing the reports received with the TWG secretary who will prepare the agenda for the following TWG meeting and ensure documentation of all findings.
- The TWG head will prepare a report for the TF and the zonal health department on a quarterly basis (see Appendix V). In addition to the quarterly report he will also share the TWG monthly meeting summaries, the success story documents and any field visit reports.
- A financial report should be prepared by the WOFED TWG representative on a quarterly basis and submitted to the TF, including planned expenditures vs. actual, degree of resource sharing and mobilization between sectors, and next budgetary quarterly plan.
- Once received by the TF, the TWG quarterly reports should be shared with the zonal administration and health department. Additionally, the TF should also share their meeting minutes document, main agendas, action plans and recommendations with the zone. The report to the zonal administration should be prepared jointly by the woreda health office head and woreda administrator who are the leaders of the TWG and TF respectively.
- TWG and TF members are expected to conduct quarterly joint field monitoring visits using the recommended kebele supportive supervision checklist.

REPORTING FLOW



STEP
06

MONITORING AND
EVALUATION



Recommended joint indicators for monitoring and evaluation (R)

Kebele supportive supervision visit checklist (S)

Community Level data compiling template (By HEWs) (T)

Full woreda data compiling template (by HEWs supervisor) (U)

Quarterly reporting template from TWG to TF (V)

Indicators definitions (W)

B. EVALUATION:

- An evaluation and review meeting will be held on a quarterly basis; led by the task force and with participation of the TWG members. It is recommended that this meeting take place prior to the routine quarterly TF meeting, so that the routine meeting can be used for discussing the progress which was presented by the TWG.
- The information presented at the review meeting will be derived from woreda level WASH-NTD activity reports (quantitative and qualitative), TWG action plans and TF members' observations from joint field supervision visits.
- The achievement of goals and success indicators should be assessed, as well as their current relevance, with emphasis given to outputs (as described in the developing work plan chapter) such as a decrease in NTD prevalence, an increase in latrine utilization, etc.
- Changes in the program such as removing or modifying goals or indicators which are identified as no longer relevant or accurate will be discussed and agreed upon.
- New goals and indicators may be considered for incorporation, along with concrete actions required for achieving them and assigning of responsible focal points.
- Evaluation of the ways in which the programs are being implemented is important, beyond whether goals were achieved or not. By observing and comparing methods of implementation, best practices may be identified.
- If significant achievements were attained in a particular area, an analysis of success should be carried out (see implementation chapter) and lessons learned should be integrated into the general work plan.
- The evaluation should also include an examination of the quality of data being collected during routine monitoring processes.
- Once the work plan has been updated, it should be shared with all relevant stakeholders.
- Task Force members are expected to provide constructive criticism and feedback to TWG members regarding their progress. It is important that underperformance has consequences and corrective measures; whereas good performance is rewarded and incentivized.

C. PERIODIC REFLECTION:

Periodic reflection should be part of the monitoring and evaluation plan and serve as an opportunity to raise the following questions:

- Are there lessons and insights on why progress is or isn't being achieved?
- How can these insights be used to improve implementation or adapt the plan?
- Are there more effective activities that can be implemented to achieve the objectives, or could activities have been implemented more effectively?
- Are the findings of the original situational analysis still relevant?
- Are there any new risks that need to be mitigated?
- Has anything changed?
- Have all key aspects been addressed?
- What has changed in the environment (politically, administratively, structurally, programmatically) that could be influencing (negatively, positively) expected program achievements and goals?

The periodic reflection should be conducted jointly by the TWG and TF during the quarterly evaluation review meeting. A basis for the reflection should be the analysis of gaps and opportunities (SWOT) which was conducted during the characterization of current situation process step.

Conclusions from this process will direct necessary changes to the plan that should be applied in terms of resources, activities and outputs.

2.6.3 Expected Outcomes

- a. Systematic monitoring and evaluation processes are conducted periodically.
- b. Adaptations to the work plan are made on an ongoing basis, following evaluations.
- c. Well documented baseline information, as well as success stories, field monitoring findings, ongoing meeting minutes and reports.
- d. Regular information sharing among woreda and zone sectors and key partners.



Recommended joint indicators for monitoring and evaluation (R)

Kebele supportive supervision visit checklist (S)

Community Level data compiling template (By HEWs) (T)

Full woreda data compiling template (by HEWs supervisor) (U)

Quarterly reporting template from TWG to TF (V)

Indicators definitions (W)



STEP
06

**MONITORING AND
EVALUATION**



Recommended joint indicators for monitoring and evaluation (R)

Kebele supportive supervision visit checklist (S)

Community Level data compiling template (By HEWs) (T)

Full woreda data compiling template (by HEWs supervisor) (U)

Quarterly reporting template from TWG to TF (V)

Indicators definitions (W)

2.6.4 Relevant Appendices

- Recommended joint indicators for monitoring and evaluation (Appendix R)
- Kebele supportive supervision visit checklist (Appendix S)
- Community Level data compiling template (by HEWs) (Appendix T)
- Full woreda data compiling template (by HEWs supervisor) (Appendix U)
- Quarterly reporting template from TWG to TF (Appendix V)
- Indicators definitions (Appendix W)

3. Toolkit Appendices

This chapter contains all relevant appendices needed for carrying out the six process steps described in chapter two.

An Excel format is recommended for some of the forms that will accommodate a large amount of data, such as Appendix S (Kebele supportive supervision visit checklist), Appendix T (Community level data compiling template), Appendix U (Full woreda data compiling template [by HEWs supervisor]).

03 Toolkit Appendices

The following table summarizes all appendices required for the process:

| TOPIC | TOOL NAME |
|---|---|
| Preparation and Initiation | Letters of Appointment for members of the TF/Technical Working Group (A) |
| | Advocacy Power Point presentation template (B) |
| | Messages for sector engagement (C) |
| | Woreda Level Task Force and Technical Working Group ToR (D) |
| Task Force and Technical Working Group Establishment and Activation | Suggested agenda for initial meeting of the technical working group (E) |
| | Table for mapping authority, responsibility and influence of sectors/ partners (F) |
| | Table for mapping sector interdependencies (G) |
| | Template for TWG meeting summary (H) |
| Analysis and Characterization of the Current Situation | Suggested indicators for baseline data collection (I) |
| | Partner mapping and capacity assessment template (J) |
| | Summary and analysis of collected baseline data (K) |
| | Institutions at woreda level (L) |
| | Recommended stakeholders and responsibilities (M) |
| | Guiding questions and discussion points for identifying integrative program opportunities (N) |
| Developing a Work Plan | Structure of work plan template (O) |
| | Integrative activities sample (P) |
| Implementation | Success story documentation template (Q) |
| Monitoring and Evaluation | Recommended joint indicators for monitoring and evaluation (R) |
| | Kebele supportive supervision visit checklist (S) |
| | Community Level data compiling template (By HEWs) (T) |
| | Full woreda data compiling template (by HEWs supervisor) (U) |
| | Quarterly reporting template from TWG to TF (V) |
| | Indicators definitions (W) |

APPENDIX B – ADVOCACY POWER POINT PRESENTATION TEMPLATE

An advocacy PowerPoint presentation should be prepared by woreda higher officials using the following content for recruiting new partners and sector members to the collaborative WASH–NTD initiative.

| Presentation overview | <ul style="list-style-type: none"> • The burden of NTDs in Ethiopia, in the region and at the targeted woreda • Main challenge of the woreda, specifically NTD and WASH related • The need for WASH–NTD integration • The potential areas of WASH–NTD integration at woreda level | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|-------------------|--|---|--|--|--|--|-------|---|-------|-----|---------|--|--|--|--|--|--|--|--|
| NTD burden in Ethiopia | | | | | | | | | | | | | | | | | | | | | | |
| NTD burden in the region | | | | | | | | | | | | | | | | | | | | | | |
| NTD burden in the woreda | <table border="1"> <thead> <tr> <th rowspan="2">Name of kebele</th> <th colspan="3">Kebele population</th> <th rowspan="2">Top ten diseases (NTDs included) in the kebele</th> <th rowspan="2"># of people affected per kebele per disease</th> </tr> <tr> <th>M</th> <th>F</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Name of kebele | Kebele population | | | Top ten diseases (NTDs included) in the kebele | # of people affected per kebele per disease | M | F | Total | | | | | | | | | | | | |
| Name of kebele | Kebele population | | | Top ten diseases (NTDs included) in the kebele | # of people affected per kebele per disease | | | | | | | | | | | | | | | | | |
| | M | F | Total | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| WASH status in the Woreda | <table border="1"> <thead> <tr> <th rowspan="2">Name of kebele</th> <th colspan="3">Kebele population</th> <th colspan="2">ODF status</th> <th rowspan="2"># of HHs using latrines (basic/improved)</th> <th rowspan="2">% of HHs using water source (basic/improved)</th> </tr> <tr> <th>M</th> <th>F</th> <th>Total</th> <th>ODF</th> <th>Not ODF</th> </tr> </thead> <tbody> <tr> <td> </td> </tr> </tbody> </table> | Name of kebele | Kebele population | | | ODF status | | # of HHs using latrines (basic/improved) | % of HHs using water source (basic/improved) | M | F | Total | ODF | Not ODF | | | | | | | | |
| Name of kebele | Kebele population | | | ODF status | | # of HHs using latrines (basic/improved) | % of HHs using water source (basic/improved) | | | | | | | | | | | | | | | |
| | M | F | Total | ODF | Not ODF | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Rationale for WASH–NTD coordination | <p style="text-align: center;">COMMON GOALS</p> <p style="text-align: center;">Health Shared Prosperity and equity Sustainability</p> | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|--|---|---|
| Rationale for woreda level WASH-NTD coordination | <ul style="list-style-type: none"> • Areas with high NTD prevalence often have limited access to water and sanitation and limited hygiene practices • Joint work by the different sectors is crucial for reducing NTD prevalence • Without WASH improvements and extensive health education, sustainable disease reduction will be difficult to achieve | | |
| WASH interventions for NTD control | TYPE OF INTERVENTION | RECOMMENDED BEHAVIOR FOR DISEASE PREVENTION | DISEASES IMPACTED |
| | Hygiene | Hand washing | STH |
| | | Face washing | Trachoma |
| | | Wearing shoes outside | STH, Podoconiosis |
| | | Daily washing, with soap, of swollen limbs, feet, and between toes to prevent bacterial infections | Lymphatic filariasis, Podoconiosis |
| | | Washing of soiled clothing/bedding/towels | Trachoma |
| | | Avoiding physical contact with contaminated surface water | Schistosomiasis |
| | | Use of safe water for bathing, clothes washing, and swimming | Schistosomiasis |
| | Water | Increasing access to sufficient amounts of safe water for personal hygienic purposes (e.g., washing hands, face, or body; bathing; and laundry) | GWD, LF, SCH, Trachoma, STH, Podoconiosis |
| | | Increasing access to sufficient amounts of safe water for environmental sanitation (e.g., cleaning latrines, cleaning household environment) | SCH, Trachoma, and STH |
| | | Increasing access to safe water for drinking/ food preparation | GWD, STH, SCH |
| | | Monitoring impact of water resource development, waste water management, and sanitation programs on vector breeding levels | LF, SCH |
| | Sanitation | Reducing open defecation | SCH, Trachoma, and STH |
| | | Disposing of infant/child feces properly | SCH, Trachoma, and STH |
| | | Increasing improved sanitation coverage | SCH, Trachoma, and STH |
| | | Promoting maintenance and cleaning of latrines | SCH, Trachoma, and STH |
| Main benefits of WASH-NTD coordination | <ul style="list-style-type: none"> • Strengthened outcomes for community health • Lower rates of NTD disease reinfection • Increased usage and sustainability of WASH infrastructure as a result of community education and raised awareness on NTDs • Improved hygiene for the community • More informed decision-making through shared datasets, reports and tools • Avoid resource and effort duplication • Potential for increased investment in WASH through promoting it as a tool for NTD prevention | | |

APPENDIX C – MESSAGES FOR SECTOR ENGAGEMENT

- * Information taken from global WASH–NTD toolkit (<http://www.who.int/wash-health-toolkit>)

Often sectors do not recognize the potential benefits of collaborating with other sectors. Highlighting the advantages of joint work is a crucial starting point for recruitment of sector leadership.

Main messages of coordination benefits:

- NTDs affect the poorest and most marginalized areas and communities. Collaboration amongst sectors will help better target the work being done, reduce poverty and improve development outcomes.
- NTDs affect populations in hard to-reach areas that are complex or expensive in terms of service delivery/infrastructure. NTD programs provide useful information on where the needs are, and through joint planning and advocacy it is possible to leverage more resources and effectively use the existing ones.
- NTD programs provide entry points at the community level for health promotion activities that can improve behaviors and infrastructure use, and enhance sustainability.
- NTD programs produce information that helps identify and target areas in need, to meet equitable service delivery targets. The reach of the program can provide ‘live’ information on service functionality.
- Integrated WASH and NTD programs provide platforms for delivering an extensive, equitably targeted package of preventive and treatment services; allowing more effective use of resources and improved capacity to reach health sector targets.
- Coordinated and integrated WASH and NTDs programs delivered at school can improve the health outcomes of students and out-of-school children. Such programs can also empower children to take responsibility for their health and hygiene behaviors and influence family behaviors.
- NTD prevention activities can strengthen the education system by contributing to overall child health, providing educational tools, improving school water and sanitation infrastructure and strengthening teacher capacity.

APPENDIX D – WOREDA LEVEL TASK FORCE AND TECHNICAL WORKING GROUP ToR

1. BACKGROUND

Coordination between WASH and NTD sectors is pivotal for achieving long lasting reduction in disease prevalence and overall improvement in wellbeing of communities. Collaborative platforms where all sectors convene are required in order to bring about coordination at ground level.

Two coordination platforms should be established at the woreda level:

1. A Task force comprised of the heads of the health, water, education, finance and administration sectors.
2. A Technical working group comprised of professionals from each sector, operating as the ground level implementers of the coordination.

The following ToR defines the objectives of the coordination platforms, the need for WASH–NTD integration and the expected roles and responsibilities to be carried out by members of the platforms.

1.1. Objective

GENERAL OBJECTIVE:

To create a mechanism of collaborative work between sectors at woreda level which will result in better designed programs for the benefit of the community, while maximizing resources, improving evidence-based decision making and increasing overall impact at ground level.

SPECIFIC OBJECTIVES:

- Improve the access of NTD endemic communities to clean water and sanitation infrastructure.
- Create an enabling environment for sustainable behavioral change for NTDs reduction.
- Coordinate and align activities between the WASH and NTD sectors and partners at woreda and kebele level.
- Create a mechanism where information is systematically shared between sectors, allowing one sectors' program to consider factors pertaining to other sectors' programs.
- Conduct joint planning, implementation, monitoring and evaluation of programs carried out collaboratively by several sectors.
- Mobilize resources and improve their allocation and prioritization through an evidence-based joint analysis and planning process.
- Evaluate joint interventions for identification of key learnings (success factors and challenges), to be used for modification and future replication.

1.2. WASH Interventions for Integrated NTD Control

The below table outlines the connection between WASH related components and the 9 priority NTDs in Ethiopia, highlighting the need for joint work by the sectors:

| COMPONENT | SPECIFIC INTERVENTION | DISEASES IMPACTED |
|-------------------|---|---|
| Hygiene | Increasing disposal of infant/child feces properly | SCH, Trachoma, STH |
| | Increasing improved sanitation coverage | SCH, Trachoma, STH |
| | Encourage regular hand washing practice | STH |
| | Encourage regular face washing practice | Trachoma |
| | Encourage regular shoe wearing practice | STH, Podoconiosis |
| | Encourage regular washing of soiled clothing/bedding/ towels | Trachoma |
| | Encourage daily washing, with soap, of swollen limbs, feet, and between toes to prevent bacterial infections | LF, Podoconiosis |
| Water | Increasing access to sufficient amounts of safe water for personal hygienic purposes (e.g., washing hands, face, or body; bathing; and laundry) | GWD, LF, SCH, Trachoma, STH, Podoconiosis |
| | Increasing access to sufficient amounts of safe water for environmental sanitation (e.g., cleaning latrines, cleaning household environment) | SCH, Trachoma, STH |
| | Increasing access to safe water for drinking/food preparation | GWD, SCH, STH |
| | Monitoring impact of water resource development, waste water management, and sanitation programs on vector breeding levels | LF, SCH |
| Sanitation | Reducing open defecation | SCH, Trachoma, STH |
| | Disposing of infant/child feces properly | SCH, Trachoma, STH |
| | Increasing improved sanitation coverage | SCH, Trachoma, STH |
| | Promoting maintenance and cleaning of latrines | SCH, Trachoma, STH |

1.3 Key roles and responsibilities

| AREAS OF RESPONSIBILITY | TF ROLES AND RESPONSIBILITIES | TWG ROLES AND RESPONSIBILITIES |
|--|--|---|
| <p>Awareness creation, Advocacy and resource mobilization</p> | <ul style="list-style-type: none"> • Create awareness among all relevant partners at woreda level for the need of collaborative work. • Support the TWG in conducting woreda level advocacy, social mobilization and SBCC plans, and encourage partners to include integrated activities in their plans. • Ensure NTD prevalence is considered during selection of WASH intervention sites, avail relevant SBCC materials in local languages to be used by WASH and NTD partners in accordance with disease mapping. • Advocate with zonal offices for supporting coordinated efforts through resources mobilization (financial and human). • WOFED to play role in ensuring resource allocation for joint sector initiatives, optimal utilization and fair distribution. | <ul style="list-style-type: none"> • Develop woreda level advocacy, social mobilization and SBCC plan and share with partners to include integrated activities in their plans. • Ensure NTD prevalence is considered during selection of WASH intervention sites, avail relevant SBCC materials in local languages to be used by WASH and NTD partners in accordance with disease mapping. • Actively engage in routine woreda meetings where the collaborative work agendas may be raised and advocated for (for example 'catchment area' routine meetings). • Advocate with sector heads for prioritization of joint activities and resource allocations to support them. |
| <p>Joint planning and implementation</p> | <ul style="list-style-type: none"> • Follow up and support the TWG during the woreda partner mapping and initial situational analyzing. • Endorse the TWG's selection of joint goals, indicators and success measures. • Endorse and provide guidance for the joint action plan developed by the TWG. | <ul style="list-style-type: none"> • Map all key partners and stakeholders and assess gaps and opportunities. • Collect and analyze woreda level NTD and WASH related data. • Agree on joint goals, indicators and success measures. • Develop a collaborative joint work plan to be carried out in synergy by sectors at the woreda level. • Engage relevant WASH and NTD partners in the joint work plans. • Ensure that NTD prevalence data is used as selection criteria for new WASH intervention sites. |
| <p>Monitoring, Evaluation and Reporting</p> | <ul style="list-style-type: none"> • Ensure that relevant and timely information is communicated as per the agreed line of communication and that it is well documented and ready for decision making. • Monitor program implementation progress on a regular basis and evaluate the performance of the TWG. • Participate in joint field monitoring visits in collaboration with TWG and zonal representatives on a quarterly basis. • Receive quarterly reports from the TWG on overall program progress. • Hold a quarterly review meeting with the TWG members for assessing progress, relevance of goals, joint indicators and action plans. • Hold a quarterly TF meeting following the review meeting with the TWG to discuss program status and provide instruction and guidance to TWG members. | <ul style="list-style-type: none"> • Ensure that information flow is carried out as per the agreed line of communication. • Conduct monthly meetings for information sharing, assessing progress and discussing challenges and success stories. • Periodically review joint indicators with all partners of the TWG to ensure planned objectives are being achieved, both in qualitative and quantitative terms. • Plan and conduct joint field activity monitoring visits together with TF members and zonal representatives. • Submit quarterly reports to the TF on overall program progress. • Participate in quarterly review meetings with TF members for program progress update and evaluation. |

1.4 Specific Responsibilities of chairperson, members and secretary

| PLATFORM COMPOSITION | THE HEADS OF THE FOLLOWING WOREDA SECTOR OFFICES: HEALTH, WATER, EDUCATION, WOFED, AND ADMINISTRATION | EXPERTS OF THE FOLLOWING WOREDA SECTOR OFFICES: WATER, HEALTH, EDUCATION, FINANCE AND ADMINISTRATION, WASH AND NTD EXPERTS/ COORDINATORS AND REPRESENTATIVES OF KEY PARTNERS |
|------------------------------|--|---|
| Chairpersons' Roles | <p>Woreda administrator</p> <ul style="list-style-type: none"> • Assume the leadership role of the TF. • Chair the Task Force meetings. • Support initial TWG meetings as co-chair. • Represent the Task Force in events of significance or communication with other similar forums. • Transfer quarterly reports submitted from the TWG to the zonal administrator. | <p>Woreda health office head</p> <ul style="list-style-type: none"> • Assume the leadership role of the TWG. • Chair the TWG meetings. • Represent the TWG in events of significance or communication with other similar forums. • Compile monthly reports from HEW (community based) and woreda sectors on ongoing WASH-NTD activities. • Compile quarterly reports and submit to the TF and the zonal administration and health offices. |
| Sector members' roles | <ul style="list-style-type: none"> • Participate regularly in the planning, implementation and monitoring and evaluation of WASH-NTD programs in the Woreda. • Coordinate and harmonize efforts of partners engaged in WASH-NTD related programs within the woreda. • Support integrated programs monitoring and evaluation through joint supportive supervision visits, joint Task Force meetings, operational researches and experience sharing. • Identify and prioritize major WASH-NTD gaps/ challenges and lead timely decision making. | <ul style="list-style-type: none"> • Participate regularly in the planning, implementation and monitoring and evaluation of WASH-NTD programs in the woreda. • Coordinate and harmonize efforts of partners engaged in WASH-NTD related programs within the woreda. • Support integrated programs monitoring and evaluation through joint supportive supervision visits, joint TWG meetings, operational researches and experience sharing. • Identify and prioritize major WASH-NTD gaps and challenges. |
| Secretary's roles | <ul style="list-style-type: none"> • Collect suggested agenda items to be discussed and communicate to members at least one week ahead of the meeting date. • Document minutes for every Task Force meeting . • Quarterly receive and compile reports from the TWG (monthly meeting summary documents, success story template and quarterly report). • At the start of each TF meeting, review previous meeting minutes and assess progress status. • Compile periodic reports of TF activities and send to zonal administration and health department (quarterly). | <ul style="list-style-type: none"> • Follow up on day-to-day matters of the TWG and facilitate its deliberations. • Collect suggested agenda items to be discussed and communicate to members at least three days ahead of the meeting date. • Document minutes for every TWG meeting. • At the start of each TWG meeting, review previous meeting minutes and assess progress status. • Quarterly compile a report and share with the TF, along with monthly meeting summary documents and success stories. |

APPENDIX E – SUGGESTED AGENDA FOR INITIAL MEETING OF THE TECHNICAL WORKING GROUP

The meeting should be planned to last four hours, and all contents described in the recommended meeting structure should be included:

| NO | SUBJECT | DURATION | PRESENTED BY | REMARKS |
|----|--|------------|--|--|
| 1 | Opening remarks and presentation of the agenda | 20 minutes | The Woreda Administrator or their representative running the meeting | Use of the Advocacy Presentation |
| 2 | Presentation of the goals and work principles of the TWG | 20 minutes | The Woreda Administrator or their representative running the meeting | |
| 3 | Round of introductions of the participants and sector presentations | 2 hours | The Woreda Administrator or their representative running the meeting | Based on materials prepared in advance by the partners |
| 4 | Analysis of overlapping areas of activity and discussion of how they should be handled | 1 hour | The Woreda Administrator or their representative running the meeting | |
| 5 | Summary and action points | 20 minutes | The Woreda Administrator or their representative running the meeting | Based on the meeting summary format |

APPENDIX F – TABLE FOR MAPPING AUTHORITY, RESPONSIBILITY AND INFLUENCE OF SECTORS/PARTNERS

During the initial TWG meeting, a process of mapping areas of authority, responsibility and influence will take place following these proposed steps:

1. Explain the difference between authority, responsibility and influence.
2. Give each participant a copy of the table below. Ask them each to fill in their areas of authority, responsibilities and influence in relation to the common objectives of the TWG (as formulated at the beginning of the meeting).
3. After each participant has filled in the table, they will describe their areas of authority, responsibility and influence to the other TWG members. The TWG secretary is responsible for summarizing the notes on a joint board or paper chart to be viewed by all.
4. After recording all areas of activity, it is important to identify areas where there is overlap between sectors, as well as areas in which there is unique and exclusive activity of one sector. Overlapping areas may lead to conflict and power struggles regarding the exercise of professional authority and responsibility. It is therefore necessary to openly discuss these matters and define the manner in which the sectors will work to maintain fruitful cooperation, and furthermore, to determine how conflicts emerging during the work process itself should be handled.

| Sectors Name & position _____ (Water Office/ Education/ health/ WOFED) | | |
|--|-------------------------|--------------------|
| Partner name (if not government sector): _____ | | |
| Areas of Authority | Areas of Responsibility | Areas of Influence |
| | | |
| | | |
| | | |
| | | |

APPENDIX G – TABLE FOR MAPPING SECTOR INTERDEPENDENCIES

The below table presents examples of interdependencies (activities conducted by one sector which may positively influence another sector’s goals). It should be used to enhance sectors’ perception of their need for collaboration and potential resulting benefits.

| SECTOR | HEALTH | WATER | EDUCATION |
|-----------|---|---|--|
| Health | | <ul style="list-style-type: none"> • Ability to contribute to disease reduction and improve overall public health status • Transition from measuring inputs to measuring outputs and heightened influence | <ul style="list-style-type: none"> • Support in maintaining wellbeing and health status of school children • Assistance in developing school children targeted health interventions • Access to medication for school children • Professional support, guidance and training |
| Water | <ul style="list-style-type: none"> • Influence on location of infrastructures based on disease prevalence • Influencing priorities in line with the needs of the community | - | <ul style="list-style-type: none"> • Setting up infrastructures in the schools (water collection facilities) • Prioritizing schools in construction of infrastructures • Repairs and ongoing maintenance |
| Education | <ul style="list-style-type: none"> • Important platform for education and influence on the community • Platform for MDA (Mass Drug Administration) • Data gathering on the extent of morbidity • Utilization of NGO resources allocated to educational institutions | <ul style="list-style-type: none"> • Platform for facility construction • Platform for co-funding using educational system budgets for repairs and maintenance | |

APPENDIX H – TEMPLATE FOR TWG MEETING SUMMARY

Planned date of the meeting: _____

Date the meeting took place: _____

Invited participants:

Absent participants:

Main agenda items discussed during the meeting:

1. _____
2. _____
3. _____
4. _____

Previous meeting action points progress tracking:

| TASK | DUE DATE | RESPONSIBLE SECTOR | RELEVANT PARTNERS | TASK STATUS | REASON FOR THE DISCREPANCY | NEXT ACTIONS REQUIRED |
|------|----------|--------------------|-------------------|-------------|----------------------------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Education sector activity highlights:

1. _____
2. _____
3. _____

Main obstacle faced: _____

Main success achieved: _____

Health sector activity highlights:

1. _____
2. _____
3. _____

Main obstacle faced: _____

Main success achieved: _____

Water sector activity highlights:

1. _____
2. _____
3. _____

Main obstacle faced: _____

Main success achieved: _____

Other partner activity highlights:

1. _____
2. _____

Action points for following month:

| TASK | DUE DATE | RESPONSIBLE |
|------|----------|-------------|
| | | |
| | | |
| | | |
| | | |

Attendance sheet:

| PARTICIPANT NAME | SECTOR/ PARTNER | SIGNATURE |
|------------------|-----------------|-----------|
| | | |
| | | |
| | | |
| | | |

Date of summary preparation

Signature of meeting facilitator

APPENDIX I- SUGGESTED INDICATORS FOR BASELINE DATA COLLECTION

1. NTD burden and endemicity data

Refer to appendix J for burden and endemicity definitions

| DISEASE | ENDEMIC DISTRICTS (INCLUDE SUSPECTED) | PREVALENCE/ INCIDENCE/ CASE LOAD | TYPE OF INTERVENTION AND COVERAGE |
|---|--|-------------------------------------|--|
| Dracunculiasis (Guinea worm) | | | disease management and prevention |
| Lymphatic Filariasis | | | disease management, inclusion, vector control |
| Onchocerciasis (River blindness) | | | Vector control, inclusion, addressing impairment |
| Schistosomiasis | | | WASH, snail control |
| Soil-transmitted helminthiases | | | WASH |
| Trachoma | | | Surgery, WASH |

2. WASH infrastructure and utilization

2.1 Community level Latrine and water Access and Utilization

a. Latrine

- Proportion of households' access to any type of latrine facilities (# of HH with improved & unimproved latrine*100/total # of HH).
- Proportion of households that use latrine for defecation purpose properly (# of HH use latrine for defecation *100/Total # of HH in the catchment area).
- Proportion of kebeles declared open defecation free (# of kebele declared ODF*100/Total # of kebeles).

b. Water Access

- Potable water coverage in the woreda
- # of HH practicing safe collection, storage and utilization of drinking water
- # of HH storing treated water in safe storage containers
- # of HH practicing correct use of recommended household water treatment technologies

2.2 Institutional WASH status

a. Health facilities

- Total # of health posts
- # of health posts with access to potable water
- # of health posts with latrines for clients
- # of health posts with VIP latrine for staff
- # of health posts with incinerator
- # of health posts with placenta pit
- # of health posts with solid waste disposal pit or container

b. Schools

- Total # of schools
- # of schools with access to potable water
- # of schools with latrines for students
- # of schools with separate blocks for males and females
- # of schools with latrine for teachers
- # of schools with solid waste disposal pit or container
- # of schools with mini media
- # of schools with functional WASH/Health club

3. WASH and NTD coordination mechanism

- Which regularly functioning NTD platforms (TWGs) exist at the woreda level?
- Which regulary functioning WASH platforms (TWGs) exist at the woreda level?
- Is there an existing platform where WASH and NTD partners come together? (WASH committee with participation of NTD focal points, woreda/kebele forums with both sectors represented).

4. Community background

- Are there NTD related social mobilization/behavioral change activities? if so, describe the mechanism, target audience, regularity and facilitator of the intervention.
- What are the dominant perceptions in the community regarding NTDs? (refer to specific ones).
- Which community beliefs are counterproductive to positive hygiene and sanitation behaviors?
- Which community beliefs prevent people from receiving proper treatment for NTDs or taking necessary actions?
- Which community practices are counterproductive to maintaining good hygiene and sanitation and put the community at risk for contracting NTDs or maltreatment?
- Which type of beliefs does the community practice that are barriers to positive hygiene and sanitation behaviors?

5. Joint monitoring, Data collection, documentation, and reporting

- Is there any system of WASH–NTD data collection at the community and school level reported to the woreda? If so, describe mechanism, type of data, responsible body and regularity.
- If system exists, are WASH–NTD reports analyzed and used at the woreda level? If so, clarify how, frequency and responsible sector.
- Is there any WASH–NTD joint supportive supervision/monitoring conducted by woreda sectors at the community level? If so, describe the content of check lists/monitoring tools.

Summary of baseline information and suggested data collection methods needed for integrated activities:

* Information taken from global WASH–NTD toolkit (<http://www.who.int/wash-health-toolkit>).

| TYPE OF BASELINE INFORMATION NEEDED | COLLECTION METHOD |
|---|--|
| NTDs | |
| Disease and/or infection prevalence | Survey/routine data collection/document review (school/ community) |
| Infection intensity | Survey/routine data collection/document review (school/ community) |
| Co-endemicity | Survey/routine data collection/document review (school/ community) |
| WASH | |
| School-level WASH indicators (e.g. % of schools with functional improved sanitation facilities; % of schools with access to improved water supply) | Survey/document review (school/ community/ district education office). Information can also be collected during disease/ infection prevalence surveys for a sample of schools |
| Healthcare facility-based indicators (e.g. % of healthcare facilities with adequate sanitation facilities; % of healthcare facilities with improved water supply) | Survey/routine data collection/document review (facilities – Service Availability and Readiness Assessments, Service Performance Assessments, HMIS) |
| Household access to improved /safely managed sanitation | District WASH monitoring system /survey/ document review |
| Community coverage of improved /safely-managed sanitation | District WASH monitoring system /survey/ document review |
| Household access to improved /safely managed water | District WASH monitoring system /survey |
| Household presence of handwashing facilities with water and soap | District WASH monitoring system /survey/ document review |
| Sanitation and hygiene practices | District WASH monitoring system /survey/ document review |

APPENDIX J – PARTNER MAPPING AND CAPACITY ASSESSMENT TEMPLATE

The following table should be used for documenting main activity fields of each partner including basic information regarding their ongoing projects and objectives.

This mapping will allow for identification of collaboration opportunities and existing gaps per partner, as well as unique interventions which might exist in the worda.

| List of identified NTDs with prevalence (Name of NTD, %) | Endemicity Categorization for each NTD (high, moderate, low, endemic) | Name of Partner and field of specialization | | | Partner type (local, international) | Specific project description | Project period | Quarterly plan & achievements | | Identified gaps |
|--|---|---|---|---|-------------------------------------|------------------------------|----------------|-------------------------------|------------------------|-----------------|
| | | NTD (specify which NTD is targeted) | WASH (specify: 1. Infrastructure; 2. Community based; 3. School based; 4. Waste management) | WASH and NTD related SBCC (specify: written/visual materials; community education; awareness campaigns) | | | | Main planned activities | Quarterly achievements | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

Key Assumptions

For the purpose of prioritization of resources once analysis is completed, districts are categorized according to cut off limits shown below. High burden endemicity is defined if prevalence of trachoma > 30%, STH > 20% and SCH > 10%; while for Onchocerciasis and Lymphatic Filariasis, districts are categorized as either endemic or not endemic.

| DISEASES | ENDEMICITY STATUS |
|----------------|---------------------------------------|
| Trachoma | Low Prevalence (TF ≥5 And <10%) |
| | Moderate Prevalence (TF ≥10 And <30%) |
| | High Prevalence (TF ≥ 30) |
| SCH | Moderate Prevalence (≥10 And <50%) |
| | High Prevalence (≥50%) |
| STH | Moderate Prevalence (≥20 And <50%) |
| | High Prevalence (≥50%) |
| LF | Endemic / non endemic |
| Onchocerciasis | Endemic / non endemic |

APPENDIX K- SUMMARY AND ANALYSIS OF COLLECTED BASELINE DATA

1. Documenting key findings

| SECTORS AND PARTNERS | BASELINE FINDINGS (DETAILED KEY FINDINGS FROM THE PRESENTED RAW DATA) | LOCATION OF IDENTIFIED GAPS (MARK ALL APPLICABLE FIELDS) | | |
|----------------------|--|---|-----------------------------------|--------|
| | | COMMUNITY | HEALTH INSTITUTION (MAINLY HP) | SCHOOL |
| Health | | | | |
| Education | | | | |
| Water | | | | |
| Partner (Name) | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

2. Analyzing WASH and NTD related findings using the BEST framework

| THEME | KEY PROBLEM/ CHALLENGE TO ADDRESS | CATEGORY OF THE CHALLENGE | | PLANNED INTERVENTIONS |
|--------------------|---|---------------------------|-----|--------------------------|
| | | WASH | NTD | |
| Behaviour | | | | |
| Environment | | | | |
| Social inclusion | | | | |
| Treatment and care | | | | |

3. Expanding worded situational analysis using the PEST model

| POLITICAL FACTORS | | ECONOMIC FACTORS | OPERATIONAL CONCLUSIONS AND ACTIONS RESULTING FROM THE PEST ANALYSIS |
|-------------------|--|-----------------------|--|
| | | | Main conclusions: 1. 2. 3. 4. 5. |
| SOCIAL FACTORS | | TECHNOLOGICAL FACTORS | Required actions: 1. 2. 3. 4. 5. |
| | | | |

4. Summarizing worded situational analysis using the SWOT model

| STRENGTHS | | WEAKNESSES | OPERATIONAL CONCLUSIONS AND ACTIONS RESULTING FROM THE PEST ANALYSIS |
|---------------|--|------------|--|
| | | | Main conclusions: 1. 2. 3. 4. 5. |
| OPPORTUNITIES | | THREATS | Required actions: 1. 2. 3. 4. 5. |
| | | | |

Detailed description of the analysis tools:

‘BEST’ framework:

The framework serves as a tool for analyzing and planning for NTD targeted interventions, through consideration of all relevant themes and aspects of the required interventions.

The TWG will identify key challenges pertaining to each theme, and plan interventions directed towards these challenges.

PEST MODEL:

The PEST model supports the creation of a situational analysis picture by adding macro-environmental influencing factors to the collected basic data. The sectors should consider each of the following types of influence in the context of their sector:

P – Political and regulatory restrictions – for example, obligations to conduct specific activities, sector-specific priorities which were determined by higher levels, management structures which would influence who should be involved in the work of the sector.

E – Economic opportunities or constraints – for example, per each sector are there budgets which may only be used for certain elements or budgets which are flexible and may contribute to the integrative efforts. Once this information is provided by each sector it should be compiled and presented by the WOFED representative to achieve an understanding of the overall financial opportunities status.

S – Social aspects of the community – for example, how engaged is the community in mobilizing for health initiatives, how involved in WASH construction and maintenance, how strong are outreach channels such as the HEWs and HDA, how strong is the link between schools and the community, what are the main values and behavioral norms of the community and the obstacles for behavioral change, how is the community best motivated.

T – Technological aspects – for example existing processes, tools, meeting forums (which bring all sectors together) which can be harnessed and used to promote the integration process.

SWOT MODEL:

The SWOT model enables identification of the factors and resources which may support the projects as well as the challenges which may hinder it. Early anticipation of challenges and obstacles will facilitate leveraging available assets and better risk management.

Analysis of the data in the SWOT model should be carried out in the following way:

Strengths – 2 types of strengths should be identified:

- Strengths and resources (capacities) which exist within the woreda (examples- motivated leadership, strong HDA group, strong committed NGO activity).
- Strengths and resources which will result from the integrative work of the different sectors (refers to the positive outcomes of the partnership between sectors itself).

Weaknesses – 2 types of weaknesses should be identified:

- Weaknesses which exist internally within the woreda (examples – low commitment by key position holders, shortage of budget, insufficient infrastructure availability).
- Weaknesses which are related to the integrative work of the sectors (examples – lack of common goals, inflexible budget expenditures, conflicting interests).

Opportunities – 2 types of opportunities should be identified:

- Opportunities which exist within the woreda (examples – norms and values which are conducive to achieving behavioral change, community joint funds which can be allocated for selected activities).
- Opportunities which stem from the integrative work of the sectors (examples – flexible budgets, mutual support between sectors, more evidence-based allocation of resources).



Threats – in this SWOT analysis threats mostly pertain to the integrative work of the sectors. An example of possible threats which might impede the integration can be lack of support by the zone for the integrative working plan while preferring the previous mode of work where each sector worked separately.

5. Implication analysis:

1. What are the main points of overlap between the work of different sectors?

2. What are clear gaps in the work of one sector which can be addressed by another sector?

3. Which key opportunities for coordination and integration can be identified?

4. Which existing interventions can be enhanced by adding in contribution of another sector?

5. Which new interventions, which do not yet exist, are needed in order to fill the gaps which have been identified?

6. What are the priority intervention areas?

APPENDIX L – INSTITUTIONS AT WOREDA LEVEL

The following table suggests a list of institutions at the woreda level to be considered during the situation analysis step.

| INSTITUTIONS AT THE WOREDA LEVEL | | | |
|---|---|---|--|
| * THIS LIST IS NOT EXCLUSIVE, AND INSTITUTIONS AND ROLES WILL VARY DEPENDING ON THE LOCAL CONTEXT | | | |
| SCHOOLS | HEALTH POSTS & CENTERS | RELIGIOUS CENTERS | MARKET AREAS |
| <ul style="list-style-type: none"> - Intervention site - Information collection - Information dissemination - Social mobilization | <ul style="list-style-type: none"> - Intervention site - Information collection - Information dissemination - Disease treatment | <ul style="list-style-type: none"> - Information dissemination - Community meeting point - Social mobilization | <ul style="list-style-type: none"> - Intervention site- WASH - Information collection - Information dissemination |
| POLICE STATIONS | TRAINING CENTERS | FACTORIES | OTHER LOCAL BUSINESSES |
| <ul style="list-style-type: none"> - Information dissemination | <ul style="list-style-type: none"> - Information collection - Information dissemination - Social mobilization | <ul style="list-style-type: none"> - Intervention site - Information collection - Information dissemination | <ul style="list-style-type: none"> - Information collection - Information dissemination - Social mobilization |
| ADDITIONAL COMMUNITY NETWORKS | | | |
| Health Extension Workers | Women’s Development Army | Parent-Teacher Association | Other Community Groups |
| <ul style="list-style-type: none"> - Information collection - Information dissemination - Lead inventions | <ul style="list-style-type: none"> - Information collection - Information dissemination - Lead inventions - Social mobilization | <ul style="list-style-type: none"> - Information collection - Information dissemination - Social mobilization | <ul style="list-style-type: none"> - Information collection - Information dissemination - Social mobilization |

APPENDIX M – RECOMMENDED STAKEHOLDERS AND RESPONSIBILITIES

The following table details the expected involvement of sectors and partners in WASH–NTD joint initiatives. It should be used as a reference for potential actions which may be taken by each sector/ partner to support the collaborative work through their field of expertise and influence. During the mapping step this table supports identification of strengths and opportunities within the existing woreda structures, which may then be included in the work plan design.

| STAKEHOLDER | LEVEL | SUGGESTED RESPONSIBILITIES |
|--|------------|---|
| Woreda Health office (rural and urban) | Government | Map communities within the woreda for disease prevalence, WASH infrastructure availability, hygiene and sanitation behavior; Include WASH–NTD activities as part of the woreda micro plan; Actively engage in and assume a leadership role in the woreda WASH–NTD coordination platform (TWG). |
| Woreda Administrator | Government | Lead the TF meetings and co-lead the first three TWG meetings; Recruit TF and TWG members and issue letters of appointment; Schedule initial meetings with both platforms and ongoing meetings of the TF; Advocate for the importance of the joined platforms and main benefits of integration and collaborative work amongst sectors; Create ToRs and present them during the initial TF and TWG meetings. |
| WOFED (Woreda Office of Finance, Economy and Development) | Government | Lead planning of the budget and resources required for executing the designed work plans; Assist other sectors with optimizing their resource utilization while maintaining the principles of partnership and coordination between sectors; Ensure integration between sectors and create a system for joint utilization of resources in practice, and for preventing fund wastage due to lack of coordination; Receive, compile and present budget reports to TWG and TF on a quarterly basis including plan, utilization and next plans. WoFED has authority to withhold approval of work plans which do not follow the principles of cooperation, coordination and integration between sectors. |
| Woreda Education office (rural and urban) | Government | Incorporate NTD related indicators in the programmatic indicators; Map schools according to high prevalence of NTDs; Assess WASH infrastructure in high NTD burden schools; Include NTDs in school WASH club activities and teaching; Monitor WASH–NTD activities using recommended tools, school WASH–NTD data collection, documentation and reporting; Actively participate in woreda WASH–NTD coordination platforms. |
| Water and Energy Office | Government | Incorporate NTD prevalence data as criteria for selecting communities for new WASH interventions; Prioritize areas of high NTD burden while allocating budgets; Assign experts for maintaining water infrastructure; Monitor WASH–NTD activities using recommended tools; Actively participate in woreda WASH–NTD coordination platforms. |
| NGOs working on NTDs and related health issues | NGO | Allocate adequate budgets for prevention aspect of NTDs and WASH–NTD coordination activities; Provide technical and financial support to kebeles that are hard to reach and with a high burden of NTDs; Monitor WASH–NTD activities using recommended tools; Document and share best experiences; Actively participate in woreda WASH–NTD TWG. |
| NGOs working on WASH | NGO | Give priority to high NTD burden areas while planning and allocating budget; Assign experts to maintain facilities and infrastructure; Document and share best practices; Allocate budget for WASH–NTD activities; Work closely with CBOs for information exchange and evidence-based decision making; Actively participate in woreda WASH–NTD TWG. |
| WASH committees/ WaSHCO | Community | Assess and monitor the NTD burden and WASH infrastructure situation in the community; Conduct regular community conversations and convey the community's concerns to woreda officials; Disseminate IEC materials and provide WASH–NTD awareness activities using different events which will enable behavioral change in disease hotspots; Mobilize resources for WASH infrastructure and community-based solutions; Exchange information and work closely with other community-based agents and clubs such as HEWs, school clubs, HDAs, religious leaders; Participate in disease mapping and data collection processes, as well as documentation and reporting; Actively participate in kebele level coordination activities. |
| HEW an HDAs/ volunteers | Government | Conduct community conversation and awareness raising activities with community members on NTDs prevention and WASH facilities utilization; Conduct routine data collection, documentation and reporting and provide guidance to the WASH–NTD TWG on topics of community engagement, perceived challenges and available community resources; Closely work with the WASHCO, CBOs, kebele leaders and other influential figures through information exchange and community-based decision making. |
| CBOs (Ekub, Edir) and local community leaders (women, religious groups, university students, youth groups) | Community | Support awareness raising, community conversations, data collection, information dissemination and community-based resource mobilization; Support and work closely with HEW, WaSHCO and school clubs on information exchange and coordination activities. |

APPENDIX N – GUIDING QUESTIONS AND DISCUSSION POINTS FOR DEVELOPING AN INTEGRATIVE WORK PLAN

Once gaps have been identified, the goal is to begin to find collaborative opportunities.

1. Ensure ongoing discussion on gaps by asking the following:
 - Can the identified gaps be addressed with the available resources including those from partners? Can they re-prioritize activities as needed? Example: Promote collaboration with other sectors to include NTD prevention in their work, such as engagement with the woreda education office for inclusion of health education in school curriculum and support in monitoring school-based programs.
 - Can the partners jointly advocate for increased resources (funding, materials) to address the gaps? Example: Advocate for political leadership to support NTD elimination efforts through messaging and calling for action in meetings with woreda administrators, other stakeholders and potential donors.
2. Continue discussion on collaborating in future ongoing interventions (try relating to specific planned activities as much as possible):
 - Which types of projects could benefit from collaboration? Example: If the WASH sector is planning to construct new latrines at a few schools in the woreda, they should coordinate with the NTD sector to ensure they prioritize the highest-risk schools and also implement a hygiene education program for the students to increase impact.
 - Which types of projects could benefit from shared resources? Example: Using a single delivery system for conducting monitoring and evaluation surveys that can be used for multiple purposes and therefore be shared by sectors/partners. This can decrease costs and increase cross-sector knowledge-sharing.
 - Which activities/interventions must include both WASH and NTD components? Example: MDA campaigns should always include a BCC component, using the opportunity for extensive community outreach.
 - Discuss community awareness raising opportunities in WASH–NTD related activities. Examples: community forum discussions, radio announcements, pamphlets, posters, etc.
 - What is the best mechanism for engaging the private sector (factories, hotels, water technicians, etc.) in the woreda? What role can they play in the integration initiative?

APPENDIX O – STRUCTURE OF WORK PLAN TEMPLATE

Integrated coordinated WASH and NTD work plan

Joint goals: (mid-term/ long term)

1. _____
2. _____
3. _____
4. _____
5. _____

Success Indicators: (indicators of input / output/ outcome)

1. _____
2. _____
3. _____
4. _____
5. _____

Selected integrated activities: (list by order of priority)

1. _____
2. _____
3. _____
4. _____
5. _____

Concrete actions to be taken:

1. _____
2. _____
3. _____
4. _____
5. _____

APPENDIX P – INTEGRATIVE ACTIVITIES SAMPLE

The following table presents several examples of NTD activities which integrate other sectors, specifying the unique contribution each sector has for the interventions' success. The choice of which aspects will be integrated should be based on targeting improved effectiveness and efficiency, maximizing human and financial resources utilization, and strengthening systems and capacities.

* Information taken from National WASH–NTD Framework

| PRIORITY NTD INTERVENTIONS | WASH INTERVENTIONS/ ACTIVITIES TO BE INTEGRATED | MECHANISM FOR INTEGRATION | ROLE OF NTDs INTERVENTION IMPLEMENTER | ROLE OF WASH INTERVENTION IMPLEMENTER |
|---|--|---|---|--|
| MDA campaign | Behaviour change promotion (personal & household hygiene e.g. hand washing at five critical times, face washing, shoe-wearing, other preventive behaviours). | Tool development through NTD Behaviour change TWG; Messaging through different media outlets during community mobilization. | Tool development; Training of community; drug distribution and support for HEW. | Tool development; Coordinating and mainstreaming messages on different platforms. |
| NTD promotion through HEWs and HDA | Behaviour change promotion (personal & HH hygiene, shoe-wearing, other preventive behaviours); Gathering information on HH and community transmission (cases, functionality/quality of WASH services). | Embedding of core behaviour messages into HEP manuals. | Advocacy and review of HEP tools; Training of HEW. | Advocacy and review of HEP tools; Provision and maintenance of water infrastructure; CLTSH implementation. |
| School-based NTD promotion through materials, teacher trainings, school clubs | Behaviour change promotion (personal & HH hygiene, shoe-wearing, other preventive behaviours); Gathering information on functionality/quality of school WASH infrastructure. | Development of teaching and training materials; Strengthening of School Health clubs. | Advocacy and input into school health programs; Training of teachers and PTAs. | Advocacy and input into school health programs; Provision of school WASH infrastructure. |

APPENDIX Q – SUCCESS STORY DOCUMENTATION TEMPLATE

One successful event should be selected monthly for analysis and documentation using the following format:

Partner/sector name _____

Date _____

1. Success story briefing

2. Problem overview ('the before')

3. Intervention – description of the action taken

(Please mention if there was a specific 'turning point' from which things changed significantly)

4. Intervention positive outcome ('the after')

5. Obstacles encountered during the intervention

APPENDIX R – RECOMMENDED JOINT INDICATORS FOR MONITORING AND EVALUATION

1. Process indicators:

- # of woreda master plans that include WASH–NTD activities, targets and indicators, and are materialized in the woreda NTD program strategies and plans (targets, activities and monitoring).
- # of district-level WASH–NTD Task Force meetings per month/quarter/bi-annually/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 separate 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.

APPENDIX S – KEBELE SUPPORTIVE SUPERVISION VISIT CHECKLIST

| BACKGROUND INFORMATION | | | | |
|---|----------------------------|------------------------------|-----------------------|----------------------|
| Date of supervision | | | | |
| Name of Woreda | | | | |
| Name of the Kebele | | | | |
| Population | Male | Female | Total | |
| | | | | |
| Institutions in the Kebele | | | | |
| # of health posts | | | | |
| # of private health institutes | | | | |
| # of religious institutes | Churches | Mosques | | |
| | | | | |
| # of prisons | | | | |
| # of schools: | High schools (grades 7–10) | Primary schools (grades 1–6) | | |
| | | | | |
| # of bus stations | | | | |
| # of market places | | | | |
| PART 1 – TARGETED NTDs IN THE KEBELE | | | | |
| Rank | # | Disease | Numbers comparison | |
| | | | # previous case loads | # current case loads |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

| PART 2 – WASH (COMMUNITY) | | | | |
|---------------------------|---|----------|---------|---------|
| 2.1 | Solid and liquid waste disposal system | Previous | Current | Remark |
| | | | | |
| 2.2 | Availability of (any type of) Latrine | | | |
| | Latrine coverage | Rural | Urban | Total |
| | # of HH hand washing facilities attached to or near the latrine? | | | |
| | # of communal latrines in the kebele | | | |
| | # of improved latrines in the kebele | | | |
| | # of HH with constructed soak-away pits | | | |
| | # of HH with a dug solid waste disposal pit | | | |
| 2.3 | ODF | Yes | No | Remarks |
| | Is the kebele declared ODF? | | | |
| | Is there an ODF verification team at kebele level? If yes please check the team meeting minutes regularity | | | |
| | Do proper ODF verification processes exist? | | | |
| 2.4 | Water | Previous | Current | Remark |
| | Potable water coverage in the kebele | | | |
| | # of HH practicing safe collection, storage and utilization of drinking water | | | |
| | # of HH storing treated water in safe storage containers | | | |
| | # of HH practicing correct use of recommended household water treatment method | | | |

| PART 3 – WASH (INSTITUTIONS) | | | | |
|-----------------------------------|--|---------------------|--------------------------------|----------------|
| | Institution | Numbers comparison | | |
| 3.1 | Health post | Previous | Current | Remark |
| | # of health posts with access to potable water | | | |
| | # of health posts with latrines for clients | | | |
| | # of health posts with VIP latrine for staff | | | |
| | # of health posts with incinerator | | | |
| | # of health posts with placenta pit | | | |
| | # of health posts with solid waste disposal pit or container | | | |
| 3.2 | School Health | Previous | Current | Remark |
| | # of schools with access to potable water | | | |
| | # of schools with latrines for students | | | |
| | # of schools with separate blocks for males and females | | | |
| | # of schools with latrine for teachers | | | |
| | # of schools with solid waste disposal pit or container | | | |
| | # of schools with mini media | | | |
| | # of schools with functional WASH/Health club | | | |
| 3.3 | # of religious institutions with latrines | Previous | Current | Remark |
| | Churches | | | |
| | Mosques | | | |
| 3.4 | Market places with public latrines (yes/no) | Market place 1 | Market place 2 | Market place 2 |
| | | | | |
| 3.5 | Vector management (refer to the list above [part two] and see what vector related NTDs are prevalent in the kebele. Ask what steps have been taken to prevent vector-borne diseases from spreading?) | | | |
| Vector management at kebele level | Challenges | How they are solved | Remarks for future improvement | |
| | | | | |

PART 4 – SBCC APPROACHES AND INITIATIVES

Are there any ongoing WASH-related Social and Behaviour Change Communication campaigns or initiatives that are being conducted at the district with which NTD-related messages could potentially be linked? Include any of the following:

- a. School-based programming
- b. Community-based programming
- c. Community Led Total Sanitation
- d. Use of health outreach programmes
- e. Behaviour change materials used during MDA campaigns

| Intervention and Description | Target/ Audience including the estimated number) | Who delivers the message | Communication channel | Remark |
|------------------------------|--|--------------------------|-----------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Summary of findings and of action points

| S.N. | Main action points | Responsible | | Due Date |
|------|--------------------|-------------|--------|----------|
| | | Sector | Person | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

PART 5 – FEEDBACK FROM THE COMMUNITY, SCHOOL AND OTHER BENEFICIARIES ABOUT THE JOINT INTERVENTION

A. School feedback (students and teachers’ opinions) about school level and community level WASH–NTD integration and coordination interventions

B. WASCHO, kebele leaders, HDA and HH representatives’ (community) opinions about the coordinated intervention at kebele level

| NAME AND SIGNATURE OF THE SUPERVISOR | | | |
|--------------------------------------|--|-----------|------|
| | Name of woreda admin supervisor | Signature | Date |
| 1 | | | |
| 2 | | | |
| | Name of woreda health office supervisor | Signature | Date |
| 1 | | | |
| 2 | | | |
| | Name of woreda education office supervisor | Signature | Date |
| 1 | | | |
| 2 | | | |
| | Name of woreda water office supervisor | Signature | Date |
| 1 | | | |
| 2 | | | |
| | Name of woreda finance office supervisor | Signature | Date |
| 1 | | | |
| 2 | | | |
| | Name of partner supervisor | Signature | Date |
| 1 | | | |
| 2 | | | |

APPENDIX T – COMMUNITY LEVEL DATA COMPILING TEMPLATE

(To be filled by the HEW)

Reporting date – Date/Month/year: /___/_____/_____

Region _____ Zone _____ Woreda _____

Kebele _____

DATA TO BE COMPILED QUARTERLY:

1. Community level latrine and water coverage

1.1 Latrine coverage

- a. Total # of HH _____
- b. Total # of HH latrines _____
- c. # of HH hand washing facilities attached to or near the latrine _____
- d. # of communal latrines in the kebele _____
- e. # of public latrines in the woreda _____
- f. # of improved public latrines in the woreda _____

1.2 Water

- a. Potable water coverage in the kebele _____
- b. # of HH practicing correct use of recommended household water treatment methods _____

2. Institution

2.1 Health posts

- a. Total # of health posts _____
- b. # of health posts with access to potable water _____
- c. # of health posts with latrines for clients _____
- d. # of health posts with VIP latrine for staff _____
- e. # of health posts with incinerator _____
- f. # of health posts with placenta pit _____
- g. # of health posts with solid waste disposal pit or container _____

2.2 School Health

- a. Total # of schools _____
- b. # of Schools with access to potable water _____
- c. # of schools with latrines for students _____
- d. # of schools with separate blocks for males and females _____
- e. # of schools with latrine for teachers _____
- f. # of schools with solid waste disposal pit or container _____
- g. # of schools with mini media _____
- h. # of schools with functional WASH/Health club _____

3. Latrine access and utilization

- a. Proportion of households' access to any type of latrine facilities (# of HH with improved & unimproved latrine*100/total # of HHs).
- b. Proportion of households that use latrine for defecation purpose properly (# of HH using latrine for defecation *100/Total # of latrines in the catchment area).
- c. Proportion of kebeles declared ODF (# of kebeles declared ODF*100/Total # of kebeles).

DATA TO BE COMPILED MONTHLY:

4. Community level WASH-NTD awareness creation / education

WASH-NTD topics which were raised _____

of participants: Male _____ Female _____

Influential community members who took part in awareness raising (religious leaders, elderly, HEWs, school directors, other community leaders)

Challenges and recommended actions, and overall summary of the session

WASH-NTD coordination

At community level, establishing a formal WASH-NTD coordination platform might be challenging and is not expected. However, WASH-NTD agendas should be raised and discussed using existing coordination mechanism such as kebele steering committee meetings, community conversions, event-centered meetings and other informal gathering opportunities.

Type of meeting/Main agenda of the meeting _____ Date _____

Total participants _____ Male _____ Female _____

Participants: _____

Main WASH-NTD agendas discussed:

Main WASH-NTD related challenges raised:

Main action points and decisions made:

APPENDIX U – FULL WOREDA DATA COMPILING TEMPLATE
(To be compiled by HEWs supervisor)

The following format will be used by the HEWs supervisor for compiling all reports collected by the HEWs in all kabeles of the woreda on a monthly and quarterly basis (as described in Appendix T).

1. Data to be complied quarterly

| SOURCE OF DATA | REQUIRED DATA | Name of kebele and data (1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____) | | | | | | | | | | TOTAL | SUPERVISOR SUMMARY (OBSERVATION AND PLAN OF ACTION, POINTS THAT NEEDS TWG DISCUSSION AND DECISIONS) | |
|---|---|--|---|---|---|---|---|---|---|---|----|-------|---|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | | | | | | | | | | | | | | |
| Community level latrine and water coverage | Total # of HH | | | | | | | | | | | | | |
| | Total # of HH latrines | | | | | | | | | | | | | |
| | # of HH hand washing facilities attached to or near the latrine | | | | | | | | | | | | | |
| | # of communal latrines in the kebele | | | | | | | | | | | | | |
| | # of public latrines in the woreda | | | | | | | | | | | | | |
| | Potable water coverage in the kebele | | | | | | | | | | | | | |
| Health post data | Total # of HP | | | | | | | | | | | | | |
| | # of HP with access to potable water | | | | | | | | | | | | | |
| | # of HP with latrines for clients | | | | | | | | | | | | | |
| | # of HP with VIP latrine for staff | | | | | | | | | | | | | |
| | # of HP with Incinerators | | | | | | | | | | | | | |
| | # of HP with placenta pit | | | | | | | | | | | | | |
| | # of HP with solid waste disposal pit or container- | | | | | | | | | | | | | |
| School data | Total # of schools | | | | | | | | | | | | | |
| | # of schools with access to potable water | | | | | | | | | | | | | |
| | # of schools with latrines for students | | | | | | | | | | | | | |
| | # of schools with separate blocks for males and females | | | | | | | | | | | | | |
| | # of schools with latrine for teachers | | | | | | | | | | | | | |
| | # of schools with solid waste disposal pit or container | | | | | | | | | | | | | |
| | # of schools with mini media | | | | | | | | | | | | | |
| | # of schools with functional WASH/Health club | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Key indicators of latrine access and utilization | Proportion of households' access to any type of latrine facilities (# of HH with improved & unimproved latrine*100/ total # of HHs) | | | | | | | | | | | | |
| | Proportion of households that use latrine for defecation purpose properly (# of HH using latrine for defecation *100/Total # of latrines in the catchment area) | | | | | | | | | | | | |
| | Proportion of kebeles declared ODF (# of kebeles declared ODF*100/Total # of kebeles) | | | | | | | | | | | | |

2. Data to be complied monthly

| TOPIC | REQUIRED INFORMATION | RESPONSE AND DESCRIPTION PER KEBELE (1. KEBELE NAME, 2...) | | | | | | | | | | SUPERVISOR SUMMARY (OBSERVATION AND PLAN OF ACTION, POINTS THAT REQUIRES TWG DISCUSSION AND DECISION) | |
|--|---|---|---|---|---|---|---|---|---|---|----|--|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| a. Community level WASH-NTD awareness creation/ education | WASH-NTD topics which were raised | | | | | | | | | | | | |
| | Target audience | | | | | | | | | | | | |
| | # of participants | | | | | | | | | | | | |
| | Influential community members who took part in awareness raising | | | | | | | | | | | | |
| | Challenges and recommended actions and overall summary of the session | | | | | | | | | | | | |
| b. WASH-NTD coordination | Participants/position in the kebele | | | | | | | | | | | | |
| | Main action points and decisions made | | | | | | | | | | | | |
| | Main WASH-NTD related challenges raised | | | | | | | | | | | | |
| | Main WASH-NTD agendas discussed | | | | | | | | | | | | |

APPENDIX V – QUARTERLY REPORTING TEMPLATE FROM TWG TO TF

Date: _____

Region/ Zone/ Woreda _____ / _____ / _____ /

Responsible sector for compilation: _____

Report writer: _____

| | TOPIC | DESCRIPTION | REMARKS |
|---|--|-------------|---------|
| 1 | # of meetings conducted | | |
| 2 | # of TWG members | | |
| 3 | # of participating TWG members (average) | | |
| 4 | Main agendas raised during TWG meetings | | |
| 5 | Summary of action points and work plan | | |
| 6 | Main achievements | | |
| 7 | Main challenges | | |
| 8 | Upcoming plans | | |
| 9 | AOB which requires the decision and approval of the TF | | |

**APPENDIX W – INDICATOR DEFINITION AT HOUSEHOLD,
HEALTH FACILITY AND SCHOOL LEVEL
(JMP 2018; SDG WASH INDICATORS)**

| CATEGORY | IMPROVED SOURCE | UNIMPROVED |
|------------|--|--|
| Water | <ul style="list-style-type: none"> • Piped water into school /health facility/dwelling, yard/plot • Public tap or standpipe • Tube well or borehole • Protected dug well. • Protected spring • Rainwater (rain that is collected or harvested by roof or ground catchment and stored in a container, tank or cistern until used) | <ul style="list-style-type: none"> • Unprotected spring from runoff water; bird droppings and entry of animals • Unprotected dug well from runoff water; bird droppings and entry of animals • Cart with small tank/drum (water sold by a provider who transports water into a community; include donkey carts, motorized vehicles and other means) • Tanker-truck • Surface water (located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels) |
| Sanitation | <ul style="list-style-type: none"> • Improved sanitation facilities are those designed to hygienically separate excreta from human contact include flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs | <ul style="list-style-type: none"> • Pit latrines without slab, hanging latrines and bucket latrines; defecation in the bush or field or ditch or any other facility where human excreta is not separated from human contact |

Safe water coverage – # of HH members using improved sources of drinking-water/Total # of household members.

‘Improved’ sanitation facilities – # of HH members using improved sanitation facilities/Total # of HH members.

Handwashing facility definition – any device or infrastructure that enables effectively washing hands using running water, such as a sink with tap, water tank with tap, bucket with tap, tippy tap, or other similar device. Note: a shared bucket used for dipping hands is not considered an effective handwashing method.

