

→ **WASH and Health Working Together - a 'how to' guide
for NTD programmes**

Messages for Engagement

It is important to form collaborative relationships with a broad set of stakeholders that may not work specifically on Neglected Tropical Diseases. Contributions include information sharing, participation in planning, and resource allocation for unfunded areas/aspects. However, although such collaboration is needed, you may find it difficult to initiate a discussion with the necessary stakeholders. Some stakeholders can be nervous about changing existing health/ sanitation/ hygiene promotion programmes, for fear of 'diluting' messages, overloading field staff, having to share resources with other agencies, etc. This may make them less likely to engage, or agree to programme changes or activities. The 'arguments' below have been written to inform the way in which stakeholders can be approached to encourage engagement in NTD planning and activities.

Audience	What are their interests/ objectives	Problem/barrier
Senior decision makers/politicians at national and district level	Profile and success Cost effectiveness and value for money Response to urgency National development/SDG targets	NTDs not seen as an urgent development issue, making it difficult to engage non-NTD stakeholders in joint planning and delivery
General: Health, WASH and education program managers and implementers (e.g. managers of existing health extension programs)		Some stakeholders can be nervous about changing existing health/ sanitation/ hygiene promotion programmes, for fear of 'diluting' messages, overloading field staff, having to share resources with other agencies, etc. This may make them less likely to engage, or agree to programme changes or activities.
General: All sector specific stakeholders		NTD actors may not see NTDs as an opportunity that adds value to their own objectives, compared with other opportunities.

What's in it for them	Message	Notes
Being part of disease elimination success Reaching hard-to-reach populations for achieving universal access/coverage Being part of a proven effective programme Positive externalities for other development areas (health systems strengthening, WASH etc)	NTDs affect the poorest and most marginalised areas and communities, and can exacerbate poverty disproportionately among women, children and vulnerable groups. Collaborating will help us target our work towards these areas to reduce poverty and improve development outcomes. Existing health/ sanitation/ hygiene/ education activities can be strengthened by creating a coordinated health promotion agenda that includes NTDs. The NTD programme can provide an opportunity for new partnerships, influence and potentially, resources.	This message can be refined by referring to a specific national goal/ target on poverty reduction, addressing inequalities, gender empowerment, economic growth, educational attainment, etc. You could also target specific known interests of individuals. Explain that: NTD contents and expertise can help make existing packages better (by, for example, addressing the determinants of behaviours, creating new innovative tools, etc.); and It is better to have a comprehensive and strong health promotion programme than separate programmes; additionally, the capacity of health promotion staff can be strengthened by the training and learning opportunities offered by the NTD programme. All sectors need resources, and experience the same challenges of finding new sources of funding or good partners to work with. All sectors want to be able to have influence over the agendas of other sectors. Emphasise the NTD initiative as a platform for new partnerships and a way of increasing inter-sectoral dialogue (for example, WASH NGOs are increasingly seeking opportunities to work with the health and education sectors).

Audience	What are their interests/ objectives	Problem/barrier
WASH service delivery agencies (decision-makers)	Service coverage/access/use (in accordance with national targets); Water safety/quality Sustainability Functionality Progressingf up the WASH 'ladder' - from unimproved-limited-basic-safely managed Increased budget allocation (in many countries, the proportion of the national budget allocated to WASH is frequently lower than 5%)	WASH agencies are not held to account for improving disease outcomes, and may not prioritise working towards a specific disease (and if so, other issues such as diarrhoeal diseases or outbreaks may be seen as more urgent and more immediately linked with inadequate WASH). Institutional responsibility for sanitation and hygiene promotion is often unclear or fragmented, making these issues underprioritised and underresourced. This means that establishing joint action can be difficult. WASH agencies are often resourced by technical specialists/engineers, making dialogue on shared objectives challenging.
WASH service delivery agencies (decision-makers)	Viable effective approaches to behaviour change - to achieve handwashing with soap Funding for behaviour change programme components and access to expertise	There is little expertise in the WASH sector, especially at national level, in design of effective behaviour change programmes There is little funding available Responsibility for delivery for behaviour change interventions is not clear
WASH service providers (District level managers)	Reaching coverage targets Service functionality Effective spending of district WASH resources Improved targeting of services to avoid political pressure	Insufficient resources (financing, staff) affecting capacity to absorb funding Prohibitive costs in hard to reach areas (drilling, parts, roads) Poor functionality of existing services and lack of live functionality data Political pressure at local level to a. serve hard to reach areas or conversly b. direct services according to the wishes of politicians rather than need

What's in it for them	Message	Notes
More resources Reaching hard to reach areas and communities Improved information for planning and delivery Increasing the value of WASH programmes (particularly sanitation and hygiene) in the eyes of communities and politicians Providing a platform for WASH-health integration that can be replicated in other health/nutrition programmes	NTDs affect populations in hard to-reach areas that are complex or expensive in terms of service delivery/infrastructure. NTD programmes provide useful information on where the needs are. Joint planning and advocacy can help leverage more resources and make more effective use of existing resources.	Explain that programming can help target 'expensive' areas more effectively. Use maps to show distribution of NTDs relative to water and sanitation access in endemic areas, to highlight areas of need. Be sensitive about using data that contradicts official coverage figures. Explain that this can also demonstrate multiple outcomes and benefits of WASH and NTDs programmes to politicians. A coherent message to communities also helps demonstrate that programmes are responsive to their needs. When this is achieved, it shows that this type of collaboration demonstrates mutual gains, and offers an approach for collaboration with other health sub-sectors.
Access to innovative approaches to behaviour change and shared learning Improved behaviour change can lead to more use and sustainability of WASH services Community level entry points such as health outreach, mass drug administration and school-based programmes Producing programme evidence that behaviour change can contribute to achieving elimination Showing that embedding behaviour change in health programmes is possible	NTD programmes provide entry points at community level for health promotion activities that can improve behaviours and use, and enhance sustainability. The emphasis on elimination and the access to private sector collaboration means that NTD programmes are well-positioned and motivated to access expertise and to embed behaviour change in programme delivery	
Being able to state clearly where services should be targeted More effective management processes through the programme	NTD programmes produce information that helps identify and target areas in need, to meet equitable service delivery targets. The reach of the programme can provide 'live' information on service functionality.	

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Health sector decision makers	Universal health coverage Financing healthcare Health worker training and retention Burden of disease Emerging threats Meeting the objectives of vertical programmes (immunisation, HIV)	The health sector has many urgent priorities and targets; NTDs are one issue among many, and have a low sector profile. It is not immediately obvious that NTDs programmes can contribute to the broader system. The health sector is also trying to reconcile the need for achieving health systems strengthening while delivering vertical programmes with multiple funders
Healthcare service implementers- District Health Officers and District Medical Officers	Responding to health needs of service users Meeting vertical targets (e.g. vaccine coverage) Reliable supply of drugs and health care commodities Staff retention Access to reliable data for interventions Coordinated service delivery Ensuring service quality	NTDs viewed as an additional vertical programme Both WASH and NTDs programmes are delivered by separate institutions and delivery mechanisms NTD continuum of care between mass drug administration and care and treatment is fragmented and WASH services are delivered by different institutions
Veterinary public health	Programme coverage, immunisation coverage Improved yield: Livestock survival and growth Disease control Reliable supply of commodities	Animal focus More linked with agricultural extension programmes than healthcare services Professional barriers- different language/jargon WASH not a priority in veterinary public health programmes Unclear case for impact of WASH interventions on animal health

What's in it for them	Message	Notes
Reducing burden on frontline health workers and volunteers by rationalising their job descriptions around a coherent package of interventions and health promotion components Capitalising on emerging behaviour change approaches to respond to multiple health needs Improving cross-sectoral collaboration for increased efficiency and sustained health outcomes Reaching elimination goal = political capital Enhancing healthcare services in hard-to-reach areas Useful platform for other programmes	WASH interventions do not just respond to NTDs needs; they have a role in improving other health outcomes related to diarrhea, pneumonia and nutrition. NTD programmes offer an effective platform to bring multiple programmes and interventions together to achieve equitable health outcomes and stronger health systems.	
Health needs of the population are being responded to without adding burden onto existing resources. Increased coverage of a broader package of services targeted more equitably. More and better data available on health outcomes and interventions District Health Office has oversight of the quality of interventions being delivered throughout the district. Opportunity to deliver other interventions through the NTDs platform, such as Vitamin A supplementation	Integrated WASH and NTDs programmes 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.	
Raising political attention to veterinary public health by linking it more closely with human health Increased reach and uptake of veterinary public health services Cost efficiencies Improved animal husbandry practices	Collaboration on WASH and NTDs is crucial to delivering a One Health approach Collaboration on WASH and NTDs offers new opportunities to improve both human and animal health as well as protect livelihoods Collaboration can improve reach and uptake of veterinary public health interventions Collaboration on behaviour change can improve animal husbandry practices	

Audience	What are their interests/ objectives	Problem/barrier
Nutrition	Reaching global targets: childhood overweight, wasting, Stunting, anaemia in women of reproductive age, low birthweight, exclusive breastfeeding Universal improvement in nutritional outcomes - everyone, everywhere Delivery of top 10 priority nutrition interventions Delivery of nutrition sensitive programmes	The nutrition sector acts as a sub-sector, and is often populated with institutions different to those of the health sector Traditionally poorly-coordinated with the WASH sector Does not have disease-focused objectives Complex multiple determinants and low relative impact of each individual intervention
Education (national level decision makers)	Increase school attendance Improve educational attainment outcomes Closing the gap between girls and boys on both of the above Recruitment and retention of teachers Universal access to free quality primary and secondary education Access to quality early childhood development, care and pre-primary education	Not immediately obvious how NTD programmes can strengthen education, and WASH often seen as a separate infrastructure issue to quality education Education sector not held to account against health outcomes and therefore these are not measured or funded Overburdening of teachers/schools as entry points for multiple and uncoordinated health and gender programme objectives

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Particular relevance of WASH and NTDs to stunting and anaemia, and additionally wasting and low birthweight Another entry point for promoting healthy behaviours including exclusive breastfeeding and safe feeding Both community and school-based platforms (school health and nutrition programmes an easy entry point for WASH and NTDs behaviour change communication) Dealing with the non-food targets (stunting) Delivering nutrition-sensitive interventions - coordination for achieving interventions that are not the explicit responsibility of the nutrition programme but that help meet nutrition objectives Innovative behaviour change approaches that go beyond nutrition education Stronger link to district programmes (health, WASH, NTDs)	Undernutrition affects the same populations that are affected by NTDs and poor access to WASH. Collaboration can help break the cycle of poor nutrition and target populations and areas with the highest burden. Such collaboration also helps respond to the multiple determinants of undernutrition in a way that makes better use of resources and helps meet population needs.	
Coherent and well-coordinated school health and nutrition programmes (that reduce burden on teachers and provide skills and tools) Alignment of various school modalities (school health clubs, school WASH clubs, disease-specific clubs, parent-teacher association activities) Better health outcomes and related attendance for children Improved reach of out-of-school children Opportunities for effective and innovative behaviour change promotion Funding for school health and behaviour change activities Increasing children's potential for educational attainment	Coordinated and integrated WASH and NTDs programmes delivered at school can improve the health outcomes of students and out-of-school children. Such programmes can also empower children to take responsibility for their health and hygiene behaviours and influence family behaviours. NTD prevention measures can strengthen the education system by contributing to overall child health, providing educational tools, improving school water and sanitation infrastructure and strengthening teacher capacity	

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Education (district level managers)	Enrolment and retention of students School performance ratings of students and teachers Teacher availability and retention Funding for commodities/materials School infrastructure	Limited resources Overburdening of teachers and multiple non-education (health, WASH, nutrition) programme priorities to be delivered by teachers without adequate skills and tools Fragmented school system - district education authorities may not control all schools in their catchment area
Vector control	Disease control by reducing vector breeding Public compliance/ behaviour change at scale Reduce need for insecticide spraying (cost, sustainability/resistance)	Vector control is often joint with malaria control programmes rather than other NTDs, and malaria dominates the political and funding agenda Lack of clarity of the remits of the vector control programme in terms of NTDs Public mistrust in vector control programmes Not valued as much as treatment programmes
Gender equity programmes and initiatives	Women's involvement in planning and decision making of programmes Enabling meaningful participation of women in programme development and implementation Improved access to health services for and by women	NTD programmes viewed as seeing women as a useful entry point rather than genuine stakeholders Other health interventions that have more obvious links to women's health, more immediate need and stronger mechanisms for women's engagement are prioritised
Disability organisations	Development programming that is disability-inclusive Accessible services Meaningful participation by people with disabilities in programme development and implementation	NTD programmes are seen as highly medicalised - not aligned with the social model of disability and a rights-based approach

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Improvement to inclusive school WASH infrastructure New sources of funding New educational skills and tools New platforms provide a way of advocating for more resources to education Improved school attendance and health of children (and potentially educational outcomes)	Coordination with WASH and NTDs can improve school access to infrastructure and teacher training, by highlighting areas of need. This increase in resource and teaching skills can improve teacher retention, enhance parent trust in the education system, and improve student retention and attainment	
Linking vector control strategies to housing and sanitation Demonstrating additional benefits of vector control for improvement in WASH Improving public compliance with vector control measures Additional entry points for community engagement	Collaboration can improve effectiveness and impact of vector control interventions by enhancing targeting and pooling financial and staff resources across multiple vector-borne disease programmes. More effective delivery and behaviour change communication interventions can increase public uptake of vector control interventions.	
Participation of women in programmes that affect their health Opportunity to educate the NTD sector on gender transformative programming Improved health outcomes for women	NTDs can disproportionately affect women and girls due to biological and socioeconomic factors. Collaboration and coordination can help ensure a comprehensive response to health outcomes and their determinants. Gender equity focus can increase the uptake of all healthcare services	
Increased access to NTD and WASH services by people with disabilities. Participation in decision making on community programmes. Opportunities to address stigma and exclusion related to NTDs	A collaborative approach on WASH and NTDs can help ensure a comprehensive and equitable response to the needs of persons affected by NTDs	