



Case study: Joint action on water, sanitation and hygiene (WASH) and Neglected Tropical Diseases (NTDs)

The Testing Integrated WASH Implementation Models for Neglected Tropical Disease (NTD) Prevention Program (I-WASHNTDs):

CARE Ethiopia

With support from Johnson & Johnson

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Section I: Program Overview

Name of program:

Testing Integrated WASH Implementation Models for Neglected Tropical Disease (NTD) Prevention Project (I-WASHNTDS)

Location:

Ethiopia: Estie, Farta, Andabet and Dera woredas in South Gondar Zone, Amhara Regional State

Scale:

- Sub-national-1-Amahara Regional State, South Gonder Zone
 - 4 Districts/woredas
 - 12 Kebeles/villages (3 kebeles per woreda)
 - 15,000 rural community members and 8,000 rural school students



Organizations involved:

- CARE Ethiopia
- Government offices-Administration, Health, Education, Water, Women and Children Affairs, Agriculture and Youth and Sport
- Children Without Worms acts as an advisor to the program
- Johnson and Johnson Foundation as a key donor

Objective and timeframe of the program:

Three Strategic Objectives:

- Enhance access to sanitation and hygiene, and facilitate improved hygiene and sanitation behaviors that reduce the risk of STH, Schistosomiasis, Trachoma infection.
- Increase government capacity to comprehensively address the control and prevention of NTDs such as STH, trachoma, and schistosomiasis.
- Disseminate learning which can inform government and WASH-NTD stakeholders at local, national and global levels.

Time frame:

February, 2015- January, 2018

Program description:

Testing-WASH Implementation Models for Neglected Tropical Disease Prevention (I-WASHNTDs) Project in Ethiopia, supported by Johnson and Johnson, was initiated in February of 2015 to investigate barriers to and successes in WASH-NTD collaboration, and establish models of WASH-NTD collaboration at the local and national levels. Funding from J&J acts as a partial-match and leverage to a Conrad N. Hilton Foundation grant that supports CARE's ongoing water, sanitation, and hygiene work in the South Gondar Zone of the Amhara region. In addition to improving WASH access and behaviors in South Gondar, J&J's support helps CARE and partners to focus deliberately on NTD prevention, and work with WASH and NTD stakeholders to ensure a holistic approach to NTD prevention and control that includes increased access to WASH, mass drug administration, increased knowledge and practice of specific prevention behaviors at the community level, and increased coordination mechanisms between local government stakeholders, community members, and health and research institutions working in WASH and NTD prevention and control.



Methods for data collection:

At the beginning the project stated indicators to measure progress against targets for each activity under the three objectives. The M&E metrics of the project designed to measure progress of each planned activity by setting indicators, targets, time line, progress/status and revised time line (if needed). Based on this, field data collections developed and familiarized both for CARE field office staffs and government staffs. Based on the data collection tools routine data are collected and documents at filed level, and analysis and reports produced in every six months.

- Annual detailed implementation plan (DIP) prepared and submitted to government offices.
- To measure the achievements of the project at the end of the project, community based KAP on WASH-NTD conducted supported with parasitological laboratory tests (students)
- Annual based project review meetings on barrier analysis, cost analysis, technical and managerial gaps conducted with government stakeholders from region, zone and woreda offices.
- Kebele, woreda and zone level review meetings conducted with steering committees to measure the progress of the project and in the review meeting plan versus accomplishments are presented and discussed, next action plans presented, challenges encountered during the implementation process presented and discussed, and solutions sought for the smooth and effective implementation of the project.
- Joint field monitoring visits are conducted by woreda and zone steering committees, and discussions held with the target groups.
- CARE Ethiopia HO staffs conducted joint field monitoring visits on quarterly basis, and discussed with target groups, government officials, HEWs, HDAs, and CARE field office staffs. Accordingly, verbal and written feedbacks provided.
- Review meetings with school sanitation club facilitators, school teachers, HEWs, HDAs, religious leaders are conducted and discussions held on the progress and achievements.
- Challenges, good practices, barriers, etc are documented properly and analyzed for future actions, and also presented in national and global learning events.
- Bi-annual reports produced and submitted to donors, and annually to government offices at all levels.

Section II: Program Detail

Management

- *What was the mechanism for coordination (e.g. working group, task force, steering committee)? Please detail any mechanisms at national, regional and local levels*

The program is coordinated by CARE Ethiopia Water+ program coordinator at HO (based in Addis Ababa), North Program Office area manager (based in Bahir Dar), WASH Initiative Manager (based in Debretabor/South Gonder), and project officers based in each project district. The program is implemented through government structures using HEWs, health facility workers, HDAs, schools and zone and woreda experts through providing trainings. At zone level NTD Task force is established and working in which CARE is a member of it and work collaboratively with task force members. Hygiene and sanitation Task force also established at all levels; CARE is also a member. At zone and woreda level steering committees are established, chaired by zone and woreda



administrators, and functional. CARE also work with religious institutions in promoting hygiene and sanitation to the wider community.

- *Roles and responsibilities of the agencies involved (government, NGOs, development partners etc).*

CARE plays facilitation, coordination and capacity building roles in the process of program implementation. CARE plays a role in facilitating and coordinating joint planning, implementation and monitoring with GOs and NGOs in providing technical, logistic and financial support. Various technical and managerial capacity building trainings are provided to government staffs/experts/officials, HEWs, HDAs, religious leaders, school sanitation and hygiene clubs, WASH promoters. Bi-annual and annual review meetings are also facilitated and coordinated by CARE. Various assessments, surveys and learning at woreda, zone and regional levels are conducted by CARE in collaboration with line government stakeholders, and disseminated in learning workshops organized annually.

Government stakeholders include:

- The Amhara Regional Bureau of Health: has collaborated with CARE in the baseline data collection (KAP, and parasitological baseline (STH, schisto, and trachoma), and has worked with CARE to create regional implementation guidelines for the National NTD Master Plan.
- Zone government departments of health, water, women and youth affairs, and education
- Woreda government offices of health, water, women and youth affairs, and education
- Zone and woreda governments have participated in capacity building around WASH and NTDs and created cascade training/capacity building, particularly for Health Extension Workers and Health Development Armies; have created zone and woreda WASH NTD action plans (working on defining specific budget line items).
- *What sort of joint planning processes were undertaken (such as joint situation analysis, planning meetings, etc)? Please provide information on the process leading to joint planning – such as meetings and the length of time needed to establish the planning process*

For every parcel of program planning, implementations and monitoring, CARE is work jointly with line government staffs. The planning of program implementations are jointly planned, implemented and monitored with line government staffs. The target kebeles/villages and institutions (schools and health facilities) for program implementations are selected and determined by woreda and zone steering committees, the progress of the planned program achievements are reviewed by woreda and zone steering committees conducted bi-annually, and the woreda and zone steering committees conducted joint field monitoring visits bi-annually/annually, and meet and discuss with the target communities.

- CARE and the Amhara Regional Bureau of Health participated in joint data collection (KAP and parasitological surveys for STH, schisto, and trachoma) and analysis for the WASH NTD baseline for the program, and jointly authored the Baseline report.
- CARE held a program inception workshop with regional and zone government to jointly define commitments, roles, responsibilities, and action within the program scope. CARE holds quarterly meetings with zone and woreda governments to gauge progress towards program and joint targets, and troubleshoot challenges.



Financing

- *How was the activity funded, and how much funding was available?*

The program/activity is funded by Johnson and Johnson Foundation and the total funding amount is about \$643,223 for the full program period: Feb. 2015 – January 2018. J&J funds compliment Conrad N. Hilton funds, which has funded the larger CARE Ethiopia WASH program in South Gondar since 2010, and supplies additional funds in the IWASHNTDs catchment for activities related directly to water supply provision.

- *What arrangements were set up for financial management?*

The program budget is managed as per CARE financial policy and manual. The program has unique project ID, Department ID, Activity ID, Category ID, Fund Code and Source Type, and the expenditures are executed according to this arrangement (IDs and fund codes), and for expenditure requests are submitted by filling the required information (IDs and categories), and the line manager, finance people and others authorized to approve it approved (both online and hard copy) the requests by checking the fulfillments of the requirements. Besides, financial reports are prepared at field office and send to CARE HO and in turn send to CARE US and donor.

Implementation

- *Describe the collaboration. Who started it? What activities took place to enable the collaboration?*

The I-WASHNTDs program is an integrated program managed and implemented by CARE. The concept was developed in collaboration with Johnson and Johnson and Children Without Worms. Johnson and Johnson has funded several of CARE Ethiopia's WASH program activities in past years as part of its Africa portfolio, including school WASH activities, and WASH and watershed management in pastoral communities. Aware of J&J's work in NTDs, and discussing synergies with J&J, CARE and J&J discussed support to WASH activities directly related to their NTD work. The I-WASHNTDs program was designed to address known barriers to WASH-NTD collaboration/integration, and to test what types of integrated activities or programs had highest feasibility, uptake and impact, and better understand the cost of integrating program elements to inform NGOs and government stakeholders.

The program is being implementing in collaboration with government offices including administration, health, education, water resources, agriculture, women and children affairs, and Youth and sport at all levels. CARE is also member of NTD Task Force at zone level, and hence works with collaboratively with other task force members including GOs and other NGOs working on NTDs. Trainings to government office experts are provided based on the identified barriers and gaps.

- *What is being implemented?*

Implementation includes:

Strategic Objective 1: WASH/NTD promotion



- Promotion of the construction, use, and maintenance of appropriate latrine facilities and hand-washing facilities in households and schools
- Community triggering of Open Defecation Free certification, and promotion of WASH for NTD prevention at the community level
- Promotion of hygiene behaviors that reduce risk of infection of STH, trachoma, and schistosomiasis, including: hand-washing at critical times, shoe-wearing, face-washing, corporeal hygiene, and fixed-point urination (in addition to defecation)
- Formation and/or strengthening of school sanitation clubs with a strong focus on: menstrual hygiene management and support to girls in danger of early and forced marriage, school garden plots, school shops and school-based village savings and loans clubs: all of which provide space for promotion and discussion of hygiene and sanitation practices, increase social capital and accountability for hygiene and sanitation practices. Gardens, shops, and VSLA additionally provide a mechanism for schools and older children to financially maintain household and school infrastructure and purchase hygiene-related materials.
- Chlorination of water points and provision of water-purification kits for household with self-supply water schemes
- Experience sharing between schools

Strategic Objective 2: WASH/NTD Capacity Building

- Accompaniment of zonal and woreda government in processes to institutionalize procedures to ensure regular deworming and STH/NTD prevention work, identifying and addressing blockages
- Training of community Health Extension Workers and Woreda government staff (from the offices of water, health and women's affairs) in sanitation and hygiene promotion and NTD prevention
- Training of Health Development Army volunteers (at the kebele/community level)

Strategic Objective 3: WASH/NTD Learning & Advocacy

- Elaboration and initiation of a cost analysis of hygiene and sanitation implementation related to and specific to STH and NTD control
- Investigation and documentation of WASH, NTD, and government stakeholder motivations, willingness, barriers to absorb costs of WASH and NTD control implementation
- Analysis of the WASH/NTD gender dimensions
- A study of what elements are required for comprehensive approaches to achieve sustained impact (i.e., control/elimination of STH)
- Bi-annual woreda-level review meeting
- Attendance and engagement in national NTD discussions
- Attendance, engagement, and dissemination of learning at global NTD dialogues (such as the NTD NGDO Network meeting, STH Partnership Coalition meetings, International Coalition for Trachoma Control meetings, and others)

Program progress to date:



- A total of 5,194 HHs have constructed or improved latrine, of them, 2,895 HH have renewed/improved their existing latrine and 2,299 HH have gained access to/constructed a latrine. These latrines enabled more than 25,970 people access to sanitation facility.
- Constructed 12 blocks of VIP latrines equipped with hand washing each with 6 seats, 9 in schools, 1 in health post, 1 in health center and 1 church; and enabled a total of 32, 346 people access to sanitation facility-3,627 (1,858 girls), 30,057 health facility clients and staffs and 567 church communities. The latrines constructed in schools are sex disaggregated for girls and boys.
- 4 kebeles have declared ODF, and in these 4 kebeles, 100% of the community started using the latrines. Besides, CLTSH triggering have been conducted in the remaining 4 kebeles, and 80% process are completed and expected to declare ODF by the coming Dec, 2016.
- 11 schools sanitation clubs established; 77 (44 students and teachers), and 8 government experts from health and education office trained on hygiene and sanitation promotions.
- School hygiene and sanitation clubs sensitized and promoted hygiene and sanitation including WASH-NTDS to a total 11,022 (5,349 female) students and 268 (107 female) teachers.
- Local amateur artist sensitized and promoted hygiene and sanitation including WASH-NTDs to a total of 15, 647 (5,558 female) school communities and 4,930 (1,682 female) communities.
- Provided training for 604 CLTSH triggering facilitators, ODF triggering conducted in 94 villages (6,833 people, of which 2,280 are female) participated, and 1 kebele declared ODF in Estie Woreda.
- 155 water points treated with chlorine on regular basis; in every 6 months.
- 1098 household Tulip water filtration kits have been distributed to 1098 households and enabled 5, 979 people to treat water supplies at home.
- 109 HEWs and 55 zone and woreda government staff in South Gondar (as well as CARE Ethiopia field office staff) have been trained on NTD prevention, and hygiene and sanitation promotion.
- 403 volunteers (52 HDAs, 80 WASH promoters and 271 CLTSH facilitators, and 56 religious leaders trained on WASH-NTD promotion.
- Discussion made with woreda and regional government staff on costs of hygiene and sanitation implementation related to WASH-NTDs, preliminary analysis of the incremental cost of adding the NTD package to existing WASH program conducted and the discussion finding documented.
- Perceived barriers and challenges at CARE, community and government partners have been captured. Further barriers explored by discussion with woreda and regional government staff partners. Preliminary cost analysis also done.
- In the community based conducted KAP baseline survey and parasitological test (students) analysis of the WASH/NTD from gender perspective is made. In the report and the dissemination workshops, it is clearly stipulated and communicated the analysis. As action point, 9 SAA groups with a member of 228 (113 female) organized and conducted a series of discussion sessions on social norms and barriers impacted women from WASH perspective including NTDs.
- Two sanitation marketing groups piloted; for 6 (2 female) members of the group training provided, and they started to produce san plates.
- Baseline survey conducted for the community and governments supported by stool examination from students.
- Review meetings at kebele, woreda and zone level review meetings conducted.



- Experience sharing at UNC Water and Health Conference 2015
- A team of WASH staff from CARE Ethiopia HO participated in national DFID's SAFE planning workshop conducted at Addis Ababa. During the planning workshop, CARE's J&J funded I-WASH-NTD project experience was presented and discussed and used as an input for the planning.
- Joint field monitoring visits conducted.

Monitoring and Evaluation

- *What M&E systems were put in place? Were existing monitoring systems used, or was a new system set up for the purpose of this program?*

Result based Monitoring and Evaluation system put in place to track the progress and achievements of the program. Output and outcome indicators are stated with the time frame, and the progress and achievements are tracked and monitored based on the indicators in relation to the time frame (for the details, see number 8, section 1). Program-related M&E is undertaken by CARE, and progress against program targets is reviewed every six months, in collaboration with woreda and zone governments where relevant. CARE owns this data.

- *Was the program evaluated? By whom? Please provide details on the results (impact, cost effectiveness etc.)*

No program evaluation conducted as of yet, as program is currently at the half-way point

- *What coordination took place in mapping, monitoring and evaluation*

Bi-annual review meetings conducted with woreda and zone steering committees, joint field monitoring visits conducted by woreda and zone steering committees, project annual reviews conducted with experts from region, zone and woreda line government offices, bi-annual physical and financial program progress reports produced and submitted, CARE HO staffs conducted field monitoring visits on quarterly basis, and visited sites, conducted discussion with target communities, community workers (HEWs, HDAs and schools), government officials and CARE field office staffs.

Baseline surveys of knowledge, attitudes, and practices, as well as parasitological surveys (for STH, schisto, and trachoma prevalence) were conducted by the Amhara Regional Bureau of Health (ARBoH), with collaboration and co-financing from CARE. The KAP survey was drafted by CARE with input from the ARBoH, while the parasitological surveys were conducted by the ARBoH according to their pre-established protocol. This protocol consists of stool sample collection and analysis via concentration method for STH and schisto, and flipping eyelids for signs of TF or TI. Both the KAP and parasitological baseline data has informed woreda and zone level action plans, as well as CARE's programmatic approach.

- *Who owns the program data, and how was data managed?*



CARE and line government offices own the data; and the data are managed both by CARE and government. Community based and facility based data are managed by line government offices and data related to training and meetings conducted by CARE in collaboration with government offices are managed by CARE. On bi-annual basis the government and CARE managed data are analyzed by CARE and submitted to line government offices and donor. The full-fledged data of the program is managed and analyzed by CARE both at field office and HO level. Program data quality is ensured through conducting regular Data Quality Assessment by CARE HO M&E staffs.

- *How, if at all, was data gathered used to inform program design and on-going management?*

Based on the indicators of the program, program data are regularly tracked, documented, analyzed and shared. Evidence based program learning (success and challenge) are well identified, documented and shared for use in program design and ongoing program management.

Section III: Program Analysis

Program results and outcomes as related to the goals and objectives:

The I-WASH-NTDs program is 1.5 years into a 3 year program:

Though the NTDs, and integration of NTD prevention into WASH programs, is a new area of focus for CARE Ethiopia, the program has made significant progress, and gained substantial momentum among government partners at the woreda, zone, and regional levels. Though, the J&J program is implemented in 12 kebeles, and leverages funding for only a few of CARE Ethiopia's WASH staff, all of CARE Ethiopia's WASH staff have been trained in and have participated in WASH-NTD discussions, and are engaged in follow-up activities with woreda and zone government. Similarly, government partners have been engaged beyond the intervention woredas; the Amhara Regional Bureau of Health conducted the initial project familiarization workshop, and included woredas from throughout the region. The Bureau of Health and zone government in South Gondar have asked CARE to collaborate in creating guidelines, protocols, and training manuals that on WASH and NTD integration, and NTD prevention, to scale up to other zones within the region. In this sense, the project has leveraged change at a much wider scale than the 12 intervention kebeles.

WASH implementation is, on the whole, on target, and kebeles are receiving training and promotion of key hygiene behaviors, as well as Community-Led Total Sanitation and Hygiene (CLTSH) promotion and triggering of open defecation free status. Schools have been identified by CARE and government partners as a key entry point for WASH-NTD discussions and activities, and all schools within the 12 intervention kebeles will receive support for school based activities. However, due to budget limitations, the full package of school-based interventions, including upgrades to infrastructure, and the establishment of school sanitation clubs and school shops, will be limited to a selection of schools (11 of 30 schools). Further budget support for scale up of these school based activities would be valuable. CARE is also piloting work in sanitation marketing, an innovative and promising approach that facilitates greater supply of sanitation materials, as a response to household demand for latrines



created by CLTSH triggering. Further budget support for sanitation marketing would help to strengthen sanitation improvement gains to NTD prevention.

Further detail in document, “Progress Against Targets, Nov. 2016

Level of integration:

Linked	Informal link through ad-hoc meetings, delivery of services in the same location, separate reporting systems
Coordinated	Collaboration to achieve joint goal while maintaining separate structures; incl. coordinating committee, financial coordination of components, staff/facility sharing, use of similar M&E indicators
Fully integrated	Complete merging of some or all components of different programs. Incl. single management body, pooling of all funds, multi-disciplinary teams under the same management, single M&E system

The majority of the program is fully integrated, in that CARE has incorporated NTD objectives and targets into its existing WASH program. Thus, the program contains objectives and targets that are both WASH and NTD-related or specific. Indicators include WASH indicators (such as, number of people with increased access to water supply and sanitation, for example), but also include metrics such as reported or observed face-washing behaviors, knowledge/awareness of trachoma, STH, and schistosomiasis and prevention methods, and other indicators specific to NTD-prevention behaviors, that aren’t common metrics in a WASH program.

However, some components of the program would be better described as coordinated. For example, the program does not conduct mass drug administration, but does coordinate with the Amhara Regional Health Bureau and South Gondar Zone government, as well as the Carter Center to be aware of schedules for mass drug administration. In addition, part of the planning conducted with zone and woreda governments includes ensuring mass drug administration in woreda and zone WASH NTD action plans, where relevant (where burden is above the threshold for MDA).

Furthermore, the program is being implementing in integrated, linked and coordinated manner with other WASH projects of CARE, governments and other NGOs in the intervention areas. The J&J funded Integrated-WASH-NTD program is linked, integrated and coordinated with other WASH funded projects from Conrad N. Hilton foundation, Charles Lamar family Foundation, GOAC, and Perlis foundation in the intervention areas. The service deliveries like deworming are linked with government’s and other NGOs (Carter Center) program, health services are provided using the existing government health facilities and health workers, hygiene and sanitation promotions are conducted as per the governments CLTSH manual, facilitated by HEWs and HDAs, and verifications process owned by committees established by government. The school based hygiene and sanitation clubs are managed by the existing government school based policy and education and school principals. The planning and performance/progress of the program are monitored by woreda and steering committees, very



important in avoiding duplication of efforts and resources, ensuring coordination, linkage and integration of programs of GOs and NGOs, ensuring equity issues in addressing or serving communities.

Factors critical to meeting program objectives

- Work with the existing government health systems including: Health Extension Program (HEP), health service providers (Health post and Health Centers), using government health system structures (HEWs, HDAs).
- Building the technical and managerial capacities of government staffs at all levels including government experts, HEWs, HDAs, Health promoters, etc
- Work with government and communities/target groups in joint and collaborative manner to maximize impact, cost efficiency, ownership and sustainability of programs. Work with government also ensures accountability and transparency.
- In this project, the integration of WASH and NTD objectives and the definition of NTD-related targets was important. As a WASH program, defining NTD-related targets/indicators that were dependent on WASH helped to ensure that our WASH program addressed WASH in an NTD-sensitive manner, and created measurable change in behaviors related to both WASH and NTDs. In this sense, the inter-dependence of our targets/indicators was key.
- CARE Ethiopia's team is highly collaborative and networked at the local government level, and believes very much in the capacity and responsibility of local government. The program team is, on the whole, engaged, thoughtful, and motivated, their leadership of the project, and engagement with government stakeholders, has been key to the program's success so far. CARE Ethiopia's WASH+ program refers to the larger WASH and water program/portfolio conducted by CARE Ethiopia, encompassing work in the Amhara, Oromia and Afar regions. The WASH+ Program Coordinator, Abebaw Kebede, oversees that entire larger portfolio and is part of the central management team of CARE Ethiopia. The I-WASHNTDs program is one of the programs within that larger portfolio. But Abebaw's long standing relationships and ability to form and encourage collaborative relationships with local government, in South Gondar, Amhara, in particular, has been key to the success, scale, and cost efficiency of the program.

Barriers/challenges and how they have been overcome:

Barriers:

- Complexity of measurement of success in behavior change among HH, in change among government partners, and in disease reduction.
- An initial lack of clear understanding of NTDs among CARE staffs that had to be overcome. Defining what WASH interventions were important for NTD prevention was/is a challenge.
- Student graduation throughout the 3 years poses a challenge to impact measurement, as many of our interventions are school based, and our STH analysis is among students. As students graduate, they take knowledge and practice with them, and new students arrive without that knowledge.



- Because the burden of NTDs is not easily observable, there is little government focus. The challenges to CARE is that keeping NTDs on the agenda requires regular communication and messaging – which requires budget and staff time.
- Discrepancy between convincing data working on NTDs entails and requires behavioral change, but the government needs to report numbers. One challenge for CARE is how to demonstrate change at the grassroots level, how to monitor the process of behavior change – how is the process going?
- Lack of mobilization around prevention and treatment together. Mobilization of the community has a great value to MDA, and vice versa. There is a 6-monthly deworming program in government, but those drugs may not be reaching all targets.
- Lack of clear guidelines for some aspects of intervention, such as sanitation marketing. Some of our intervention aspects are innovative, and there is a lack of clear guidelines for implementation. CARE must also comply with national guidelines where available, or with international/sector best practices.
- How to use IEC materials effectively for WASH and NTD integration? We are creating IEC materials, but how can they be used most effectively?
- Lack of engagement by wider set of government stakeholders, such as women’s affairs, agricultural office, etc. Though collaboration between CARE and the Health Bureau/Departments is clear (in part due to the initial WASH NTD workshop), collaboration among other stakeholders in Education, Health, Agriculture, Admin, Water resources, women’s affairs, finance office is too little. These stakeholders are unable to identify their role, and thus do not collaborate regularly.
- What to advocate for at the policy level? CARE started from scratch. Government policies are new. How should we influence, what kind of policy change do we want, at the national/regional level?

Actions taken and planned to address the above barriers:

- Government has learned by inviting regional Health Bureau – but they have needed to gain that expertise. Continued training and resources would be an asset.
- Need to target the whole family for behavior change.
- Additional funding to ensure regular communication and messaging.
- CARE can hold a review meeting, measure activities that are happening as part of the process within behavior change.
- Combine prevention messages with awareness creation around treatment.
- Process documentation for these elements; understand how to respond to challenges during implementation and iterate on the program.
- Create guidance for field staff on new/innovative activities, drawing up on national guidelines and sector best practices.
- CARE staff and partners got awareness of NTDs and their role in prevention at the initial workshop. It helped partners to organize Task Forces at the woreda level. Another workshop should be conducted to impact a better message of how more stakeholders can be involved.
- The technical aspect of this intervention must be clearly elaborated – which can be part of the training for the other working team.
- Clear messages on key stakeholder roles.



- Exploring experience from other countries that have achieved effective WASH NTD integration

Barriers related to budget constraints to CARE's programming:

We have interventions in school economic empowerment. Financial limitations cause limited contact with school-monitoring in particular requires a bigger budget, in some woredas the steering committee had planned more activities, such as construction of VIPs in all schools, but CARE budget is limited to support those aspects, and we have experience of reaching ODF in other woredas, but review meetings were essential within that. We don't have the budget within the J&J budget to do these.

Actions taken and planned to address the above barriers:

Additional funding for the execution and implementation of the program to attend the intended objectives.

Barriers at community level:

- Difficulty in changing behaviors around shoe wearing, and uncertainty as to root cause of lack of shoes. Awareness creation is one of the major activities, but there are people who can't afford to buy shoes. On the other hand, though many have shoes, many don't wear them during the day because they aren't comfortable or practical in agricultural activities. They wear them to church, to market. Is it better to promote ODF rather than the (potentially intractable?) problem of shoe-wearing?
- Lack of engagement of experts at the community/grassroots level. Many experts have been involved in the workshops, but haven't been working at the grassroots level. At the community level, HEWs and others are newly trained via cascade training.
- Lack of mobilization around prevention and treatment together that helps communities connect these activities, and leverage support of awareness of both.

Actions taken and planned to address the above barriers:

- Incorporate shoe-wearing in the hygiene and sanitation promotion and sensitization work of HEWs, HDAS, religious leaders, school clubs and amateur artists.
- Greater presence of regional expertise to ensure greater expertise at the community level.

Barriers at woreda and regional level:

- No clear data on prevalence of disease. Informed targeting of kebeles thus a challenge.
- Lack of clear guidelines for implementation at regional, zone, woreda level.
- No inclusion of WASH-NTD guidelines into HMIS reporting system, and no regularly collected data on disease prevalence at woreda/government level. Trachoma is a priority disease because it leads to



blindness. The others are not of high priorities because only morbidity. Trachoma is being tracked, but the other diseases aren't.

- Lack of high priority given to STH and Schistosomiasis in comparison with trachoma. Trachoma is a priority disease because it leads to blindness, but the morbidity of the others is overlooked by governments and communities.
- Expectation of budget support for the woreda action plans. At woreda level, Task Forces have been organized for WASH-NTDs. All of these Task Forces expected budget from CARE to operate. Responsibilities have been defined from education side, health side, etc, but all expect support from CARE.
- Lack of government focus and priority afforded to the NTDs because disease burden is not easily observable.
- Challenge of what to report at government level. Behavior change is not as useful of an indicator from government perspective, but there is lack of capacity to conduct disease measurements.
- Lack of budget support for the activities that woreda steering committees have planned.
- Lack of training materials for HEWs, DAs, and sanitation workers on WASH-NTDs, or NTD prevention. Training materials for HEWs, helping them to teach about the NTDs. We should develop this from the health bureau. Need training manual for HEWs, and curriculum. Support from regional government to develop this manual.

Actions taken and planned to address the above barriers:

- Guidelines for WASH-NTDs need to be developed at a regional level that can be disseminated. This will give clear guidance and priority, such that it is budgeted for.
- So, when we implement at woreda level, one of the checklists should be that the progress will be sustainable; the reporting system includes NTDs under 'others'.
- Needs regular communication with government partners to motivate them, but this takes effort.
- Woredas have developed their own curricula for this.
- In consultation with government experts, CARE staffs (hygiene and sanitation specialist and officer) are developed training curriculum for cascade training of WASH-NTDs.

Key lessons:

Key observations from Year 1 of the program:

**a 2016 update is available in longer format*

- The integrated WASH-NTDs program is a highly cost effective program, leveraging impact at a much wider scale than the J&J project area by integrating NTD prevention into an existing WASH platform.
- Though only a few CARE Ethiopia staffs are supported by J&J funds, all CARE WASH staffs have been trained in WASH/NTDs and are currently working with local government partners in integrating NTD prevention into WASH activities across the South Gondar zone. This has created momentum for NTD prevention at a wider regional level, and in kebeles outside of the J&J catchment that we want to take



advantage of by responding to CARE staff and government request for more training and support of behavior change approach iterations key to NTD prevention behaviors.

- The program's high degree of collaboration with woreda, zone, and regional government has been critical achieving impact at scale.
- The level of collaboration, including joint analysis, planning, and implementation, between CARE Ethiopia and woreda and zone governments is extraordinary, and influence is evident at all levels, multiplying potential impacts of the program.
- CARE has assisted woreda governments in creating Woreda Action Plans for NTD prevention, and will help to ensure implementation and monitoring of these Action plans in 2016.
- CARE will assist the Amhara Regional Bureau of Health to draft implementation guidelines for the National Master Plan for NTDs, published by the Federal Ministry of Health in 2013, which will help to ensure that WASH and other NTD prevention measures receive investment and oversight at the regional level, and are coordinated with drug distribution.
- The program has built significant momentum and interest in NTD prevention, but CARE staff and government need more and refined training on NTDs to most effectively utilize that momentum.
- CARE staff and government partners are very enthusiastic about working in WASH and NTD prevention, and are brainstorming and innovating in their local contexts. However, they need more specific training in NTDs and specific transmission. Small misunderstandings are not critical to implementation, but correcting these would strengthen strategies in the medium and longer terms. CARE Ethiopia is seeking additional training on NTDs from the Federal Ministry of Health, and NTD partners.
- Investing in and leveraging existing WASH platforms and programs is a potentially very cost effective way to address NTD prevention.
- One of the objectives of this program is to better understand the cost of embedding NTD prevention activities into an existing WASH platform, in order to motivate stakeholders to absorbing these costs.
- Preliminary results of our cost analysis suggest that adding NTD prevention activities to an existing WASH program corresponds to an added cost of 10%. This is a potentially powerful figure for advocacy; key messages have been developed for the WASH and NTD sectors accordingly, and policy briefs are being drafted. These figures have already influenced preparation for a USAID bid for WASH in Ethiopia.
- A rigorous documentation process is essential to ensuring potential replicability of program planning and implementation in other areas, and to documenting learning through iteration; this documentation process is challenging, and requires significant and deliberate investment.
- Though learning is well embedded in this program, our mid-year review workshop made it clear that we must invest more resources and time into documentation, and planning for the documentation process.

Action required to implement the approach successfully at the national scale:

Because the Integrated-WASH-NTDs program seeks to examine operational models, and the barriers to and costs of joint WASH- NTD implementation, rigorous documentation of the implementation process is key. Establishing methods for this documentation has been a challenge for CARE Ethiopia, as the extent and type of documentation required is new to the team. However, a mid-year review workshop was recently held to re-examine documentation tools, and incorporate key learning from the first 6 months of project implementation. As a result of this workshop, documentation tools have been refined, and new areas of focus have emerged, such as specific activities to address shoe-wearing, and the co-creation of guidelines for WASH-NTD prevention



by CARE and the Zone and Regional Health Offices which will be cascaded down to all zones and woredas throughout the Amhara region. These all entails and requires budget.

Further observations with respect to scale:

- WASH or NTD organizations that have strong relationships with local governments could play a similar facilitative role in other regions, zones, or woredas, building awareness and capacity of local governments to address WASH and NTDs jointly. Concretely, assisting regional, zone, and woreda governments to create action plans or implementation guidelines in accordance/compliance with the National NTD Master Plan would be useful. Helping to define region/zone-specific WASH targets as a part of those strategies would be key. CARE Ethiopia and the Amhara Regional Bureau of Health have organized a national review meeting to share and exchange approaches, and encourage uptake in other regions/zones. Understanding investment and impact of integrated approaches is also key. In addition (or alternatively), working groups or exchanges between woreda, zone, or regional governments – to socialize and encourage uptake of best practices in successful government zones/woredas would be an ideal approach to government-led scale up. Thus, the South Gondar Zone government and Amhara Regional government could share their experience and best practices, and “mentor” other zones/regions in integrating WASH NTD objective
- Collaborating with additional regional, zone, and woreda governments to create joint WASH NTD action plans.
- Our financial analysis suggests that adding NTD-specific or integrated objectives and activities to CARE’s existing WASH platform costs approximately 8-12% additional program budget. Providing this additional budget would allow the WASH and NTD communities to ensure NTDs are addressed in all areas where WASH is being implemented if additional budget were simply added to existing WASH platforms. These costs could be borne by the NTD community at significant cost savings compared to stand alone F&E or NTD interventions; by the WASH sector organizations at relatively minimal added cost for addressing key health targets; or by both in collaboration. Additionally, the NTD sector could potentially help financially incentivize the WASH sector to scale WASH work in highly endemic areas, by contributing such levels of match funding.