

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

Planning tool: developing comprehensive and adaptive NTD programmes

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Purpose: This tool is designed to help you move from building initial willingness among the partners you have engaged so far to 'do something', to deciding what you will actually do together. It will help you

- use the information and evidence you have assembled so far to define the problem you are trying to solve and develop a clear set of realistic and effective actions and possible solutions; and
- systematically review, revise, develop and adapt current interventions to reach your shared vision.

An important **ground rule:** anyone involved in this process (including you!) must be prepared to move away from their own priorities and focus on a shared agenda. This is crucial for bringing together a diverse set of actors.

Step-by-step planning process

BEFORE A PLANNING WORKSHOP IS ORGANISED

1. Gather:

The purpose of this step is to use the information gathered so far to set out a clear idea of the problems the programme needs to address, and which institutions and individuals to involve in order to develop a successful plan of action.

What do you need in order to start a planning process?

- Conduct a situation analysis, as set out in  **Step 3 of the toolkit**. The ‘products’ of this process – the report, executive summary and the presentation, will serve as the starting point for the planning process.
- Assemble a small team of people to lead the process. You may have already formed this group before commissioning the situation analysis, and at this point, you may want to consider whether the composition of the group should be revised. Be sure to include people who have in-depth knowledge of NTDs and WASH programmes operating at the national and community levels as well as health promotion and behavior change experts – this will make it more likely that the action plan will be properly owned and implemented. This includes relevant government and nongovernmental partners.

Setting up the planning process:

- **Assign a meeting facilitator:** good facilitation is crucial for a successful planning meeting. The facilitator can be someone from the existing group of stakeholders, or an external facilitator. Ensuring the facilitator is well briefed and understands the content may require separate meetings in advance. Some key considerations are:
 - ▶ It may be advisable to appoint a facilitator who is known and respected, but is not closely associated with either WASH or NTDs, to avoid the impression that the programme priorities will be skewed towards the priorities of one sector over the other.
 - ▶ The facilitator should have a general grasp of the main issues discussed – at least a familiarity with public health and with the country’s development sector.

- ▶ The facilitator should have a firm grasp of the content of the situation analysis and the objectives of the meeting, in order to keep the meeting on track and to help participants stay focused on the task.
 - ▶ The facilitator should be highly experienced in leading planning processes.
- **Convene the small team** together with a limited number of additional individuals you consider crucial for developing the planning process in advance of the planning workshop, to agree the process for the meeting. The planning meeting facilitator should be part of this discussion.
- **Review the situation analysis findings:**
- ▶ Review the analysis chapter and pull out key information for presentation at the planning meeting:
 - a. What are the key coordination overlaps, synergies and gaps?
 - b. Who are the primary and key implementation actors?
 - c. Based on the available mapping exercises, where are the priority intervention areas? Use the  **WASH/NTDs partner form (#7)** to collect sufficient detail.
 - d. Are there aspects on which information/formative research is still required?
 - e. Key issues underpinning disease prevalence and programming in the country.
 - f. what are the key opportunities identified in the Situation Analysis?

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- ▶ Identify as many existing interventions, tools and entry points described in the situation analysis, and pre-populate Table 2 (see Step 2, “Synthesise”).
 - **Agree the agenda:** Review the  **Agenda for joint planning workshop (#12)** and insert/modify relevant content for discussion based on the situation analysis findings.
 - **Agree meeting participants:** Identify a full list of potential participants for the planning process – focus on specific individuals who are sufficiently well-informed, and have the necessary authority, to be able to contribute to the discussion and take actions forward. This means leaving plenty of lead time to ensure participants are available. Ensure all the relevant constituencies are represented – and that no crucial participants are left out. Keep in mind that the complexity of the landscape for an integrated programme increases with the number of topics, the number of sectors involved (e.g., health, agriculture and education) and the extent of decentralisation in those sectors (e.g., operating at national, regional, district and/or village levels).

Facilitator note

This is a crucial step to ensure that the information from the situation analysis is used to inform the planning discussion, and that all activities decided later are based on sufficient information, and less likely to be diverted to other priorities or opinions.

It may be useful to contact as many stakeholders as possible and ask key questions to understand the stakeholders involved and in order to set the level of information to be shared during the meeting:

- a. Goals and objectives of institution/organisation
- b. Key Intervention/activity areas;
- c. their level of understanding of NTDs; and
- d. What are their key performance indicators?

IN THE PLANNING WORKSHOP

2. Synthesise:

This phase focuses on creating a shared understanding of the key problems/issues the joint programme will be designed to address, and how existing programmes and interventions relate (or not) to the problems.

- I. **Present findings from the Situation Analysis:** (you may wish to use the

👁 **Situation Analysis presentation template (#9).**

Ensure sufficient time is allocated to providing the key conclusions and recommendations, and the problems identified in the analysis. These will form the basis for intervention selection and action planning.

- II. **Agree shared programme vision:** Start with agreeing the vision set out in Step 1 of the toolkit 👁 **Setting the programme vision.** This initial programme vision needs to be validated by the group, followed by a discussion on how other programmes relate to this vision (as shown in the diagram below). This helps to clearly show how the NTD programme vision contributes to other visions, and vice versa. The shared vision (on the right of the diagram) defines what all stakeholders aim to achieve together.

- III. **Identify specific programme priorities:** based on the situation analysis, the key problems should be summarised in the table below. When identifying these problems, you should consider which NTDs are prevalent, who is affected and why; these become the intervention themes in the action plan. The themes in the table are defined according to the BEST Framework, as set out in the 👁 **Context** section of the toolkit.

Facilitator note

Ensure the key definitions are shared and understood. For example, “integration”, “access” etc, even if they have been mentioned earlier in the workshop. This may take some time and you will need to come to a consensus before moving forward.

Facilitator note

Depending on the participants’ knowledge and prior engagement on NTDs, you may wish to provide a quick overview of the BEST Framework, to ensure a common understanding of what each theme represents. When defining the problems, take time to go through this and validate each problem, making any wording adjustments or crucial changes before moving on. This is essential to ensure everyone is on the same page.

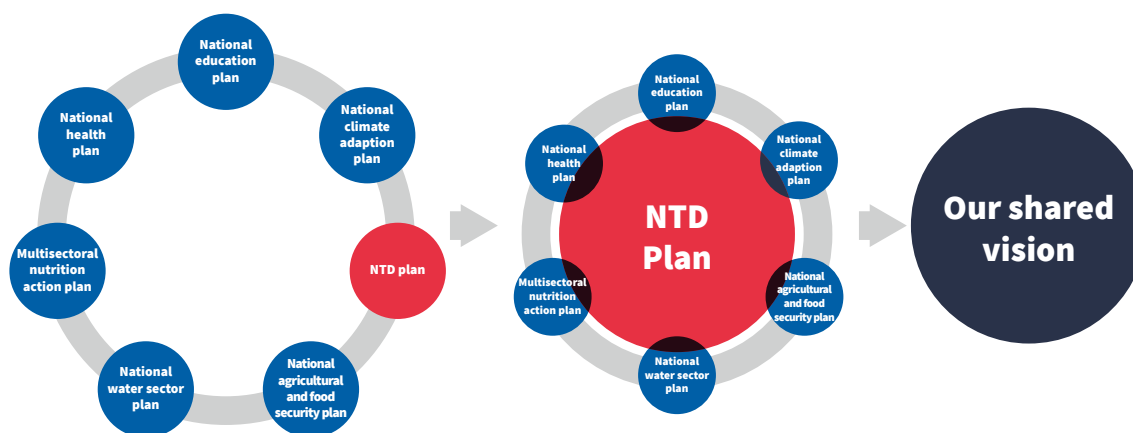


Table 1: Key issues underpinning disease prevalence and programming in the country (from Situation Analysis, section 4)

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)

Facilitator note

Refer back to the  **BEST factsheets** at the start of the toolkit to ensure that you are covering all relevant intervention areas (Behaviour, Environment, Social inclusion, and Treatment and care). This is important as some types of interventions tend to be forgotten within disease control discussions. List all interventions, even if you are not sure they are relevant or not; the following steps in this tool will help you reduce and focus the list.

Facilitator note

Having a common understanding is important here. There will likely be interventions that can fit into multiple themes. Ensuring at least a common definition and criteria for aligning the interventions with specific themes will help move the process forward.

- IV. **Identify existing interventions:** From the  **Situation analysis**, identify a master list of relevant existing interventions, tools and entry points (‘inventory’) under each of the above themes (see ‘interventions’ table in Section 3.V.1). List relevant interventions that are happening, or that will be happening in the near future. The small team should populate as much of the below table as possible prior to the workshop on an Excel sheet that can be updated during the workshop, to modify and add interventions.

Table 2: Intervention inventory table

Intervention and Description	Target/ Audience	Who delivers it

3. **Align** (with the defined priorities):

The purpose of this step is to identify what can be done practically, by whom and when, making sure all actions are realistic and achievable, and to identify which aspects are not currently being addressed through existing interventions. The purpose of this exercise is not to

criticise existing activities but to make strategic choices on what will work best to achieve the shared vision. Participants may feel defensive if they feel their work is being criticised. They should be encouraged to reflect on lessons from implementation and be willing to adapt interventions to benefit the goal – as it may just be the case that the interventions are either not relevant to the NTD programme, or that they should be adapted in a way that improves their impact for the joint programme.

I. Setting the programme boundaries: Before you carry on:

Relook at the  **BEST factsheets**, the  **Interventions for NTD control and care (#1)**, the programme vision and the inventory, to agree the boundaries of the programme (i.e. are there any aspects that are explicitly outside of the boundaries of this planning process? There should be a good reason – i.e. these aspects are being actively and sufficiently covered by another programme. Note – they should still be linked with and coordinated with these programmes – e.g. we *don't* do water body spraying for Integrated Vector Control and Management, but we *do* make sure that WASH activities do not undermine vector control activities). The purpose of this process is to ensure that only identified priority interventions that are most relevant to your context's disease profile and existing interventions, are carried forward into your action plan.

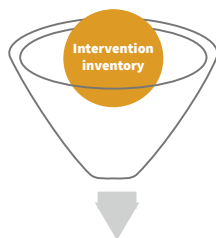
II. Aligning the interventions with the defined problems

as the basis for the action plan. This helps make sure that it's strategic – it responds to the problems defined by the situation analysis. This should also help highlight gaps in delivery. You could add a column to count the number of interventions currently being delivered under each area.

Facilitator note

A good process to do this is to essentially put Tables 1 and 2 together through the following steps:

- Put each intervention from the inventory on a sticky note
- Assign areas for B, E, S and T on different wall section
- List agreed problems (Table 1) under each theme.
- Take each intervention and discuss where to place it (under which letter and under which problem) [use the BEST factsheets to help you categorise]
- Any interventions that do not fit under BEST and do not respond to the stated problems, should be set aside as they are not relevant for the current programme. Make sure to keep the full list of interventions as a valuable source of information on key interventions happening that may be linked with later on.



Interventions that address the defined problems

Table 3: Current interventions and how they respond to the problems (based on Tables 1 and 2)

Theme	Key problem/challenge to address (pre-populate from Situation Analysis)	Relevant interventions from the inventory in Step 2 (if you have a lot of interventions, use the column/row reference from the Excel version of the inventory)
Behaviour	Problem 1 (e.g. poor hygiene practices – lack of handwashing with soap, lack of face washing, lack of shoe wearing; bathing, swimming and laundry in surface water) Problem 2... Problem 3...	Intervention x Intervention y Intervention z Intervention x Intervention y Intervention x Intervention y
Environment	(e.g. Lack of access to and use of toilets; Vector breeding near/in poorly managed water sources; Poor maintenance of sanitation facilities) Problem 2... Problem 3...	
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)	

4. Act:

In this step, you will jointly prioritise interventions, and take the necessary actions based on the results of the previous step.

I. **Deciding what action is needed on each intervention:**

The table below lists all relevant interventions, with an additional column on the right to denote the action needed on each:

- **Develop:** Based on the table, you should be able to clearly see any problems that are not being addressed currently – intervention gaps. New interventions will need to be developed to address these gaps (see ‘Act’ below).
- **Keep:** This action should be assigned to existing interventions that are structured adequately to address the stated problem.
- **Adapt:** This action denotes interventions that require change in order to adequately address the problem – for example, changes to the content or delivery method of the intervention (see ‘Act’ below).
- **Phase out:** These interventions may be relevant in terms of the problem they have been designed to address, but are perhaps ineffective at resolving the problem. These interventions should be phased out, i.e. not stopped immediately, but also not renewed (for example, not printing another batch of posters or leaflets that are not effective).
- **Implemented through other programmes:** These interventions, although relevant, fall outside

Facilitator note

Ensure once more that the key definitions are shared and understood. For example, “integration”, “access” etc, even if this has been mentioned earlier in the workshop.

the programme boundaries (see 3.I above).
List out which programmes are delivering these interventions, and note whether any explicit link or coordination actions should be included in the final action plan to ensure that the interventions are implemented effectively.

Table 4: actions

Theme	Intervention	Action
		Develop (new intervention)
		Keep (implement as is)
		Adapt (make changes)
		Phase out
		Implemented through other programmes
Behaviour Problem 1... Problem 2...		
Environment Problem 1... Problem 2...		
Social inclusion Problem 1... Problem 2...		
Treatment and care Problem 1... Problem 2...		

- II. **Rationalise the list of interventions:** From Table 4, you should now have a shorter list of interventions – only those marked as Develop, Keep and Adapt. Even so, you may still have a long list of activities, and it may not be feasible to implement all of them. If this is the case,

you may want to use the following exercise to reflect on each intervention and ensure it should be included in the action plan. You may want to do this exercise in small groups (one for each BEST theme).

- For each intervention, discuss where it falls within the below feasibility matrix. You can do this physically using the sticky notes you prepared in the ‘synthesise’ step. Try to be as objective and realistic as possible.

HI/HF High impact, high feasibility	HI/LF High impact, low feasibility
LI/HF Low impact, High feasibility	LI/LF Low impact, low feasibility

Impact: Does the intervention work to resolve the stated problem?

Feasibility: Is it possible to implement the intervention?

In terms of: Funding, timeframe, governance, leadership [including personalities], human resources/ skills, existing programme entry points, precedent for engagement, tools (data collection and monitoring), security, etc.

- Based on this discussion: Interventions that fall into the HI/HF quadrant should be prioritised. Interventions that fall into the LI/LF quadrant should be excluded. You will need to agree as a group how to view the interventions that fall into the other two quadrants: the HI/LF interventions may be prohibitively difficult; and going for the ‘low-hanging fruit’ of low impact high/feasibility could help generate momentum for the programme even if it doesn’t have a significant impact, because it will be relatively easy to implement. There are no right or wrong answers, as long as there is agreement.

Facilitator note

This process helps avoid any tensions around excluding certain interventions that participants are attached to, by being participatory and transparent. You can also use this process to revisit any previously-excluded ‘phase out’ activities, if there is any remaining disagreement.

Facilitator note

For information on designing behavioural interventions, refer to the  **B issue sheet** and the  **Understanding behaviour to develop behaviour change interventions (#3)** resource.

Facilitator note

Ask the group - could any existing interventions be adapted to achieve the same outcome? If so, remove these interventions from the table and discuss them under 4.IV ('Adapting interventions'). This is important to do because developing new interventions can add time and cost to the programme, and should only be done if a new intervention is justified. Adaptation of existing activities also has the added benefit of strengthening existing programmes.

III. Developing New interventions:

- State the desired outcome (the opposite of the problem)
- Describe the intervention
- Define the target
- Define the delivery channel/mechanism

NB: the purpose of this exercise is not to develop a full intervention but to define its parameters for development and design later on. Instead, consider the option of the full stakeholder group tasking a smaller group or task team to actually design the intervention, which can be brought back to the entire group or coordinating group for approval. Once this process is complete, all the new interventions should be reviewed by the group in plenary to verify that all these interventions should be developed as new.

Table 5: intervention development

Theme	Outcome	Intervention	Target	Delivery channel/mechanism
Behaviour				
Problem 1...				
Problem 2...				
Environment				
Problem 1...				
Problem 2...				
Social inclusion				
Problem 1...				
Problem 2...				
Treatment and care				
Problem 1...				
Problem 2...				

- Adapting interventions: Adaptation means investing some resources and making changes to existing interventions. This can be operational (how an intervention is delivered

or managed), design and/or content of a specific material (such as behaviour change promotion materials). Adaptation is justified if it will improve the effectiveness of the existing intervention in addressing the stated problem. Go back to the situation analysis report (Section 3.V), for detailed information on the nature, delivery and quality of current interventions.

NB: avoid a full adaptation of the intervention at this point, focusing on for full revision later on. Check: Do you have the 'owners' of the intervention in the room – those you expect to make adaptations to interventions they are currently implementing? If not, you may need to reach engage them at a later stage. This needs to be reflected in the action plan.

Table 6: Intervention adaptation

Theme	Outcome	Intervention	Adaptation needed
Behaviour			
Problem 1...			
Problem 2...			
Environment			
Problem 1...			
Problem 2...			
Social inclusion			
Problem 1...			
Problem 2...			
Treatment and care			
Problem 1...			
Problem 2...			

5. Verify:

This crucial step involves agreeing the key interventions that will be taken forward, in the form of a one-year plan.

- I. Populate the plan: List out the interventions identified as they relate to each of the themes, the delivery channel/ mechanism (who will deliver and through which entry point), next steps (what needs to be done immediately, and any intermediate steps including involving other individuals/institutions or developing terms of reference

Facilitator note

Make sure the meeting ends having agreed a clear and realistic activity plan and next steps – with clear accountability of who will be progress-chasing, sending notes, setting up the next meeting. It may be useful to set out some immediate milestones (presenting the plan at a meeting taking place soon (such as a sector working group meeting), getting the activities into the next sector plan, etc) to create some urgency for finalising the plan.

for new activities), who is responsible for the delivery, and what the anticipated achievement will be within the one year (for example, at three-month intervals) and by the end of the year (medium term milestones).

- II. Identify specific points at which you will reconvene (and who will reconvene) and review (see “Revisit and realign” below). This also serves as another reality check as to what may or may not be feasible, if anything has been missed, and if anyone else needs to be involved.

Table 7: Action plan

Theme	Intervention	Delivery channel/ mechanism	Next steps/ interim measures What needs to happen and by when	Responsible This should be a named individual rather than institution	Medium-term milestones
Behaviour					
Environment					
Social inclusion					
Treatment and care					
Accountability	<<insert activities for regular monitoring and progress chase for the plan>>				

AFTER THE WORKSHOP

6. Revisit and realign

This step is an important aspect of adaptive planning, as set out in  Step 4 of the toolkit. as it allows to review progress within a relatively short timeframe during implementation to identify challenges and make necessary adjustments to the plan.

- I. **Review progress:** This can be done in the same small coordinating group set up to lead the planning process,

involving other key stakeholders as needed. This process may be helped by speaking to individual stakeholders and having informal discussions before coming together for the review. Refer back to  **section 4 of the toolkit - Important tips for adaptive action planning**. In this process, all planned activities should be reviewed along the following questions:

- a. Are the activities happening? If not, why not?
 - b. Are the activities still relevant for addressing the problems and outcomes stated in the plan?
 - c. Should any of the activities be stopped or changed? What are the alternatives?
 - d. Has there been any change to the impact or feasibility of the activities? (These may have changed due to external circumstances (e.g. political, institutional, epidemiological) since the plan was developed).
 - e. Is there a new opportunity that could potentially support the plan that has come up since the plan was developed? (e.g. new champions, funding)
 - f. Are there any threats that need to be mitigated (e.g. changes in management, funding etc).
 - g. Are all necessary actions captured in the annual planning and budgeting cycle?
(see  **section 4, Financial arrangements for a successful intersectoral programme**).
 - h. Are the individuals responsible for each activity still in place? Are they the appropriate and willing leads? If not, who should take on the role of leading the activity?
- II. **Report:** The group should document and explain each decision, and report back to the larger stakeholder group (meeting participants and others).