Situation Analysis for WASH and NTDs planning: protocol and methods

The situation analysis is composed of several information gathering activities to guide WASH and NTDs programming and activities. This is a first step to developing a joint programme approach to address NTDs at country level, and will need to be followed by district-focused analyses to understand the partners, resources, and existing WASH, NTDs and other relevant activities taking place locally before developing a detailed implementation plan that involves all key stakeholders. The national level assessment will analyse national health, water and sanitation, education and other policies, plans and systems at all administrative levels necessary for the effective implementation of WASH interventions for NTD care, control and elimination.

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How WASH is defined in this situation analysis.

Investment in sustainable water and sanitation infrastructure is critical to development and equity. Tapping into local knowledge from the government and understanding community needs and preferences are important steps to determine the most suitable type of infrastructure and behaviour change WASH interventions within each setting. In the context of NTDs, WASH activities are defined as:

- Improvement in access to water and sanitation hardware through direct programme investment; or promotion of household/community investment (particularly in latrine construction or maintenance of water points); or advocacy to ensure planned infrastructure is targeted at endemic areas
- Actions focused on behavioural change and the promotion of healthy behaviours and practices around personal and household hygiene relevant to diseases endemic in the location of interest (e.g. facial cleanliness for trachoma, shoe-wearing, handwashing and food safety for STH, etc)

This can be achieved through various mechanisms and interventions including:

- Developing social norms on cleanliness and hygiene practices/habits driven by community dialogue.
- Capacity building and infrastructure development around water and sanitation (ie: construction, use, sustainability, and management)
- Development of tailored hygiene programmes that serve to integrate and/or coordinate with existing NTD and other relevant health or WASH programmes.

→ Key steps

1. Identify analysis team
2. Identify and formally involve key stakeholders
3. Collect information
    I. Demographic Information
    II. Disease information
    III. WASH information
    IV. NTDs and WASH Coordination Information
    V. Behavior Change Tools and Approaches
    VI. Advocacy
4. Analyse
5. Recommend
6. Report

1. Identify analysis team

This is a recommended core group to be included in the overall situation analysis team. The team should include members with NTDs, WASH, Social and Behavior Change Communication (SBCC), and public health/epidemiology expertise, representatives from current programme and coordination structures, etc.

Terms of Reference for Conducting a WASH NTDs Situation Analysis for [COUNTRY]

[Organization or Person Responsible for Conducting a WASH and NTDs Situation Analysis]
[DATE]

Overview:
[Provide County background and any other full reviews or analyses done to date:]

Key tasks:

- Present a broad, national perspective on current WASH and behavior change programming taking place in [COUNTRY] with relevance to NTD care and control:

  1. Work with [ORGANIZATION NAME] and [lead national-level Ministry], to develop a clear timeline for conducting the Situation Analysis, including a communication plan for keeping all programme stakeholders apprised of progress.
  2. Undertake desk review of existing studies, campaigns, white-papers, WASH and NTD plans (national, sub-national), gap analyses that underpin national WASH and NTD efforts to date.
  3. Work with relevant members of established county-, region- and/or district-level NTD Task Forces and WASH teams to identify and review all relevant WASH strategies currently in place.
  4. Meet with representatives of the following entities to discuss their knowledge of, experience with, and any materials they may have in relation to WASH activities undertaken or being undertaken in and around the geographic areas supported by the Programme:

     - Implementing partners;
     - National, regional and/or District-level NTD Task Force teams;
     - Other national, regional and/or district level formal WASH groups or organizations; and
     - Organisations/agencies engaging in behaviour change interventions and initiatives.

     These discussions should also gather input from these representatives regarding what works, what doesn't work and why (in both cases) with regards to WASH and behaviour change initiatives.
  5. Summarize and present findings and conclusions to all programme stakeholders.
  6. Incorporate Program stakeholder input/feedback into a Situation Analysis Report to be submitted to [AGENCY NAME] and [lead national-level Ministry].

2. Identify and formally involve key stakeholders

Successful joint planning requires all stakeholders to work together to achieve the common goals of improved public health and equity (as opposed to sector-specific goals such as disease control and WASH access). Reaching agreement and buy-in to a common goal is likely to demand a shared understanding of the goals of all stakeholders, and aligning NTD strategies with the national development agenda. Joint planning is likely to be more successful if everyone who should be involved has been involved from the start. It is unrealistic to expect agencies and individuals to buy into an agenda they have not been involved in setting.

Stakeholders can be involved in agenda-setting and in gathering further information through a meeting or workshop in which the current situation of NTDs in the country is discussed with key stakeholders to seek their involvement and advice. Effort should be made to explicitly link NTDs to the objectives of other stakeholders, in terms of poverty reduction, broader public health benefits, and equity. This could also be the first step for collecting key information, or identifying sources of information that should be followed up. This should be done at the national level and in selected endemic regions if possible.

See **Messages for engagement (#4)** for details

Key types of stakeholders to involve:

- NTD and WASH government programme leads from the health, water and education sectors (including Ministry of Health environmental health department, Ministry of Education leads for school health and school infrastructure, and any relevant technical or sector working groups)
- NGOs involved in WASH and NTDs implementation and advocacy
- Bilateral and philanthropic donor and UN agencies involved in WASH and NTDs implementation
- Organisations involved in developing and implementing behaviour change programmes (government, academic or private)

3. Collect information

A robust Situation Analysis requires information on disease distribution, services (WASH, health, education), existing programmes, governance and coordination, financial resources, human resources, the policy environment, and all other relevant aspects that influence the design and implementation of the programme. This section provides detailed questions for collecting this information as a basis; however, the Analysis Team should be aware of any additional context-specific aspects for which additional detail is required, and should adapt this protocol to capture all relevant information.

Useful information sources:

- Aqueduct Atlas- Water Risk. http://www.wri.org/our-work/project/aqueduct/aqueduct-atlas
- CIA World Factbook. www.cia.gov/library/publications/the-world-factbook/
- Global Atlas of Helminth Infection. www.thiswormyworld.org
- NTD Mapping Tool. http://www.ntdmap.org
- Trachoma Atlas. www.Trachomaatlas.org
- USAID, Measure Demographic Health Survey Report (DHS). www.measuredhs.com/. (WASH information usually found on Chapter 2 – Household Environment)
- WHO, World Health Statistics. www.who.int/healthinfo/EN_WHS2012_Part3.pdf
- WHO/UNICEF Joint Monitoring Program (JMP) for Water Supply and Sanitation. https://washdata.org/
- WHO Preventive Chemotherapy Databank: historical data on mass drug administration. http://www.who.int/neglected_diseases/preventive_chemotherapy/databank/en/

I. Demographic Information

1. How many districts (or equivalent) in your country are considered 'endemic' for NTDs? What is the total population of these districts? Attach a table or map of endemic districts showing the population of each, and percentage of the population defined as rural, peri-urban and urban (include the national definitions of rural, peri-urban and urban populations).
2. Provide additional demographic information for endemic districts or regions:

- number of children under 5
- number of school-age children
- percent of boys, girls, and all school-age attending school

3. What is the adult literacy rate? If possible, by district or region.
   - Total _____ Male _____ Female _____

II. Disease information

1. Populate the table below with prevalence of disease for which mass drug administration programmes are being delivered, treatment coverage, including year in which data were collected.

District	Diseases	MDA (%)
District X	LF	
	Onchocerciasis	
	Schistosomiasis	
	STH	
	Trachoma (TF)	

2. Provide prevalence and programme information on endemic NTDs, including
   a. Community- and facility-based morbidity management
   b. Social inclusion and stigma prevention
   c. Vector-borne control programmes
   d. Veterinary public health interventions for zoonoses control
   e. Non-MDA interventions for diseases mentioned in QII.1*

Disease [delete as necessary]	Endemic districts [include suspected]	Prevalence/ incidence/ cases	Programme & coverage
Buruli ulcer			
Chagas disease			
Chromoblastomycosis			
Dengue			
Dracunculiasis (Guinea worm)			
Echinococcosis/ hydatidosis			
Endemic treponematoses (Yaws)			
Foodborne trematode infections			
Human African trypanosomiasis (Sleeping sickness)			
Leishmaniasis (Visceral/ cutaneous)			
Leprosy			
Lymphatic filariasis			[* disease management, inclusion, vector control]
Onchocerciasis (River blindness)			[* Vector control, inclusion, addressing impairment]
Rabies			
Scabies			
Schistosomiasis			[* WASH, snail control]
Snakebite			
Soil-transmitted helminthiases			[*WASH]
Taeniasis/ Cysticercosis			
Trachoma			[*Surgery, WASH]

III. WASH information

1. Detail the proportion of the population in each endemic district that has access to improved drinking water sources and sanitation facilities, and handwashing facilities (with water and soap present at the time of assessment). Include nationally-agreed definitions of "improved water" and "improved sanitation" and state information source and date[1] (if multiple access assessments have been done, include figures from all these assessments). Available maps should be included as an annex.

    a. Community/household WASH data

District	% Access to improved water*	% Access to improved sanitation**	% Population practising open defecation	% households with handwashing facilities (of which % with soap and water)

Definitions (WHO/UNICEF Joint Monitoring Programme on Water and Sanitation):
* Improved water sources include: Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. An improved source should be accessible on premises, water should be available when needed, and the water supplied should be free from contamination.
** Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

1 Acceptable information sources include national WASH sector performance reports, Demographic and Health Surveys, Multi-cluster Indicator Surveys, census, and other nationally-verified assessments. Data should be as up to date as possible, and not older than two years.

b. Institutional WASH data: Include any available information at district level on:

iii. Type/level of healthcare facilities (health post, primary health centre, district hospital) and WASH services within those facilities as relevant (type and reliability of water supply, handwashing facilities, adequate toilets for staff and patients, or any other nationally-set criteria)

iv. Level of schools (primary, secondary) and WASH services within those schools (type and reliability of water supply, handwashing facilities, separate and adequate toilets for boys, girls and teachers).

2. Provide additional information on the local context useful for planning purposes, such as population densities around water sources, drought risk and frequency, population mobility (e.g. nomadic/pastoralist populations, cross border movement, seasonal migration, areas experiencing waterborne disease outbreaks in recent years, specific farming practices that raise transmission risk, etc).

3. What is the current framework used to assess the performance of the WASH sector (for example, a Sector Performance Monitoring Framework?) What are the indicators used for this purpose? What are the components of the framework (e.g. annual reviews, reports, etc)?

4. Include information from formative research[2] on sanitation and hygiene behaviour (such as hand washing and latrine use) conducted in the past five years in the country/endemic districts. List all available online research reports, or obtain and review unpublished materials. Include any information on knowledge, attitudes or practices captured in existing WASH Sector Performance Monitoring Frameworks and reports.

IV. NTDs and WASH Coordination Information

This section should provide in-depth information on existing coordination structures and strategic entry points for joint planning and implementation (national, district).

1. Describe the NTD Coordination Team(s) or Task Forces that support the design and implementation of the NTD Master Plan at national, district, and sub-district levels – including Terms of Reference, leadership, membership, meeting frequency, planning schedules and

2 Formative research is research undertaken prior to the design of programme materials to describe existing practices and their context, as well as the motives and perceptions that underlie these practices.

funding sources. Identify any gaps and challenges in the current structure. Include any relevant organizational diagram showing the coordination structure. Specify whether any WASH and behaviour change stakeholders are represented within these structures, and whether WASH and behaviour change are included in the roles and responsibilities of the group.

2. Describe the WASH coordination structures from national to community level, including sector and technical working groups, and their leadership, membership, meeting frequency, planning schedules and funding sources. Identify any gaps and challenges in the current structure. Include any relevant organizational diagram showing the coordination structure. Specify whether any NTD stakeholders are represented within these structures, and whether NTDs are included in the roles and responsibilities of the group. Specify whether the group/s include any stakeholders working specifically on behaviour change, and whether behaviour change forms part of the group's responsibilities.

3. If available, include a country-level map or document that describes what WASH, hygiene or sanitation interventions are taking place in each region of the country.

   Use the **WASH NTDs partner form (#7).**

4. Describe the distribution and level of WASH staff (district, sub- district, village, etc.), e.g. District WASH Office, technical support units etc. Does the Ministry of Health (or another ministry/ agency) have WASH staff/environmental health staff support at various levels (district, sub-district, village etc.)? Outline their roles and responsibilities.

5. What is the structure of the national education system from Ministry of Education to primary schools?

6. Is hygiene education included in the national primary school curriculum and does it include any personal hygiene aspects? Are teachers trained to deliver this content and is it currently being implemented? Do schools regularly form school health clubs or similar initiatives? When is the primary school curriculum scheduled to be revised?

7. Are there any other stakeholders that have not been involved in the situation analysis and that may be able to contribute to and implement NTD programmes? How can they be brought into NTD programme planning and implementation?

V. Behavior Change Initiatives, Tools and Approaches

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

    a. School-based programming

    b. Community-based programming

    c. Mass media approaches

    d. Social marketing approaches

    e. Community Led Total Sanitation

    f. Use of health outreach programmes

    g. Behaviour change materials used during NTD MDA campaigns

Intervention and Description	Target/ Audience	Who delivers it

2. List and describe any tools that currently exist in country for NTDs and WASH behaviour change:

    a. What materials are available at district/school level for hygiene/sanitation promotion?

    b. Are these materials available to key stakeholders that implement NTD programmes?

    c. Who in the Ministry of Health is responsible for development and distribution of communication materials on NTDs and/or WASH?

d. What is the process within the government for approving health and WASH communication strategies and materials?

3. Provide a description of the quality and effectiveness of existing tools. *NB: Quality of tools and messages should be assessed by a trained health communication specialist to determine whether they have been developed in-line with social and behaviour change communication standards that include (but are not limited to) measures of a) technical accuracy, b) presentation of actionable information, c) literacy and cultural considerations, d) a specified call to action, e) encouraging social dialog, f) dispelling myths/rumours, g) ensuring that messages are consistent throughout materials (and with communication strategy, if available), h) that graphical elements are consistent among materials, and i) that it is clear which target audiences the tools or messages are intended for.*

4. What are the main media channels in the country and endemic districts? This may be presented in a table by region/district and nationally:

    a. Radio stations that broadcast in each trachoma endemic district/region or nationally.

    b. Percent of people listening to the radio at least once a week by sex, age, district/region

    c. TV stations that broadcast in each endemic district/region or nationally.

    d. Percent of people viewing TV at least once a week by sex, age, district/region

    e. Percent of people who read at newspaper at least once a week by district/region.

    f. Percent of people who own mobile phones by age and sex and district, if possible

    g. Provide a mobile phone network coverage map, showing the major mobile phone providers coverage by district

    h. What other local media is used in the districts (eg. town criers or "walking radios", film/video halls, drama groups, etc.)?

VI. Advocacy

Both NTD and WASH stakeholders undertake advocacy to maintain these sectors on the national development agenda and mobilise the necessary resources for programme implementation. In order to effectively plan advocacy strategies, it is important to look closely at both the environment in

which advocacy activities will happen and the specific issues and barriers that need to be addressed at all levels. This section enables gathering background information for the later development of advocacy strategies.

1. Describe the level of priority given to NTDs and WASH within
    a. The national development agenda
    b. Domestic resource allocation
    c. National health strategy and plan
    d. External funding
2. What other initiatives compete for funding and political influence? Please describe those you see in action at the a) household, b) community, c) district/state, and d) national levels. Can these initiatives serve as potential allies?
3. How is advocacy currently carried out by WASH and NTDs stakeholders? Is there any joint advocacy, for example presenting a shared need for investment to government decision makers or donors? Have there been any notable successes? What are the main challenges?
4. Do current NTD and WASH plans have advocacy objectives, and how are these being monitored?
5. Are there prominent political or popular figures who have championed WASH and/or NTDs in the past, who are currently engaged or could potentially be engaged further?
6. Who are the primary decision makers influencing WASH at the national regional and community levels?
    a. Have these decision makers been approached to collaborate with NTD efforts? Have these efforts resulted in successful engagement? If not, what are the reasons?
    b. Are these decision makers currently involved in NTD initiatives?
7. What are some potential joint advocacy objectives for an integrated WASH/NTDs initiative?

4. Analyse

The information gathered must be usefully and critically analysed to inform the planning and coordination process. It is important to discuss findings in a group to ensure that information gathered from interviews is verified, contextualised and objectively presented. The analysis should include:

1. Key issues underpinning disease prevalence and programming in the country:

Theme	Key problem/challenge to address
Behaviour	(e.g. poor hygiene practices – lack of handwashing with soap, lack of face washing, lack of shoe wearing)
	(e.g. bathing, swimming and laundry in surface water)
Environment	(e.g. Lack of access to and use of toilets; Vector breeding near/in poorly managed water sources; Poor maintenance of sanitation facilities)
Social inclusion	(e.g. Stigma-related exclusion from water sources (e.g. for people affected by certain NTDs))
Treatment and care	(e.g. lack of reliable water supply in healthcare facilities providing surgical interventions; lack of water for self-care)

2. Who are the primary and key implementation actors? Based on the available mapping exercises where are the priority intervention areas?

3. What are the key coordination overlaps, synergies and gaps? Identify the barriers and gaps that need to be addressed through the planning process in terms of financial and human resources, availability of approaches/tools, governance and coordination structures, as well as challenges specific to particular endemic areas (e.g. geography, culture, population density and movement, political instability etc.).

4. Are there aspects on which information/formative research is still required?

5. Opportunities: Provide clear set of the existing entry points and gaps, and their implications for programme design to inform the recommendations.

5. Recommend

Provide clear recommendations including next steps, actions, timelines and responsible individuals. Recommendations should be as specific as possible to be actionable. For example, vague recommendations such as "increase financial resources" or "undertake capacity building" should be accompanied by specific information on the level, type and purpose of resources needed, and the specific skills and cadres needed. Recommendations should be grouped under useful headings to enable effective planning.

6. Report

All findings should be compiled in one report, including an Executive Summary outlining key findings, conclusions and recommendations, to enable use of the information for planning purposes.

You may find the **Situation Analysis executive summary template (#8)** and **Situation Analysis presentation template (#9)** useful, as both can be used effectively in the next phase of the joint planning process.