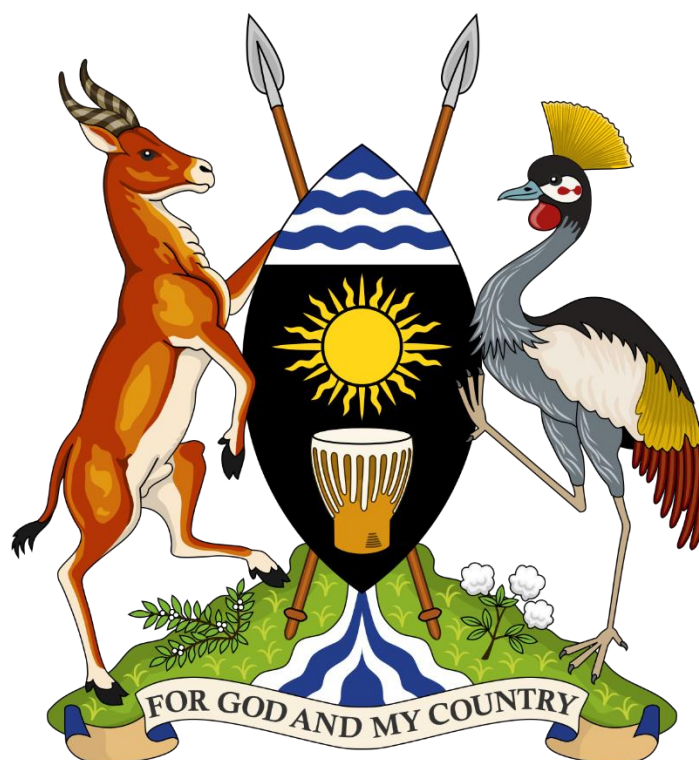


Beating Neglected Tropical Diseases in Uganda through multi-sector action on water, sanitation and hygiene - A national framework



**Ministry of Health
Vector Control Division
March 2021**

Foreword

Over recent years, Uganda has made significant progress towards improving the health and wellbeing of its inhabitants, and towards achieving its growth and development goals. Despite this progress, some marked inequalities remain between different parts of the country, and between different population and age groups. In particular, rural populations living in remote areas and in conditions of insecurity, inadequate housing, unsafe water and sanitation services, and lack of access to healthcare, continue to be affected by diseases of poverty, such as the parasitic, bacterial, vector-borne and other diseases known as Neglected Tropical Diseases (NTDs).

These diseases represent a significant and unacceptable burden on the health of Ugandans. While disease control programmes have been in place for several decades and have made remarkable achievements in keeping down the prevalence of these diseases, more must be done to ensure their complete elimination, and to sustain the gains that have been made. Changes will be needed to the way disease prevention, treatment and care are planned, funded and delivered. One such significant change is the need to work across sectors and government departments, in order to address the environmental, social and behavioural aspects that continue to drive disease transmission. Water, sanitation and hygiene (WASH) play a particularly fundamental role in preventing the transmission of disease. Close collaboration between multiple actors to improve WASH conditions offers multiple benefits to human health and economic development, including and beyond the reduction of NTDs.

This **National Framework** document represents a commitment by the Government of Uganda to put in place the organizational and financial measures for close cooperation between multiple sectors on WASH for the prevention and care of NTDs. It defines the key measures required by all institutions and organisations working towards NTD control and elimination in Uganda. These include participation in joint, cross sectoral planning, from the local to the national level, that will result in improved access to WASH services in areas that have been deprived of such services and that consequently carry the heaviest burden of disease and its economic consequences.

It is my sincerest hope that this document will make a significant contribution to the fight against NTDs in Uganda, and that it will ultimately result in a healthier, more equal Uganda.

Dr. Diana Atwine

Permanent Secretary

Ministry of Health

ACKNOWLEDGMENTS

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Acronyms

BEST	Behaviour, Environment, Social Inclusion, Treatment and Care
CCHF	Crimean-Congo haemorrhagic fever
CLTS	Community-led Total Sanitation
DHIS	District Health Information System
DHO	District Health Officer
DWSCC	District Water and Sanitation Coordination Committee
DWO	District WASH Officer
HAT	Human African Trypanosomiasis (sleeping sickness)
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MDA	Mass Drug Administration
MIS	Management Information System
MMDP	Morbidity Management and Disability Prevention
MPED	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MoLG	Ministry of Local Government
MoWE	Ministry of Water and Environment
NTD	Neglected Tropical Disease
PCT	Preventive Chemotherapy
PHASE	Preventive Chemotherapy, Health Education, Access to Clean Water, Sanitation and Environmental Manipulation
SDGs	Sustainable Development Goals
SHC	School Health Club
STH	Soil Transmitted Helminths
UWASNET	Uganda Water and Sanitation NGO Network
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Introduction

a. Neglected Tropical Diseases in Uganda

Neglected tropical diseases (NTDs) represent a significant and ongoing challenges to the health and wellbeing of Ugandans, as well as to the country's economic and social development. NTDs affect the poorest of the poor and leave a legacy of disability and reduced productivity when left untreated.

NTDs are a group defined by the World Health Organization (WHO) of 20 diseases and conditions caused by viral, bacterial, fungal, protozoan and parasitic infections as well as envenoming. The Uganda NTD master plan 2017-2022¹ identifies the following diseases as those of the highest public health importance:

Diseases amenable to preventive chemotherapy:

- Lymphatic Filariasis (Elephantiasis)
- Onchocerciasis (River blindness)
- Schistosomiasis (Bilharzia)
- Soil-transmitted Helminths (Intestinal Worms)
- Trachoma

Case management diseases:

- Buruli Ulcer Disease
- Brucellosis
- Cysticercosis
- Echinococcosis
- Guinea worm
- Human African Trypanosomiasis (Sleeping sickness)
- Leprosy
- Plague
- Podoconiosis (non-filarial Elephantiasis)
- Rabies
- Tungiasis (Jiggers)
- Visceral Leishmaniasis (Kala-azar)

NTDs predominantly affect rural and poor communities. The burden of disease varies greatly within Uganda between the different regions and districts as a result of differences in the nature of the disease, as well as environmental, social, cultural and economic conditions. For instance, soil transmitted helminths are prevalent throughout the country, with the highest prevalence seen in the Eastern region; trachoma is nearing elimination as a public health problem although some high prevalence remains in the arid areas of the North East; while schistosomiasis, due to its highly focal nature around contaminated surface water, is concentrated along lake and river shores throughout Uganda [See Annex II for detailed maps].

¹ Uganda Ministry of Health, Vector Control Division: Uganda Master Plan for National Neglected Tropical Diseases Programmes 2017-2022

The Ministry of Health implements, with support from various partners, NTD control and elimination efforts using mass drug administration in schools and communities, vector management, health promotion, and morbidity management including surgeries. The Vector Control Division (VCD) was formed to be one of the specialised units in the Ministry of Health. It was created in the early 1920s to address malaria research and malaria vector control in Uganda. Historical records show that VCD performed this function competently, unraveling the malaria transmission dynamics in the various eco-geographical zones of the country. As a result, VCD's mandate was expanded to cover research and control of other vector borne diseases, including bilharzia (schistosomiasis), onchocerciasis (river blindness); sleeping sickness, plague, tick and louse borne typhi. The following are the key activities which VB & NTDs Division implements to contribute to the minimum health package:

1. Develop guidelines and policies and set standards for vector borne diseases (VBDs) and NTDs as well as vector control.
2. Epidemiological mapping of vector borne and Neglected Tropical diseases in Uganda
3. Oversee mass treatment of NTDs in endemic communities.
4. One health platform for mapping, monitoring and control/elimination of zoonotic diseases. VCD collaborates with MAAIF to survey and control zoonotic vector borne diseases.
5. Participate in vector borne diseases epidemic prediction, preparedness and response (yellow fever, plague, malaria, Human African Trypanosomiasis (HAT), Crimean-Congo haemorrhagic fever (CCHF), etc.).
6. Cross-border collaborations in the control/Elimination of VBDs and NTDs: Leishmaniasis with Kenya, river blindness (the Democratic Republic of the Congo (DRC) and the Republic of South Sudan (RSS)), HAT with DRC & RSS.
7. Entomological surveillance to monitor transmission of pathogens by arthropods using microscopy, serology and polymerase chain reaction. These are specialised xeno-surveillance tasks which need to be well coordinated under a department whose mandate is to predict, detect and control diseases.
8. Operational research to inform policy on factors affecting VBDs and NTDs transmission, morbidity and control. VCD has a functional institutional ethics committee whose mandate has been tailored to oversee research on VBDs including other public health issues.
9. Epidemiological and entomological impact evaluation of interventions by regular assessment of disease prevalence.
10. Monitoring of susceptibility of vectors to insecticides used in public health interventions using bioassay methods to identify resistance development so as to design plans of averting insecticide resistance.
11. Control of vermin, public health pests and vectors.
12. Collaboration with other relevant sector ministries and departments to address other supplemental disease control strategies e.g. WASH and Health Promotion & Education.
13. Technical support to District teams to conduct vector borne disease control and surveillance in communities.

b. The role of WASH in the control, treatment and care of NTDs

WASH plays a fundamental role in the achievement and sustaining of human health and wellbeing. Various aspects of water, sanitation and hygiene are linked with the control, treatment and care of NTDs, as set out by the BEST framework²:

- **BEHAVIOUR:** Toilet use and maintenance, hygiene measures such as handwashing with soap, laundry, food hygiene, face washing and overall personal hygiene.
- **ENVIRONMENT:** Construction of safe sanitation systems in households, schools, healthcare facilities and other public settings to reduce release of pathogens into the environment; water management for vector control; waste disposal; management of animal movement and waste; safe water supply to prevent consumption of contaminated water, reduce contact with surface water and enable hygiene behaviours;
- **SOCIAL INCLUSION:** Stigma prevention in access to WASH services; WASH for reducing severity of symptoms likely to result in exclusion; accessible water and sanitation services for individuals with physical impairments and care givers
- **TREATMENT & CARE** to reduce the severity of disability and suffering and improve the quality of life: water supply, sanitation and hygiene in healthcare settings and at home for self-care and rehabilitation of affected individuals; hygienic conditions for surgical procedures (e.g. for lymphatic filariasis hydrocele and trachoma trichiasis surgeries);

Continued low access to safe water and sanitation, accompanied by inadequate personal, community and environmental hygiene practices, contribute to a high burden of other diseases, including diarrhoeal diseases, repeated outbreaks of cholera and hepatitis B, and vector-borne diseases. It also contributes to other poor health outcomes. Despite significant progress, the prevalence of stunting (low height for age) in children under 5 in Uganda is 28.9%³. The lack of water and sanitation infrastructure in healthcare settings is also a major concern due to its potential impact on healthcare associated infections and the overall quality of healthcare services.

c. Access to water supply, sanitation and hygiene in Uganda

Uganda has made significant achievements in addressing access to water supply and sanitation through multiple programmes, political prioritisation and resource allocation. Nonetheless, improvements in access are hampered by population growth, urbanisation, climate events such as flooding and droughts, and relatively low funding prioritisation as a proportion of the national budget and compared to other major sectors. Access varies greatly between urban and rural populations. According to Uganda's Water and Environment Sector Performance Report 2019⁴:

The national **safe water** coverage in rural areas is 69%, while 66% of rural villages have a safe water supply. 85% of basic rural water supplies are functional. Around 77% of rural areas have access to some form of **sanitation**, yet use of basic (improved) sanitation is only 16.6% while use of safely-managed sanitation is as low as 7% in rural areas. In schools, the

² WHO and NNN: WASH and Health working together – a 'how to' guide for NTD programmes
https://www.who.int/water_sanitation_health/publications/wash-health-toolkit/en/

³<https://globalnutritionreport.org/media/profiles/3.0.3/pdfs/uganda.pdf>

⁴ Uganda MWE: Water and Environment Sector Performance Report 2019
<https://www.mwe.go.ug/sites/default/files/library/SPR%20FINAL%20BOOK%202019.pdf>

pupil to toilet stance ratio stands at 71:1 compared with the national recommended standard of 40:1, which 42% of schools have access to handwashing facilities.

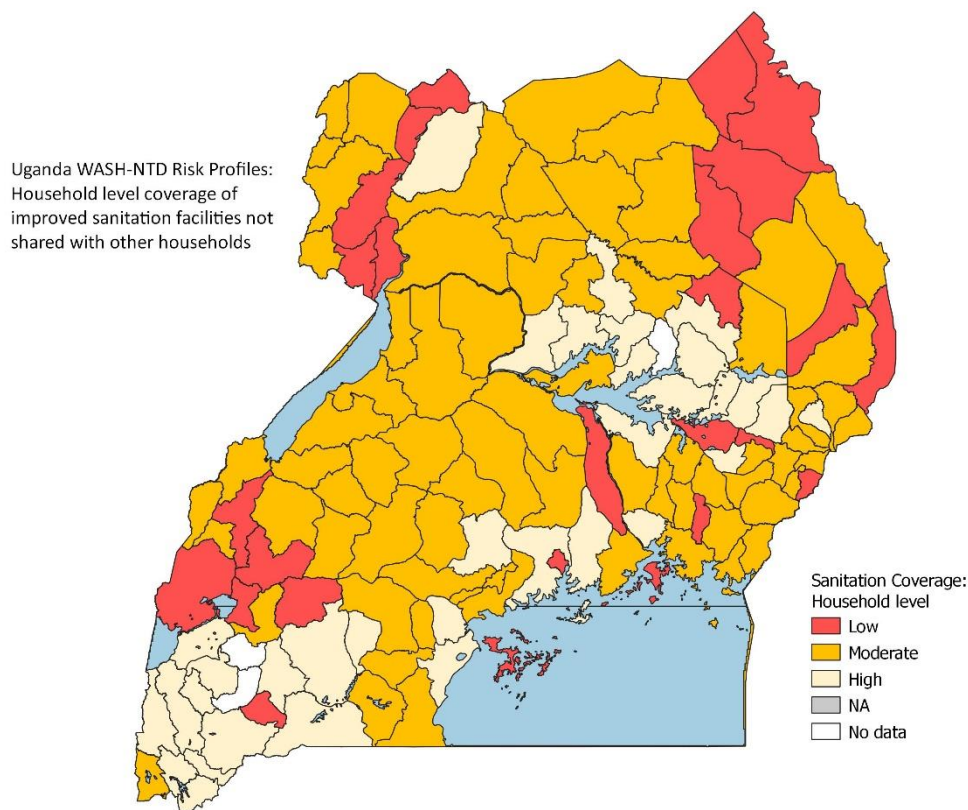


Figure 1: Household level coverage of improved sanitation facilities not shared with other households. Source: estimates collected by MoH-VCD from all regions during the Framework development process.

Additionally, around one third of healthcare facilities in Uganda do not have a continuous water supply, and while 91% of healthcare facilities have improved sanitation, only 12% of facilities meet the requirements for basic sanitation services (improved, usable, dedicated for staff, sex-separated, with menstrual hygiene facilities, and adapted for limited mobility)⁵.

d. Policy framework

Uganda's activities for increasing and sustaining access to WASH and for the control and elimination of NTDs are guided by its commitment to the Sustainable Development Agenda, and in particular Sustainable Development Goals (SDGs) 3: Health and wellbeing for all and 6: universal access to WASH. These activities are accepted to contribute also towards the achievements of other SDGs on poverty eradication, education, ending hunger, and improving gender equity, among others.

Activities are further specifically informed by:

⁵ WHO and UNICEF Joint Monitoring Programme: WASH in Healthcare Facilities - Global Baseline Report 2019 <https://apps.who.int/iris/bitstream/handle/10665/311620/9789241515504-eng.pdf?ua=1>

- The WHO NTD Road Map 2021-2030⁶, approved by the World Health Assembly in November 2020. The Road Map sets out three key pillars: 1) Accelerate programmatic action; 2) Intensify cross-cutting approaches, and 3) Change operating models and culture to facilitate country ownership. This WASH and NTD framework document can be seen as part of Uganda’s alignment with the WHO Road Map priorities.
- The WHO Global Strategy on WASH and NTDs⁷, issued in 2015 (and to be reissued in 2021 in alignment with the NTD road map), which sets out the vision and key actions needed for Accelerated and sustained achievement of the NTD roadmap milestones, particularly among the poorest and most vulnerable, through better-targeted and joint WASH and NTD efforts.
- Guidelines on drinking water⁸ and sanitation⁹ issued by WHO.

At the **national level**, economic development efforts are guided by the Third National Development Plan 2020/21-2024/25¹⁰, and its Vision 2040, which aims to “A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years”¹¹. NDP III encompasses WASH and health under its programmes “Climate Change, Natural Resources, Environment, and Water Management” and “Human Capital Development Programme”.

NTD control and elimination activities are guided by the NTD Master Plan 2017-2022, the Uganda One Health Strategy¹², and the National Health Policy¹³.

WASH service delivery in Uganda is guided by the Water Statute (1995) and the National Water Policy (1999), the National Environmental Health policy (2005), and the National Health Care Waste Management Plan 2009/10- 2011/12.

All key policies and frameworks acknowledge the fundamental link between WASH and health and wellbeing, and set out the importance of addressing both aspects in order to fulfil Uganda’s economic and social development ambitions.

⁶ WHO: Ending the neglect to attain the Sustainable Development Goals: A road map for neglected tropical diseases 2021–2030 <https://www.who.int/publications/i/item/WHO-UCN-NTD-2020.01>

⁷ WHO: Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases - A global strategy 2015-2020.

https://apps.who.int/iris/bitstream/handle/10665/182735/WHO_FWC_WSH_15.12_eng.pdf?sequence=1

⁸ WHO Guidelines on drinking water quality <https://www.who.int/publications/i/item/9789241549950>

⁹ WHO Guidelines on Sanitation and Health https://www.who.int/water_sanitation_health/sanitation-waste/sanitation/sanitation-guidelines/en/

¹⁰ Uganda National Planning Authority: Third National Development Plan 2020/21-2024/25

<https://www.fowode.org/publications/research/40-national-development-plan-3/file.html>

¹¹ Uganda National Planning Authority: Vision 2040 <http://www.npa.go.ug/uganda-vision-2040/>

¹² <https://www.health.go.ug/cause/uganda-one-health-strategic-plan-2018-2022/>

¹³ <http://library.health.go.ug/publications/policy-documents/second-national-health-policy-2010>

Background to the National Framework

The need for WASH interventions and for collaboration among several sectors in Uganda for the control and elimination of NTDs has been set out by the NTD Master Plan. Nonetheless, coordination and integrated action on WASH and NTDs has not been consistently addressed until recently. Collaboration was revitalised through the trachoma control programme funded by the Queen Elizabeth Diamond Jubilee Trust starting in 2016, following a programme review showing the need for greater emphasis on the facial cleanliness and environmental improvement components of the SAFE Strategy. The review resulted in the allocation of funds to WASH and health promotion partners until 2019, with activities including health education through mother care groups, drama shows and Ambassadors of Change at the community level and in schools.

The development and dissemination of the WHO Global Strategy on WASH and NTDs and the WHO and NTDs NGO Network (NNN) toolkit “WASH and Health working together” led to an increased focus on WASH within NTD meetings, resulting in a formal decision to adopt the Toolkit as the main approach to WASH and NTDs collaboration in Uganda.

Collaboration was further boosted by funding from the government of the United Kingdom through the Ascend programme, with an initial meeting held in December 2019 bringing together WASH partners engaged in NTD programmes as well as the Uganda Water and Sanitation NGO Network (UWASNET) to share information on activities and on how collaboration can be enhanced and mainstreamed into the existing plans of the NTD and WASH sectors. In tandem, a focal point on WASH and NTDs coordination was appointed by the Ministry of Health Vector Control Division.

While there was recognition of the extensive planning and policy framework in Uganda and the value of past collaboration on WASH and NTDs, there was agreement that a framework document was needed to a) define programme quality standards for any collaborative action on WASH and NTDs by any stakeholders operating in Uganda, including government and non-government actors; b) set out structures for joint planning and coordination at national, regional and district levels and specific areas for integrated programming; and c) ensure sustainability of impact of non-WASH NTD interventions such as mass drug administration.

To develop the framework, a stakeholder workshop was convened in November 2020, with participation from the MoH, MoES, MWE, regional Water and Sanitation technical leads, and WASH NGOs. Following the workshop, a draft framework was developed by the MoH-VCD with support from the Ascend programme and shared for further input and finalisation by all stakeholders.

Definitions

Coordination: collaboration to achieve joint goal while maintaining separate structures; Including coordinating committees, financial coordination of components, staff/facility sharing, use of similar M&E indicators.

Integration: complete merging of some or all components of different programmes; Including single management body, joint financing arrangements, multi-disciplinary teams under the same management, single M&E system. In NTD programmes, the term ‘integration’ often refers to coordination of drug distribution programmes to address multiple diseases, or the integration of NTD aspects within the primary healthcare system. In this framework, ‘integration’ refers to joint planning, implementation, and evaluation of activities across sectors and programmes to achieve common goals. The degree of integration needed depends on the context and nature of the diseases being addressed, and it is possible to integrate selected programme components.

National Framework on WASH and NTDs

1. Objectives of the framework

This document has been developed as a shared commitment by actors in Uganda working towards the control, care and elimination of NTDs through improvements in access and good practices relating to water, sanitation and hygiene. It sets out actions, roles and standards for all government and non-government actors working in Uganda for the betterment of health and wellbeing through WASH and NTD programmes.

This framework details the structures for joint planning and coordination at national, regional and district levels and specific areas for integrated programming, as well as the necessary budgetary and reporting frameworks.

The shared objectives supported by this document are:

- *Achieving and sustaining the disease control and elimination targets set out in the National NTD Master Plan and the global NTD road map*
- *Achieving the strategic objectives set out in the Uganda NTD Master Plan or transmission control, disease management, and intersectoral collaboration through a health systems strengthening approach and in line with national health plans*
- *Achieving the national WASH targets in accordance with the National Development Plan and the SDGs*

2. Programme location and targeting

The burden of NTDs is driven by low levels of access, coverage and use of safe water and sanitation services in homes, communities and public spaces, while the severity of several diseases in affected individuals can be greatly impacted by lack of such services. For that reason, the prevalence of NTDs represent an important indicator of gaps and inequalities in service provision in Uganda.

Resource allocation to the district level in Uganda is not currently informed by disease information. The need to use such information has been acknowledged, but lack of harmonised data collection systems and data collection and reporting capacity at the district level hampers the ability to do so.

The process of developing this framework included an in-depth data collection process to gather information at the district level on the distribution of disease in Uganda (based on indicators defined by WHO), alongside access to water, sanitation and hygiene facilities in households and schools (based on nationally-defined indicators).

A decision matrix (Annex I) (based on a tool developed by the WHO and NNN) was developed in which all data was presented, grouped into thresholds of low, medium, high and very high prevalence, NTD risk (number of diseases prevalent in a district – i.e. disease co-endemicity) and low, medium and high access to WASH facilities and rates of open defecation.

The data allows stakeholders to assess the districts in highest need of WASH investment for disease control, care and elimination, as well as for broader health and development needs.

The following maps present NTD co-endemicity in Uganda, overlaid with household levels of access to improved water source, improved sanitation and hygiene facilities, as well as levels of population practicing open defecation (further maps in Annex II). Districts shown in red and with diagonal lines can be viewed, for planning purposes, as those of highest investment need.

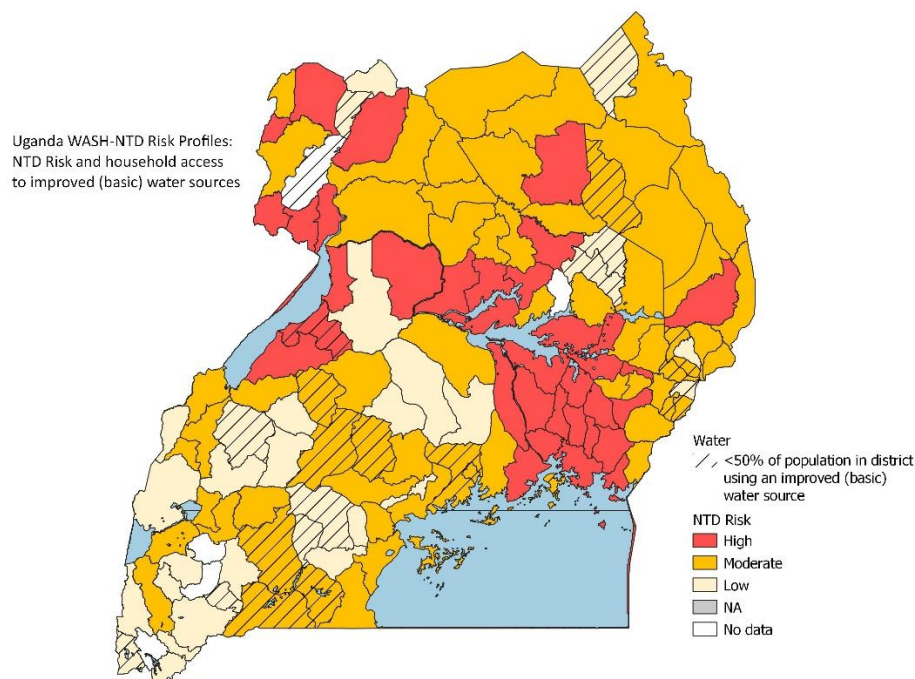


Figure 2: NTD co-endemicity and household access to improved water

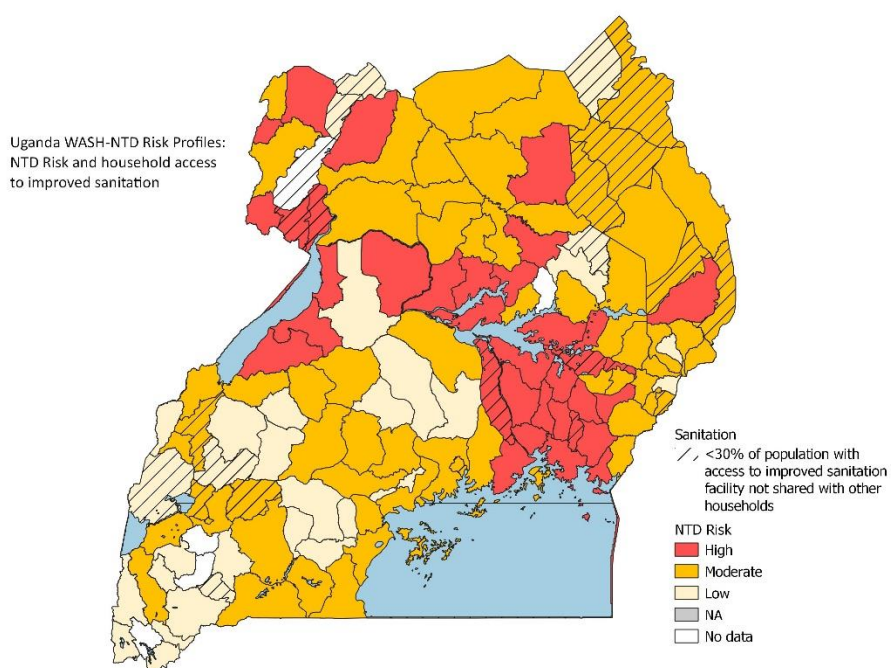


Figure 3: NTD co-endemicity and household access to improved sanitation

Uganda national framework on WASH and NTDs

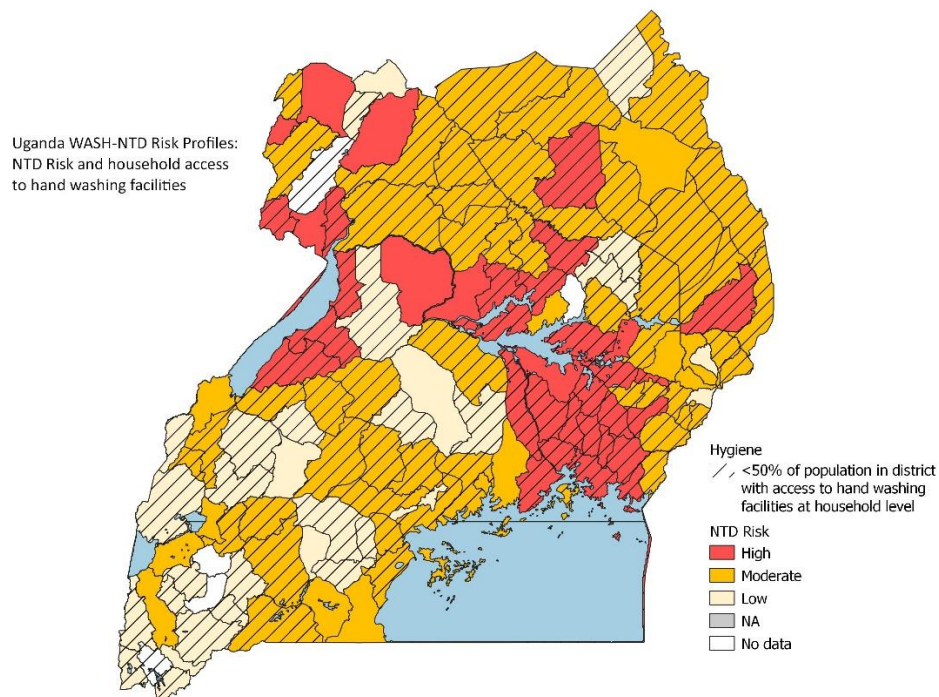


Figure 4: NTD co-endemicity and household access to hygiene facilities

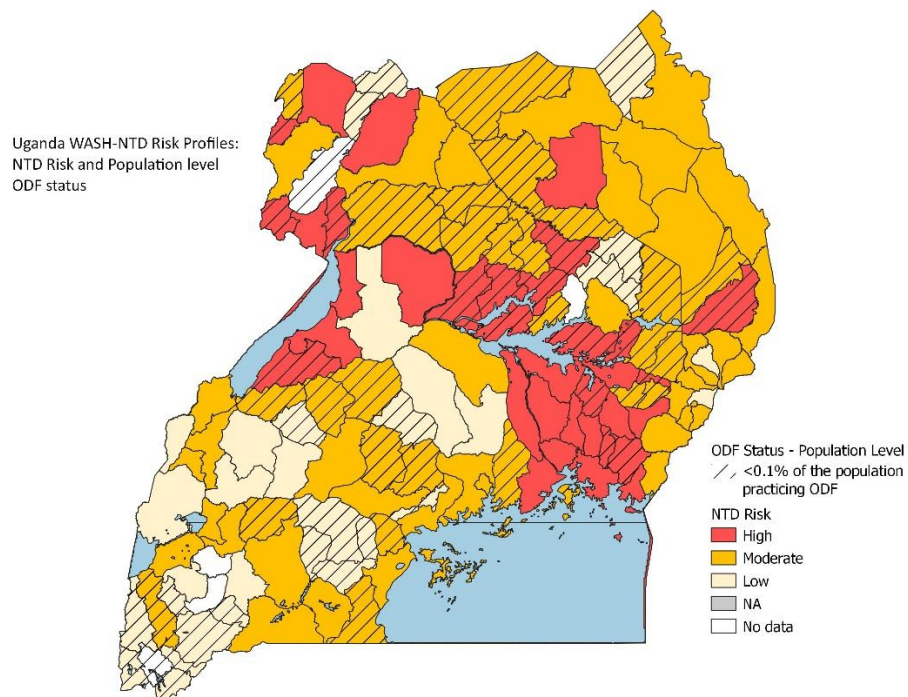


Figure 5: NTD co-endemicity and population practicing open defecation

3. WASH and NTDs Coordination

Key principles:

Collaboration on WASH and NTDs is guided by the following principles:

- **Accountability:** collaboration is undertaken with the explicit purpose of a shared vision of improving the health and wellbeing of all Ugandans in accordance with national targets and plans.
- **Transparency:** successful collaboration is dependent on openness and sharing of information, plans, technical expertise, opportunities for improvement and any challenges and threats to the delivery of the shared vision.
- **Respect:** all actors acknowledge the targets, structures, guidelines and policies set out by each sector, and work to strengthen these through a collaborative approach.
- **Inclusion:** all actors are guided by the fundamental importance of this collaboration for addressing inequalities and exclusion, and seek to engage all key stakeholders, including affected individuals and communities, in this initiative.
- **Commitment:** all actors are committed to this endeavour and will allocate the needed time, participation and resources.

Key actions to develop and sustain WASH-NTDs collaboration in Uganda

- Establish a formalised national level working group or forum for coordination of WASH and NTDs that includes all relevant ministries and implementing partners
- Designate staff from all relevant ministries and departments to attend planning meetings at all administrative levels
- Agree a Memorandum of Understanding on WASH and NTDs to formalise collaboration between ministries
- Develop a list of WASH partners operating in each district with support from UWASNET and the DWSCC
- Identify and define shared indicators relevant to all actors in order to monitor progress and address problems
- Undertake regular meetings and information sharing on a quarterly basis at a minimum
- Allocation funds at the sector and district levels in accordance with agreed actions
- Strengthen DWSCC and ensure participation in DWSCC meetings by district NTD focal persons
- Include NTD prevalence as part of the criteria of prioritisation of WASH/education resource allocation (currently diarrhoea, dysentery, cholera)
- Ensure accountability and transparency in all WASH and NTD programmes by stakeholders
- Institute joint monitoring activities

Table 1: WASH sector management structure

	National/ Central Level	Region	District	Sub county
Planning and policy formulation	MWE, MoH, MoES, Communities	MWE, MoH, MoES, Communities	DHO, DWO,DEO,DCD O	HA, CDO,SAS
Financing	MWE, MFPED			
Regulation	Urban Water Supply Regulation Unit, Directorate of Water Development			
Implementation	Public Health Departments, MoES	Public Health Departments, MoES	Local government, District Health Departments	Subcounty chief, Health Centre III, CDO
Operation and Maintenance				CBOs (water and sanitation committees), Private operators, NGOs, households/landlords
Coordination	NTD Programme, MOWE			
Monitoring and Evaluation	MWE, MoH, MoLG, Joint Sector Reviews and Joint Technical Reviews			sub-county/urban councils
Technical Support and oversight	MOH, MOWE, MoES	Regional Water and Sanitation Centres (TSUs)		

Table 2: NTD management structure

	National/Central Level	District	Sub county
Planning and policy formulation	VBNTD	DHO, NTD FP	VCO, HA
Financing	MOH		
Regulation	MOH		
Implementation	MOH	DHO, NTD FP	VCO, HA
Operation and Maintenance	MOH		
Coordination	MOH		
Monitoring and Evaluation	MOH		
Technical Support and oversight	MOH		

WASH-NTDs coordination structure

To ensure sustained collaboration, a national level working group has been established by the MoH and MWE, titled **WASH and NTDs Coordination Council**, comprised of the Assistant Commissioner for Health Services – Vector-borne and Neglected Tropical Diseases; NTD/WASH Collaboration Focal Point; National WASH Focal Point, Ministry of Water and Environment; Representative from the Ministry of Education and Sports; and representative of the Uganda Water and Sanitation NGO Network (UWASNET) (See **Annex III** for Terms of Reference of the Coordination Council). Coordination of the initiative will be carried out by the MoH VCD Focal Point for WASH and NTDs coordination. Coordination arrangements will be formalised through a Memorandum of Understanding among the relevant ministries and non-government agencies.

4. Joint planning

Process and timing for joint annual planning and budgeting

The annual planning and budgeting process is guided by the Sector Planning Guidelines issued by the National Planning Authority and MFED, which is based on a programme approach rather than sector specific planning. Within this approach, WASH and NTD fall under different programme areas (Human Capital Development includes health and is managed by the MoES; Community mobilisation and Mindset Change includes WASH and is run by MGLSD; and water management falls under Natural resources, environment and climate change).

Table 3: Planning schedule (includes both government and NGOs)

Level	Activity	Month	Person responsible for ensuring WASH-NTD inclusion in plans and budgets
Sub-county	Planning meetings	Dec	HA/VCO
District	District budget conference*	May-July	DHO
Central	Annual performance review	July-August	ACHS
	National budget conference*	September	ACHS
	Programme working groups/ programmes set priorities	September-October	FP
	Ministry policy statement with draft estimates presented*	February	MOH
	Approval of budget estimates by Parliament	March-April	
	Final IPF issuance to sectors/programmes	June	
	Submission of final approved budget	June	
	Budget reading	June	

* Priority events/activities for ensuring inclusion of WASH-NTDs in plans and budgets

Table 4: Data requirements for joint planning

Stakeholder	Data needed	Source of data	Actions for timely submission
BCC/WASH partners	<ul style="list-style-type: none"> Number of Wash partners, what they are doing and location 	<ul style="list-style-type: none"> UWASNET NGO Forum District sanitation committee 	<ul style="list-style-type: none"> The secretariat to develop a matrix of wash partners and identify their niche
	<ul style="list-style-type: none"> Prevalence and magnitude of the problem (relevant NTDs) 	<ul style="list-style-type: none"> MOH/NTD Program 	<ul style="list-style-type: none"> NTD program to publish papers and other relevant materials on active NTDs
	<ul style="list-style-type: none"> Contextualized NTD prevention and control, WHO recommended intervention strategies. e.g. (SAFE strategy for Trachoma Elimination) 	<ul style="list-style-type: none"> MOH/NTD Program 	<ul style="list-style-type: none"> NTD program to publish papers and recommended strategies on active NTDs
	<ul style="list-style-type: none"> Active Technical working groups in the line ministries 	<ul style="list-style-type: none"> Line Ministries of MOH, MWE, GENDER, EDUCATION and OPM 	<ul style="list-style-type: none"> Secretariat to share a matrix of active working groups with WASH partners
NTD STAKEHOLDERS (Line Ministries and district local government)	<ul style="list-style-type: none"> Status of WASH (Community and institutions) 	<ul style="list-style-type: none"> District Health Information system 2 (DHIS2) 	<ul style="list-style-type: none"> Integrated in DHIS2 and streamlined in the WASH supporting sector performance reports
	<ul style="list-style-type: none"> Prevalence and magnitude of the problem (relevant NTDs and VBDs) 	<ul style="list-style-type: none"> MOH/NTD Program 	<ul style="list-style-type: none"> Secretariat to facilitate the process of developing an MoU with clear roles of each line ministry in the collaboration of

			NTD Support work
	<ul style="list-style-type: none"> • Best practices in NTD intervention work 	<ul style="list-style-type: none"> • BCC/WASH partners 	<ul style="list-style-type: none"> • Secretariat to routinely compile and disseminate best practices
NTD STAKEHOLDERS (FUNDERS)	<ul style="list-style-type: none"> • Prevalence and magnitude of the problem (relevant NTDs) 	<ul style="list-style-type: none"> • MOH/NTD Program • Sector performance reports • Success stories 	<ul style="list-style-type: none"> • NTD program to publish papers and other relevant materials on active NTDs • Secretariat and WASH partners to develop concept notes

Community engagement in joint planning

The engagement of communities affected by NTDs is important to ensure that any interventions implemented are appropriate and acceptable to communities. This also underpins buy-in to and uptake of programme interventions, participation in the management and upkeep of water and sanitation infrastructure, fostering willingness to pay for services, and ultimately the sustainability of interventions and outcomes.

Community engagement in planning should include:

- Identification of high need areas/communities (Landing sites, Institutions etc.)
- Awareness creation, advocacy and mobilisation meetings at all levels, engaging with and through existing structures such as community/religious/cultural leaders/champions, Village Health Teams (including dedicated VHT orientation on WASH and NTDs), community-led total sanitation activities, community committees/regular meetings, water user committees, Village Loans and Savings Associations, women's groups, community institutions (schools, healthcare facilities), beach management units, self-help groups and any other relevant structure.
- Provision of appropriate incentives for participation in planning activities
- Gathering information for planning from VHT, healthcare facilities, schools and water user committee reports and registers, community sensitisation meetings and community dialogues, and feedback from development programmes of religious institutions.

5. Integration

WASH and NTD collaboration should be embedded across all relevant public health programme in Uganda.

- This should include professional education, training and capacity building activities:
 - All NTD training activities to include NTD WASH collaborations
 - All MOWE Trainings to include NTDs aspect
 - All MOES trainings on health to include WASH NTD collaboration
- Integrated activities should comply with the relevant guidelines for training and management of Village Health Teams, school health and sanitation guidelines¹⁴, and protocols and guidelines of the NTD programme.
- Remuneration of government staff, health workers and volunteers should follow Government of Uganda guidelines and circulars as appropriate
- All integrated activities delivered at the community level should actively involve existing community structures, particularly Village Health Teams, Water User Committees, and sanitation committees in order to ensure strengthening of these structures
- All interventions should apply the principle of Leave No One Behind and take explicit measures to include marginalised groups, including but not limited to people with disabilities, women, children, elderly people, and refugees.

¹⁴ *Water, Sanitation and Hygiene in Schools: National Standards in Uganda* <https://www.unicef.org/uganda/media/3871/file/Water,%20Sanitation%20and%20Hygiene%20in%20Schools:%20National%20Standards%20in%20Uganda.pdf>

Table 5: WASH and NTDs integration

Priority NTDs/or NTDs interventions	WASH interventions/ activities to be integrated	Mechanism for Integration	Means of verification (ensuring implementation)	Role of NTDs intervention implementer	Role of WASH intervention implementer
Mass drug administration	<ol style="list-style-type: none"> 1. Health promotion and community sensitisation on key WASH messages related to NTDs such as face washing, latrine use and improved water and sanitation management 2. Ensuring availability of toilets, handwashing facilities and safe drinking water during MDAs 	<ol style="list-style-type: none"> 1. Pre-MDA mobilisation activities 2. MDA campaigns 	<ul style="list-style-type: none"> • Monitoring reports • Completion reports with list of location of constructed facilities • KAP surveys 	<ul style="list-style-type: none"> • Monitor activities being implemented 	<ul style="list-style-type: none"> • Technical support on key messages to be integrated
Integrated disease management	<ol style="list-style-type: none"> 1. Survey of WASH access and needs of individuals affected by NTD-related disability or other chronic impacts 2. Provision of inclusive WASH facilities in healthcare settings and for individuals affected by NTDs (including provision of water piped into premises over public 	<ol style="list-style-type: none"> 1. NTD impact surveys and TAS to include WASH access indicators 2. Healthcare facilities, MMDP programme 3. CLTS triggering, 	<ul style="list-style-type: none"> • Surveys and monitoring report 	<ol style="list-style-type: none"> 1. Include WASH indicators in survey protocols 2. Budget for inclusive facilities in healthcare and for self-care products (soap, basins, etc) 3. NA 	<ol style="list-style-type: none"> 1. Advise on WASH indicators and provide data 2. Provide technical support on adequate provisions 3. Provide subsidies and ensure inclusion

	<p>water points, accessible facilities)</p> <p>3. Pro-poor strategy incentives, for example incentives or subsidies for participation in community activities and for obtaining WASH services</p> <p>4. Infection prevention and control measures in healthcare settings</p>	<p>inclusion of people with disabilities in community mobilisation</p> <p>4. LF and trichiasis surgical outreach</p>		<p>4. Implementation of IPC protocols incl. PPE</p>	<p>in CLTS triggering</p> <p>4. NA</p>
<p>NTD promotion through the community health programme / VHTs</p>	<p>1. Community social mobilization and dialogue</p> <p>2. Improving access to safe water</p> <p>3. Improved household sanitation</p> <p>4. Behaviour change communication campaigns/ handwashing promotion</p> <p>5. Community WASH skill empowerment</p> <p>6. Encouraging community leaders to “lead by example” by constructing latrines</p>	<ul style="list-style-type: none"> • Social accountability platforms • District water sanitation committee • WASH Partners, VHT and H/A / HI • CLTS & PHASE • National handwashing initiative • WASH VSLA programs e.g Soap production 	<ul style="list-style-type: none"> • Quarterly reports by health assistants, inspectors and water offices • Be integrated in DHIS2 	<ul style="list-style-type: none"> • To integrate the relevant NTD strategy in social mobilization • Provision of Finance and technical support • Designing robust Social Behaviour Change Communications interventions scalable and appropriate to NTD work • To integrate the relevant NTD strategy in WASH Skill programs 	<ul style="list-style-type: none"> • Integrate relevant NTD strategy into their programmes • Provision of WASH technical support • Integrate messages with routine CLTS and PHASE among others • Designing WASH skill empowerment tools and programs scalable and appropriate to NTD work

		<ul style="list-style-type: none"> • Finance and technical support 			
School health and nutrition programmes	<ul style="list-style-type: none"> • Water supply for drinking, cooking, handwashing • Provision of toilets and menstrual hygiene management facilities • School nutrition interventions (meals) • Safe waste disposal • Promotion of healthy behaviours relating to NTDs (handwashing, shoe wearing, face washing) • Provision of handwashing facilities with water and soap 	<ul style="list-style-type: none"> • DWSCG / WASH Programs, DWO / WASH Partners • School health/ environmental clubs • School administration (improve transparency and engage in resource mobilisation) • School management committee • Parent-teacher associations (PTAs) 	<ul style="list-style-type: none"> • Reports of schools lacking water supply • Monitoring and Evaluation • Quarterly audits • Report from District Inspector of Schools • Schools to display funds received and spent on WASH 	<ul style="list-style-type: none"> • Develop monitoring indicators • Monitor and document WASH and food related diseases in schools • Conduct review meetings with stakeholders • Conduct school audits • Provision of resources to develop safe water points • Liaise with Health Assistant to follow up and monitor schools • Lobby for funds from partners • Orientation of school health clubs on WASH and Environment related diseases 	<ul style="list-style-type: none"> • Develop water points / facilities in schools • Update the MIS data • Engage Extension workers on O&M of existing facilities, mentor schools on safe water chain and food safety, conduct school health inspections, monitor school health clubs • Demonstration and mentoring girl children on MHM • Mentor school health clubs on WASH and NTDs • Contribute to school health reports
Identification and management	<ul style="list-style-type: none"> • Larviciding • Promotion of vector control measures in 	<ul style="list-style-type: none"> • Extension workers (to include vector 	<ul style="list-style-type: none"> • Activity reports • Monitoring reports 	<ul style="list-style-type: none"> • Review approve plans 	<ul style="list-style-type: none"> • Identification of breeding sites

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<p>nt of vector breeding sites</p>	<p>community mobilisation and health promotion and mass communication</p> <ul style="list-style-type: none"> • Community cleaning and improvement activities (e.g. clearing of solid waste and containers to prevent stagnant water accumulation, bush clearing, cleanliness, spraying) 	<p>control activities and promotion within existing role)</p> <ul style="list-style-type: none"> • Community structures/stakeholders • Lymphatic filariasis programme • National Onchocerciasis Control Program • National Malaria control programme • Home improvement campaigns 		<ul style="list-style-type: none"> • Monitoring and supervision of implementation • Technical guidance • Evaluation 	<ul style="list-style-type: none"> • Prepare activity plans • Carry out activity implementation where relevant • Coordination of stakeholders
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6. Technical programme quality

Uganda has established programme delivery standards and legislative framework, which all stakeholders implementing WASH and NTDs interventions in the country should adhere to. These are:

WASH infrastructure:

- **Targets:** All infrastructure delivered should be aligned with national targets and performance indicators, including but not limited to: school sanitation infrastructure should accommodate a 40:1 pupil/stance ratio¹⁵; boreholes should serve at least 300 persons, taps should serve at least 150 persons, protected springs should serve at least 200 persons. Water should be provided within a 30 minute round trip from the household.
- **Equity:** All infrastructure should meet the requirements set out by the human right to water and sanitation and be available, accessible (including to persons with disabilities), of good quality, affordable (including inclusive/pro-poor tariffs and fees) and acceptable.
- **Water quality:** all water should contain zero faecal coliforms per 100ml. Additionally, efforts should be made to ensure that drinking water is provided free from turbidity, colour and taste.
- **Water sources:** to protect water sources from degradation, contamination and other harm, cultivation and animal husbandry activities should be kept 30 meters away from the water source. Conservation activities such as source protection and planting of recommended species along streams or banks are encouraged.
- **Water point construction:** improved water sources should be located no less than 30 meters from the population and have a minimum depth of 15 feet. Drilling must comply with the requirements set out in the Drilling Manual issued by the MWE¹⁶ and must be conducted by licenced drilling companies as per the list published on MWE website: www.mwe.go.ug.
- **Operation and maintenance:** operation and maintenance of infrastructure including community-based water supply, water resource management mechanisms, and user fees, must comply with the rules set out within the National Framework for Operation and Maintenance of Rural Water Infrastructure in Uganda¹⁷.
- **Household sanitation:** pit latrines should be located 10 meters away from the house (in accordance with the building rules/public health act). The distance from the water source to the pit latrine should be no less than 30 meters to avoid contamination of water sources in high water table areas. All latrine pits must be lined. Sanitation infrastructure activities should be accompanied by sanitation promotion activities.

¹⁵ *Water, Sanitation and Hygiene in Schools: National Standards in Uganda* <https://www.unicef.org/uganda/media/3871/file/Water,%20Sanitation%20and%20Hygiene%20in%20Schools:%20National%20Standards%20in%20Uganda.pdf>

¹⁶ Ministry of Water and Environment (2019) Manual for Drilling Supervision <https://www.mwe.go.ug/sites/default/files/library/Drilling-supervision%20Manual-29042019F.pdf>. Accessed January 2021.

¹⁷ Ministry of Water and Environment (2020) National Framework for Operation and Maintenance of Rural Water Infrastructure in Uganda https://www.mwe.go.ug/sites/default/files/library/O%26M%20Framework%20for%20rural%20water%20services_V6_24.07.2020.pdf

Behaviour change:

- The main mechanism for community-based health promotion in Uganda is the Village Health Teams (VHT) structure. All health activities at community level implemented by government, NGOs and or Partners targeting communities shall be coordinated with VHTs. This includes health promotion activities, campaigns and other health events and functions¹⁸. All government and non-government partners must make budgetary provisions to ensure the participation of VHTs, including supervision, meetings, VHT allowances and monitoring.
- Any health promotion activities must be based on evidence and relevant to the context in which the intervention will be delivered
- Health promotion activities must be coordinated fully with Ministry of Health departments at the relevant administrative level, and aim to strengthen existing health systems structures.
- Health promotion activities relating specifically to WASH and NTDs must be based on extensive consultation and sign off through engagement of the WASH NTDs **coordination mechanism** in the design and finalisation of behaviour change materials;

NTD programme quality and inclusion standards

- The National NTD control programme operates to achieve internationally-defined standards and targets, set out below as well as in the National NTD Master Plan. All partners and agencies operating in Uganda should work to support these targets by supporting the national health system.
- Targets:
 - All mass drug administration activities must reach 80% coverage of at-risk populations
 - NTD-related health education activities should achieve 80% coverage of target communities
 - Morbidity management and disability prevention activities should cover 100% of affected individuals.

¹⁸ Ministry of Health (2010) Village Health Team Strategy and Operational Guidelines <http://library.health.go.ug/publications/service-delivery-public-health/health-education> Accessed 6 January 2021

7. Monitoring, evaluation and reporting

Monitoring and reporting plays a fundamental role in ensuring that interventions are implemented effectively and in a timely manner. Programme evaluation and ongoing documentation is also crucial to ensure that lessons from implementation are learned and used for any necessary adjustment that will improve the effectiveness and impact of the programme. All stakeholders involved in WASH-NTD collaboration are expected to adhere to the reporting requirements and schedule set out in this section, which is aligned with existing monitoring and reporting structures.

Routine monitoring data needs and collection process

Table 6: Information to be merged into existing routine systems (DHIS2)

Structure / Level	Survey/ Assessment	WASH/NTD Information to be collected	Method of data collection	Person responsible
District Level	<ul style="list-style-type: none"> • NTD prevalence survey • Household Sanitation coverage survey • District water coverage survey • Disease prevalence data HMIS 2 	NTD (infection prevalence, infection intensity, co-endemicity) WASH (School WASH indicators, HH WASH indicators, community Water coverage)	<ul style="list-style-type: none"> • NTD prevalence survey form should include sections on HH, School, and community WASH indicators • Conducted annually by the District NTD focal person through DHI, HAs and VHTs 	District NTD focal point
Ministry	<ul style="list-style-type: none"> • NTD coverage mapping • Water and sanitation coverage mapping • Demographic and Health Survey 	District/regional NTD prevalence against WASH Coverage indicators	<ul style="list-style-type: none"> • National NTD coverage map including WASH access mapping. 	VCD-MOH

Conducting routine joint monitoring and supervision of programmes as sub-national level

In order to ensure the delivery of the actions set out in this framework, all partners including MoH, MoWE, MoES, UWASNET, WASH partners, District Local Governments and communities shall be engaged in ongoing monitoring and supervision of WASH-NTD collaboration. The coordination mechanism defined in section x above shall develop a joint supervision schedule to ensure continued coordination and joint implementation activities at all levels. Monitoring and supervision activities will include:

- i. Dedicated quarterly field visits by Coordination Council members to locations in which joint activities are implemented (utilising, as needed, the joint supervision form included in Annex IV)
- ii. Exchange visits between high-performing areas and those needing further support (twice yearly)
- iii. Joint spot checks of WASH-NTD activities, including health promotion activities, by the District Health Officer and District Water Officer
- iv. Incorporating WASH-NTD considerations into the Water and Environment Joint Technical Review field visits
- v. Incorporating WASH and health promotion considerations into routine supervision of NTD activities such as advocacy and MDAs
- vi. Joint activities should be included in quarterly review meetings, through mutual WASH and NTD focal point participation in these meetings and contribution into quarterly reports.

Financial tracking of WASH and NTDs spending

Spending can be tracked through the Ministry of Finance tracking system, to ensure sustained implementation of the framework activities and structures.

Table 7: Financial tracking

Tracking of public (government) spending	Tracking of partner spending
<ul style="list-style-type: none"> • Sector grant reports (ensuring adherence with proportion allocation to specific interventions, such as previous requirements to allocate a determined percent of the primary healthcare budget to WASH): <ul style="list-style-type: none"> ○ Primary healthcare grant ○ Transitional Development Sanitation Grant • Sector and district level development plan reports: District and sector performance reports • Accountability platforms - Social accountability/dialogues • Auditor general reports: annual, based on the plan • National financial management guidelines for public service • Parliamentary relevant sectoral Committees (Health, Natural Resources, UPF-WASH) • Large scale donor programme reports as relevant (GAVI, Global Fund) 	<ul style="list-style-type: none"> • Uganda Water and Sanitation NGO forum (UWASNET) reporting framework • District Water and Sanitation Coordination Committees • District NGO Forum (although this requires improvements to allow effective tracking)

Programme documentation and learning

Effective collaboration requires an ongoing process of learning and adaptive planning and management based on lessons from programme delivery. In order to enable effective learning, all government and non-government partners will invest resources (time, human and financial) in programme documentation and learning, including but not limited to:

- Professional report writing, publication and dissemination
- Audio visual products including documentaries, media adverts, jingles
- Focus group discussions
- Mass media communications, brochures, digests, and engagement of the news media through journalist briefing and media field visits
- Review meeting & learning fora during annual health and WASH sector reviews
- Development of a Communications Strategy

Annexes

I. WASH-NTD matrix

Water, Sanitation and Hygiene (WASH) Decision Matrix: <i>Regional Overview</i>															
Region Name	IU Name	NTD Categorisation				WASH Categorisation				Sanitation		Hygiene		Water	
		Trachoma	Schistosomiasis	STH	NTD Risk	Household (H)	School (S)	Household (H)	School (S)	Household (H)	School (S)	Household (H)	School (S)		
Acholi	Agago				High										
Acholi	Amuru				Moderate										
Acholi	Gulu				Moderate										
Acholi	Kitgum				Moderate										
Acholi	Lamwo				Moderate										
Acholi	Nwoya				Moderate										
Acholi	Omoro				Moderate										
Acholi	Pader				Moderate										
Ankole	Bushenyi				Low										
Ankole	Ibanda				Moderate										
Ankole	Isingiro				Moderate										
Ankole	Kazo				Moderate										
Ankole	Kiruhura				Moderate										
Ankole	Mbarara				Low										
Ankole	Mitooma				Low										
Ankole	Ntungamo				Low										
Ankole	Rubirizi				Moderate										
Ankole	Rwampara				Low										
Ankole	Sheema				Low										
Bukedi	Budaka				Moderate										
Bukedi	Busia				Moderate										
Bukedi	Butaleja				High										
Bukedi	Butebo				High										
Bukedi	Kibuku				Moderate										
Bukedi	Pallisa				High										
Bukedi	Tororo				Moderate										
Bunyoro	Buliisa				High										
Bunyoro	Hoima 1				High										
Bunyoro	Hoima 2				High										
Bunyoro	Kagadi				Moderate										
Bunyoro	Kakumiro				Moderate										
Bunyoro	Kibaale				Low										
Bunyoro	Kikuube				High										
Bunyoro	Kiryandongo				High										
Bunyoro	Masindi				Low										
Busoga	Bugiri				High										
Busoga	Bugweri				High										

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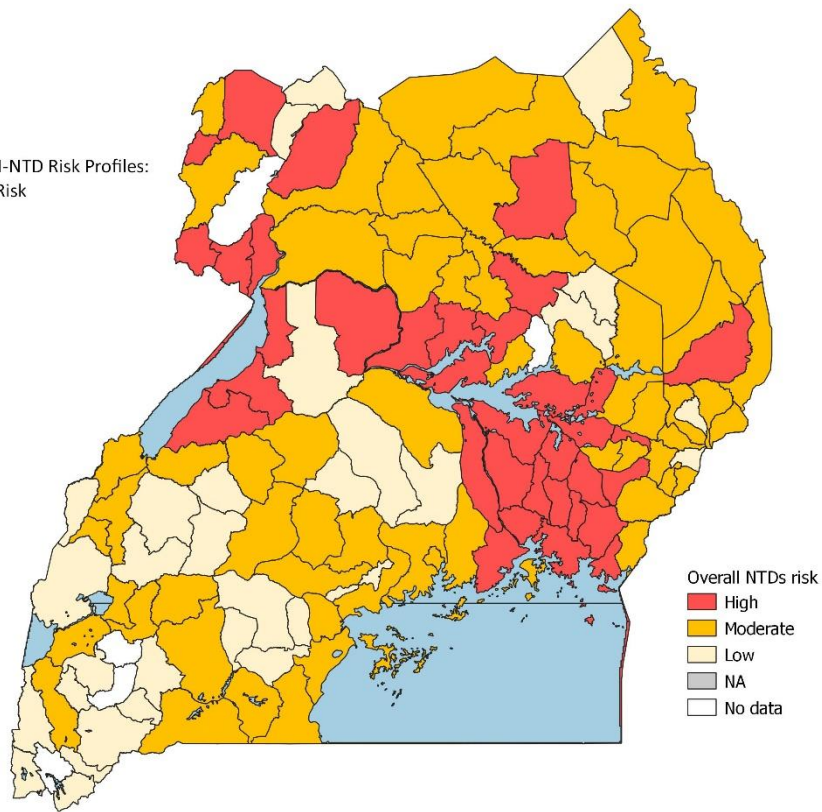
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49	Busoga	Iganga			High									
50	Busoga	Jinja			High									
51	Busoga	Kaliro			High									
52	Busoga	Kamuli			High									
53	Busoga	Luuka			High									
54	Busoga	Mayuge			High									
55	Busoga	Namayingo			High									
56	Busoga	Namutumba			High									
57	North Buganda	Kiboga			Low									
58	North Buganda	Kyankwanzi			Moderate									
59	North Buganda	Luwero			Low									
60	North Buganda	Mityana			Moderate									
61	North Buganda	Mukono			Moderate									
62	North Buganda	Nakaseke			Low									
63	North Buganda	Nakasongola			Moderate									
64	North Buganda	Wakiso			Moderate									
65	North Buganda	Buikwe			High									
66	North Buganda	Kayunga			High									
67	North Buganda	Buvuma			Moderate									
68	North Buganda	Kassanda			Moderate									
69	North Buganda	Mubende			Moderate									
70	South Buganda	Bukomansimbi			Low									
71	South Buganda	Butambala			Low									
72	South Buganda	Gomba			Moderate									
73	South Buganda	Kalangala			Moderate									
74	South Buganda	Kalungu			Moderate									
75	South Buganda	Kyotara			Moderate									
76	South Buganda	Lwengo			Low									
77	South Buganda	Masaka			Moderate									
78	South Buganda	Mpigi			Moderate									
79	South Buganda	Rakai			Moderate									
80	South Buganda	Ssembabule			Low									
81	South Buganda	Lyantonde			Low									
82	Elgon	Bududa			Low									
83	Elgon	Bukwo			Moderate									
84	Elgon	Bulambuli			Moderate									
85	Elgon	Kapchorwa			Low									
86	Elgon	Kween			Moderate									
87	Elgon	Manafwa			Moderate									
88	Elgon	Mbale			Moderate									
89	Elgon	Namisindwa			Moderate									
90	Elgon	Sironko			Moderate									
91	Kigezi	Kabale			Low									
92	Kigezi	Kanungu			Low									
93	Kigezi	Kisoro			Low									
94	Kigezi	Rubanda												
95	Kigezi	Rukiga			Low									
96	Kigezi	Rukungiri			Moderate									
97	Karamoja	Abim			Moderate									
98	Karamoja	Amudat			Moderate									
99	Karamoja	Kaabong			Moderate									
100	Karamoja	Karenga			Low									
101	Karamoja	Kotido			Moderate									
102	Karamoja	Moroto			Moderate									
103	Karamoja	Nabilatuk			Moderate									
104	Karamoja	Nakapiripirit			High									
105	Karamoja	Napak			Moderate									

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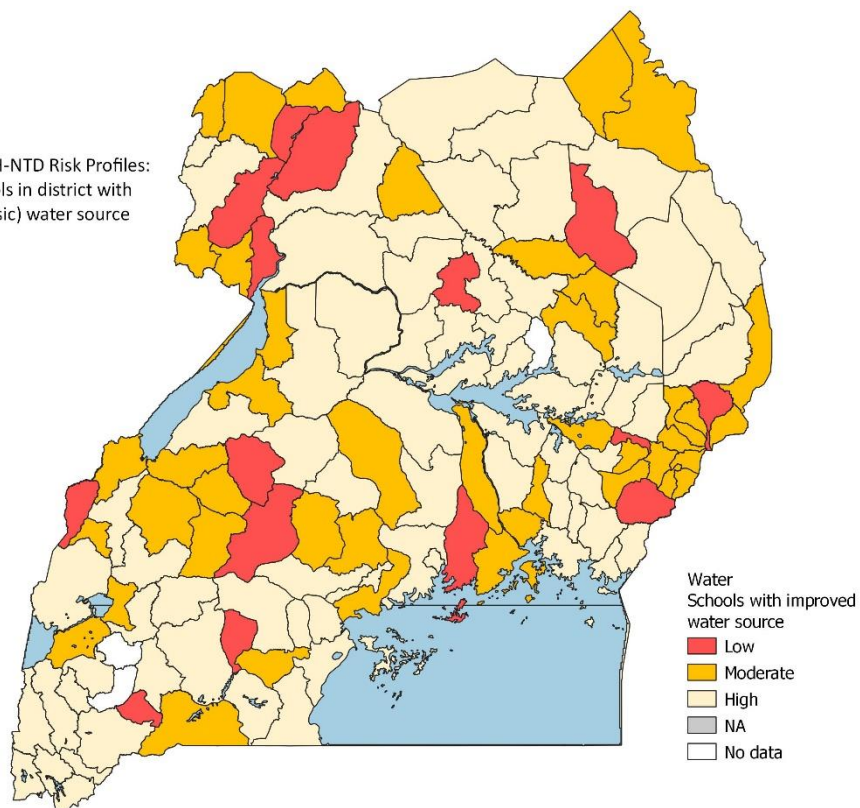
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107	Lango	Alebtong			High									
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109	Lango	Apac			High									
110	Lango	Dokolo			High									
111	Lango	Kole			High									
112	Lango	Kwania			High									
113	Lango	Lira			High									
114	Lango	Otuke			High									
115	Lango	Oyam			High									
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117	Teso	Bukedea			Moderate									
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121	Teso	Kumi			Moderate									
122	Teso	Ngora			High									
123	Teso	Serere			High									
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127	Toro	Kabarole			Moderate									
128	Toro	Kamwenge			Low									
129	Toro	Kasese			Low									
130	Toro	Kitagwenda			Moderate									
131	Toro	Kyegegwa			Low									
132	Toro	Kyenjojo			Low									
133	Toro	Ntoroko			Moderate									
134	West Nile	Adjumani			High									
135	West Nile	Arua			Moderate									
136	West Nile	Koboko			Moderate									
137	West Nile	Madi-Okollo												
138	West Nile	Maracha			High									
139	West Nile	Moyo			Low									
140	West Nile	Nebbi			High									
141	West Nile	Obongi			Low									
142	West Nile	Pakwach			High									
143	West Nile	Yumbe			High									
144	West Nile	Zombo			High									
145														

II. WASH NTD maps

Uganda WASH-NTD Risk Profiles:
Overall NTDs Risk

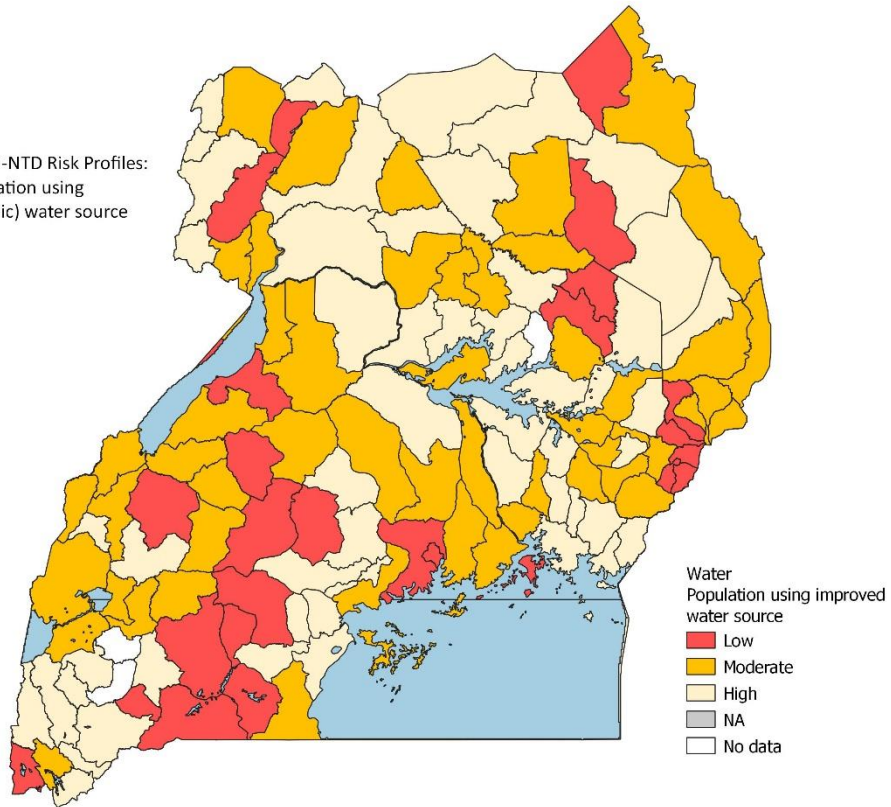


Uganda WASH-NTD Risk Profiles:
Water - Schools in district with
improved (basic) water source

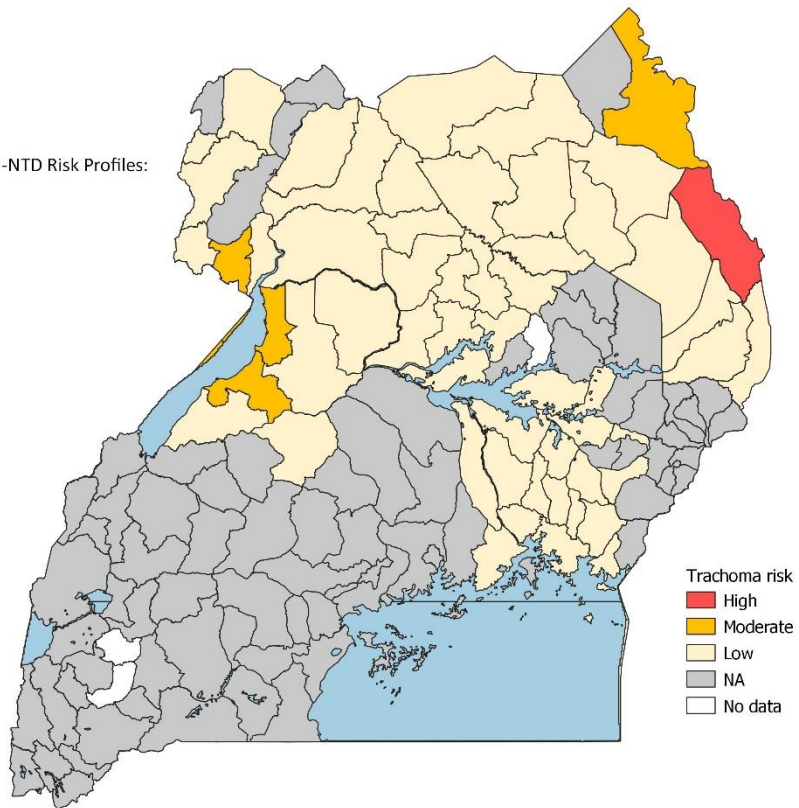


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Uganda WASH-NTD Risk Profiles:
Water - Population using improved (basic) water source

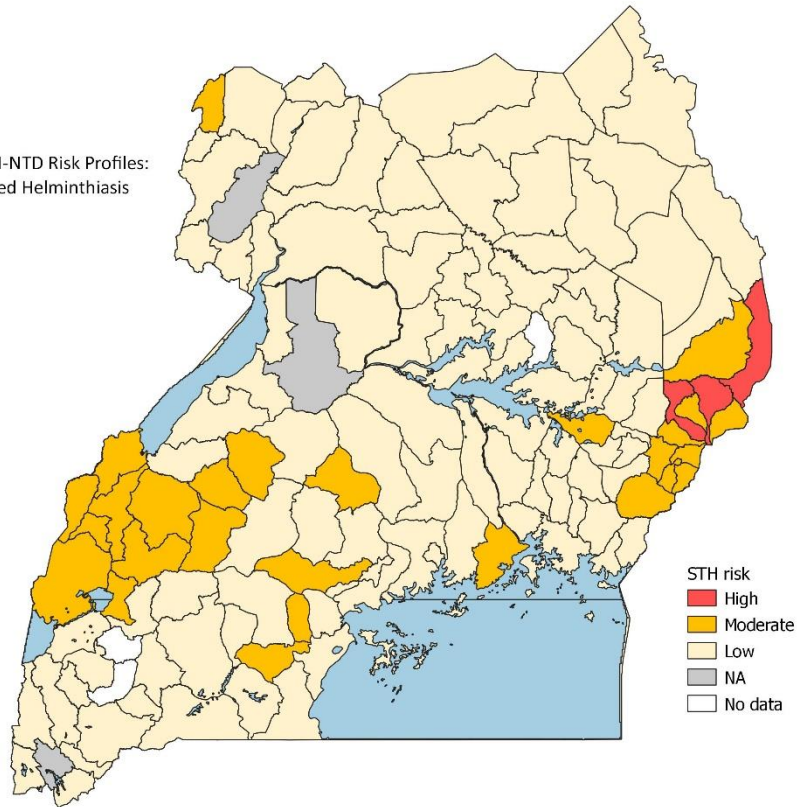


Uganda WASH-NTD Risk Profiles:
Trachoma

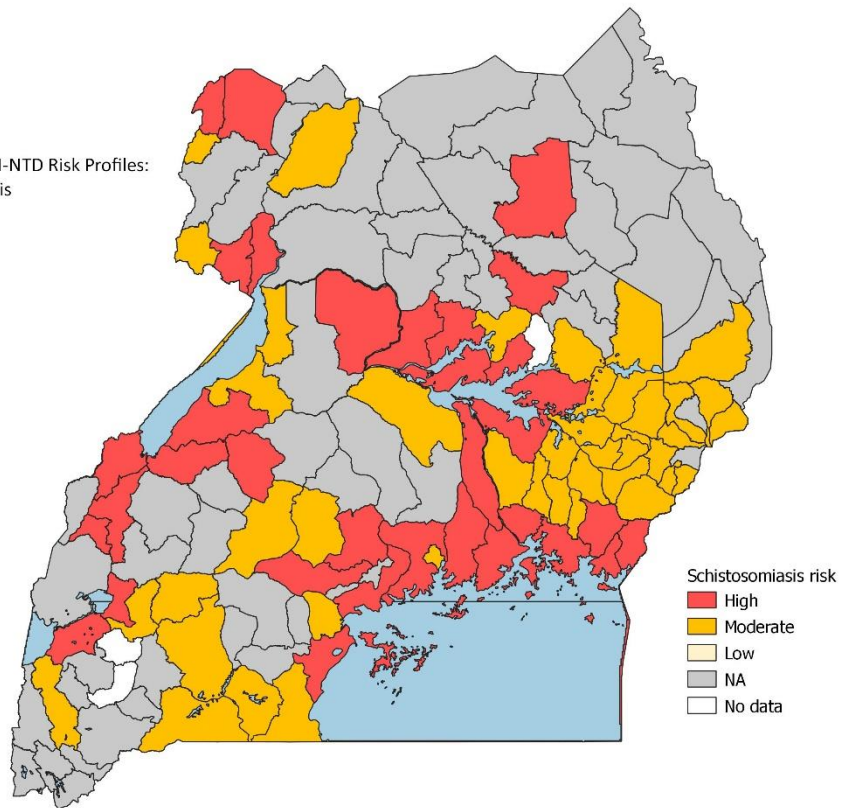


Uganda national framework on WASH and NTDs

Uganda WASH-NTD Risk Profiles:
Soil-Transmitted Helminthiasis

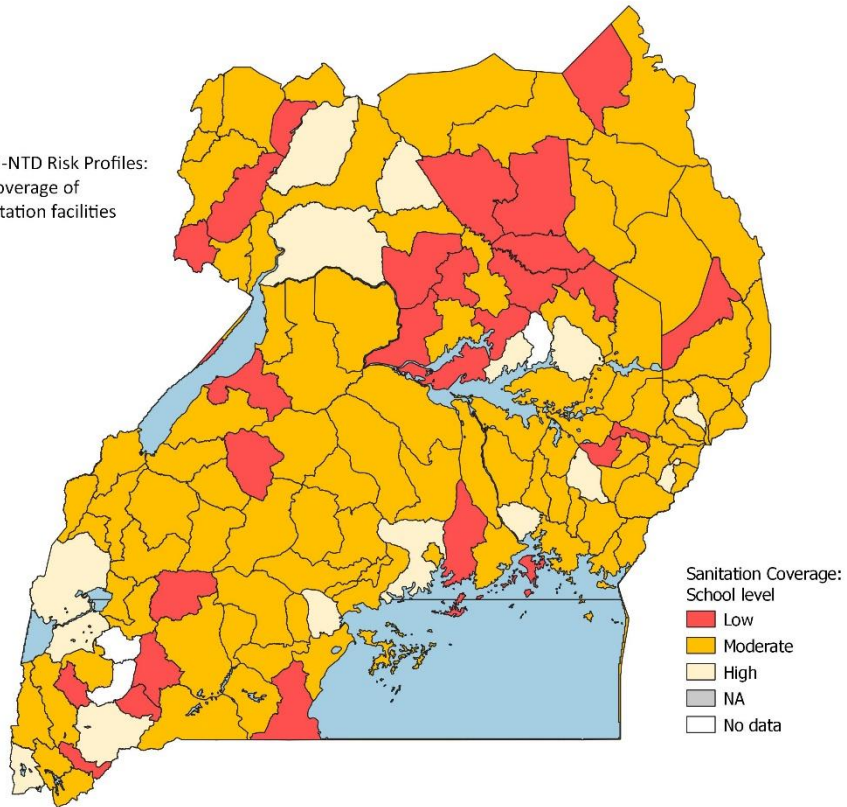


Uganda WASH-NTD Risk Profiles:
Schistosomiasis

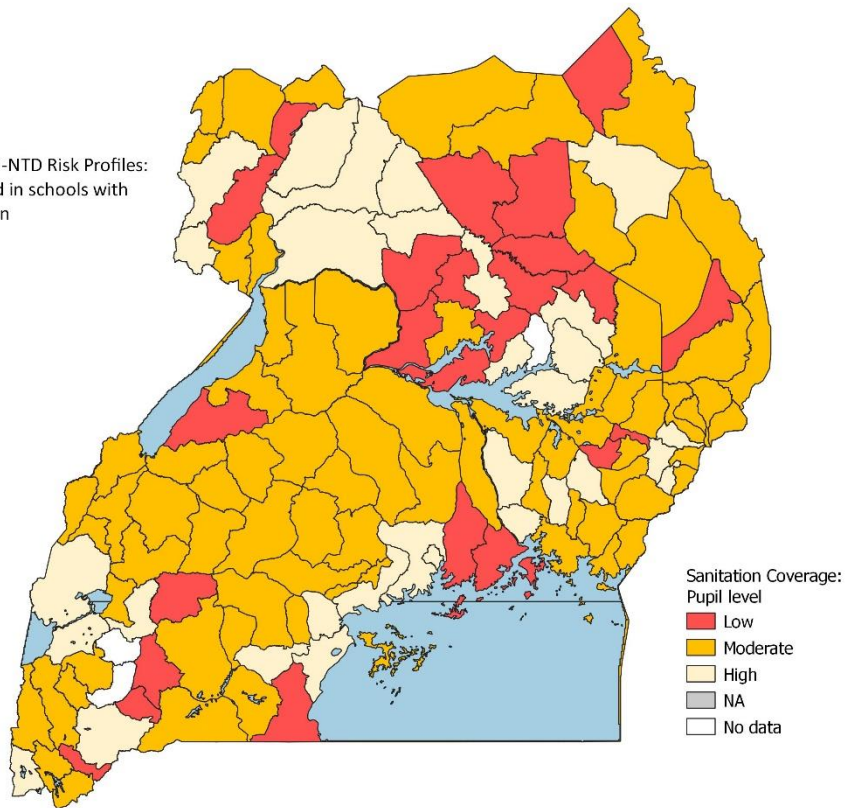


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Uganda WASH-NTD Risk Profiles:
School level coverage of
improved sanitation facilities

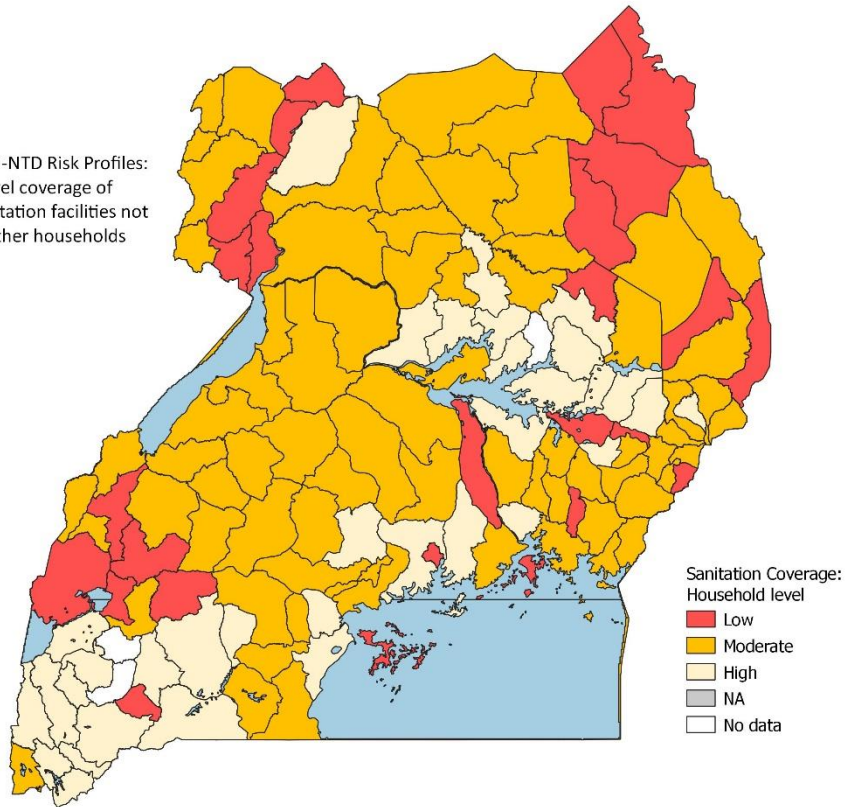


Uganda WASH-NTD Risk Profiles:
Pupils enrolled in schools with
basic sanitation

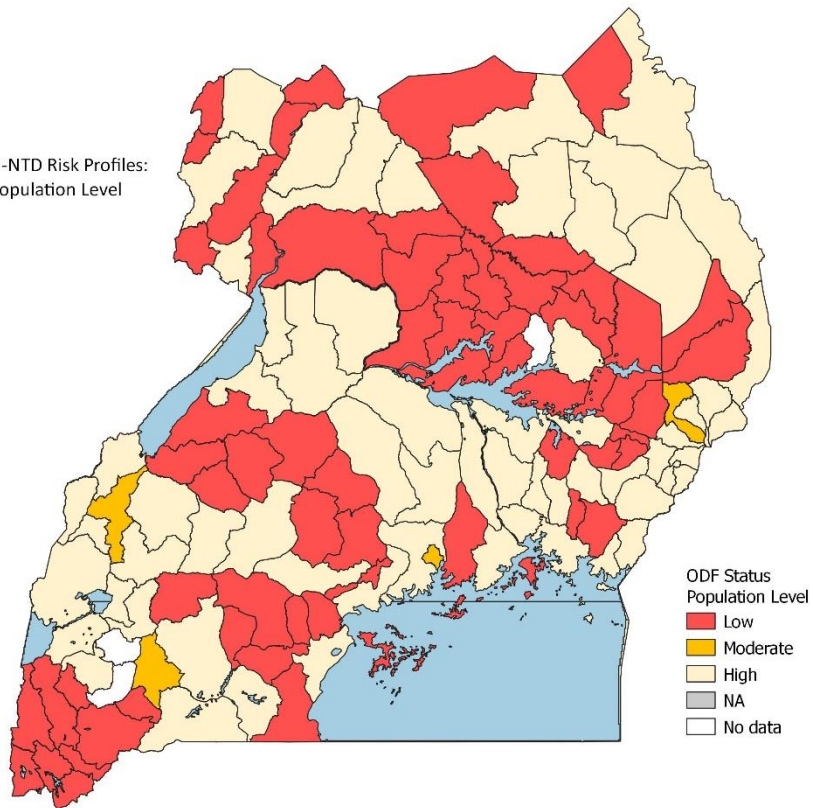


Uganda national framework on WASH and NTDs

Uganda WASH-NTD Risk Profiles:
Household level coverage of
improved sanitation facilities not
shared with other households

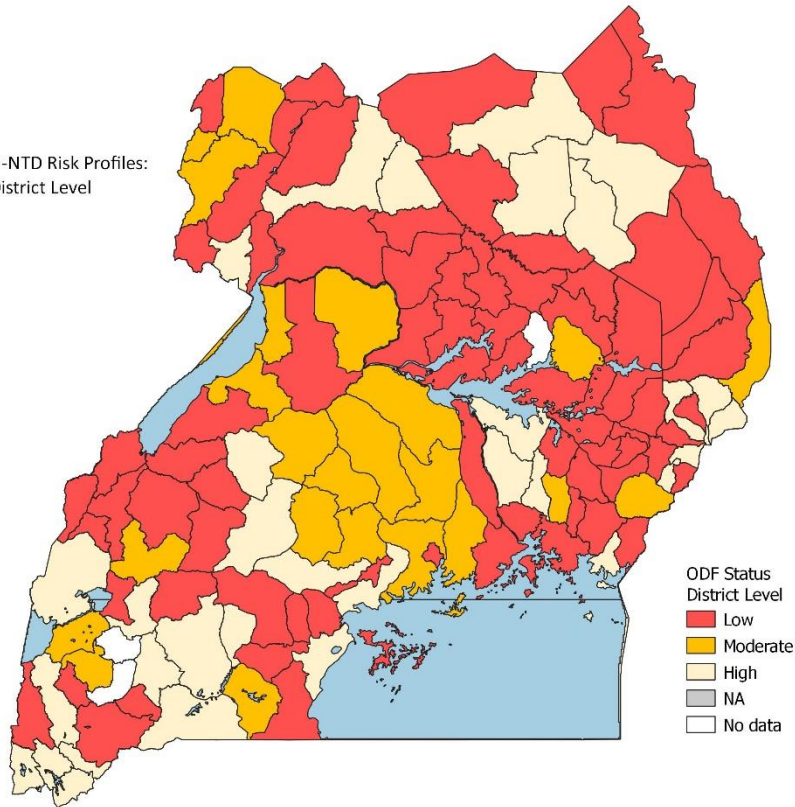


Uganda WASH-NTD Risk Profiles:
ODF Status - Population Level

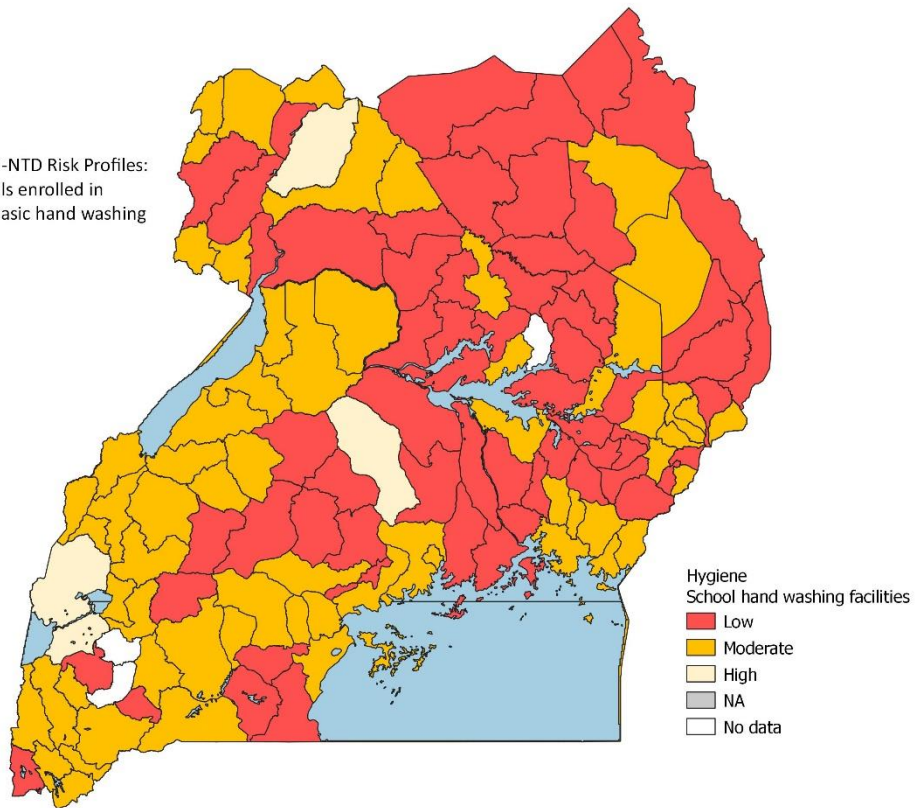


Uganda national framework on WASH and NTDs

Uganda WASH-NTD Risk Profiles:
ODF Status - District Level

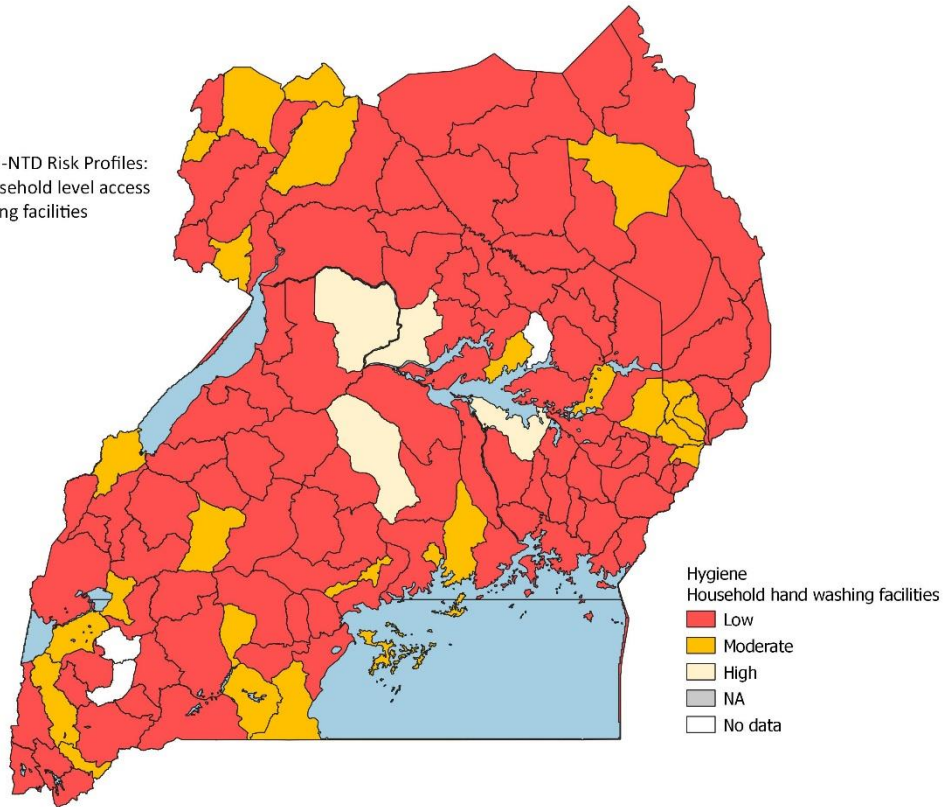


Uganda WASH-NTD Risk Profiles:
Hygiene - Pupils enrolled in
schools with basic hand washing
facilities

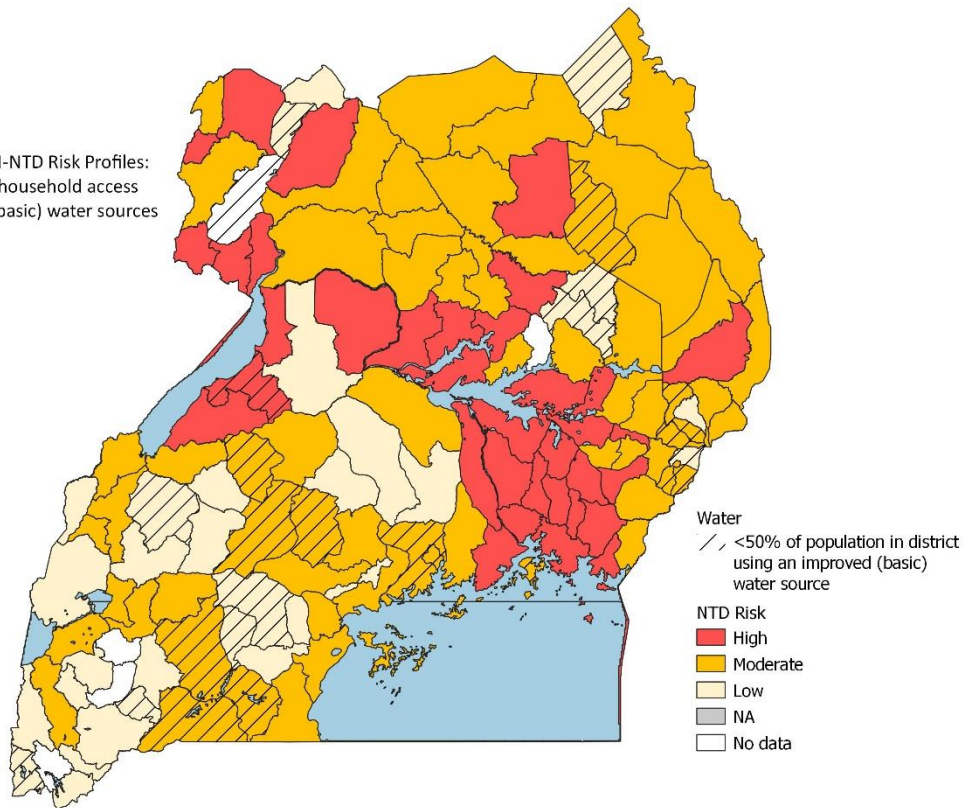


Uganda national framework on WASH and NTDs

Uganda WASH-NTD Risk Profiles:
Hygiene - Household level access
to hand washing facilities

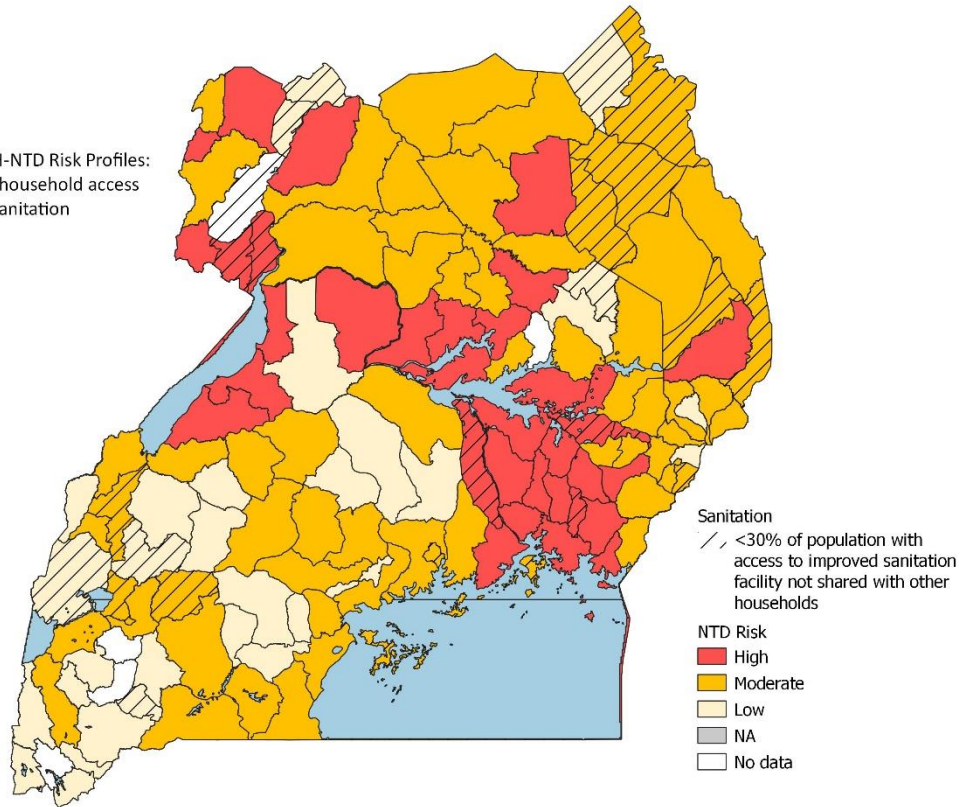


Uganda WASH-NTD Risk Profiles:
NTD Risk and household access
to improved (basic) water sources

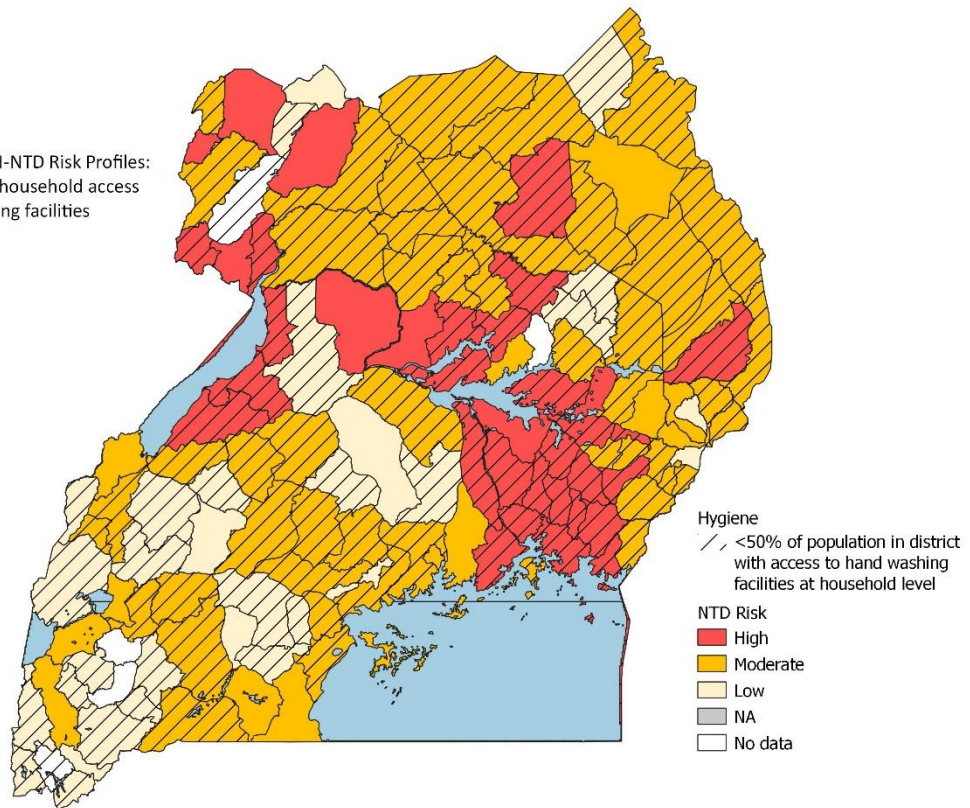


Uganda national framework on WASH and NTDs

Uganda WASH-NTD Risk Profiles:
NTD Risk and household access
to improved sanitation

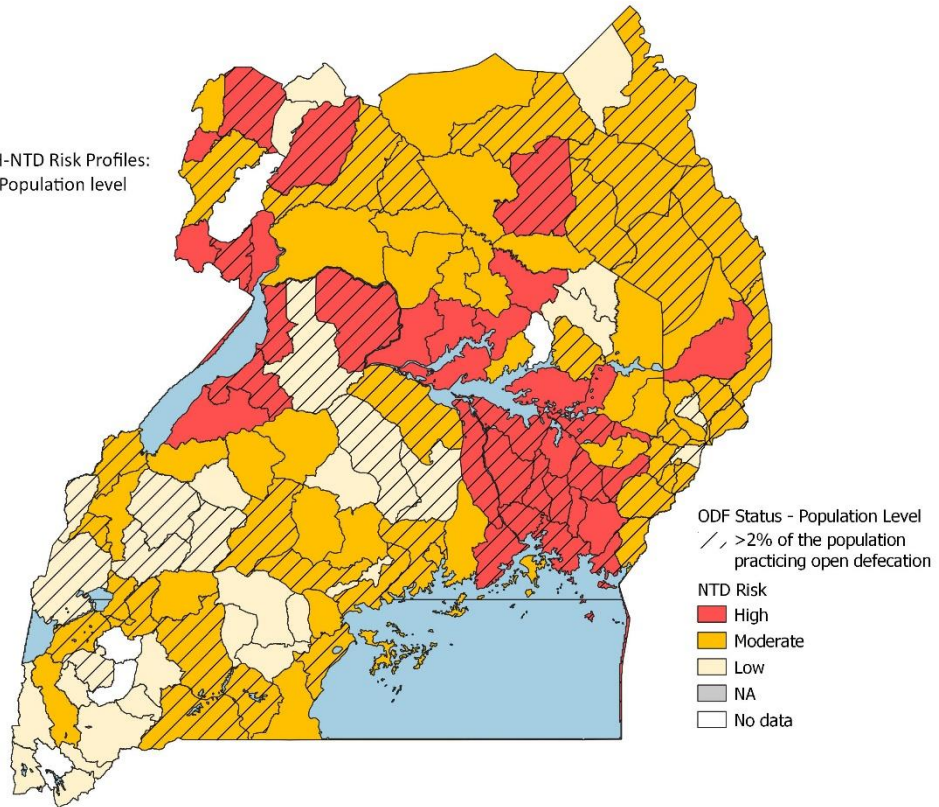


Uganda WASH-NTD Risk Profiles:
NTD Risk and household access
to hand washing facilities

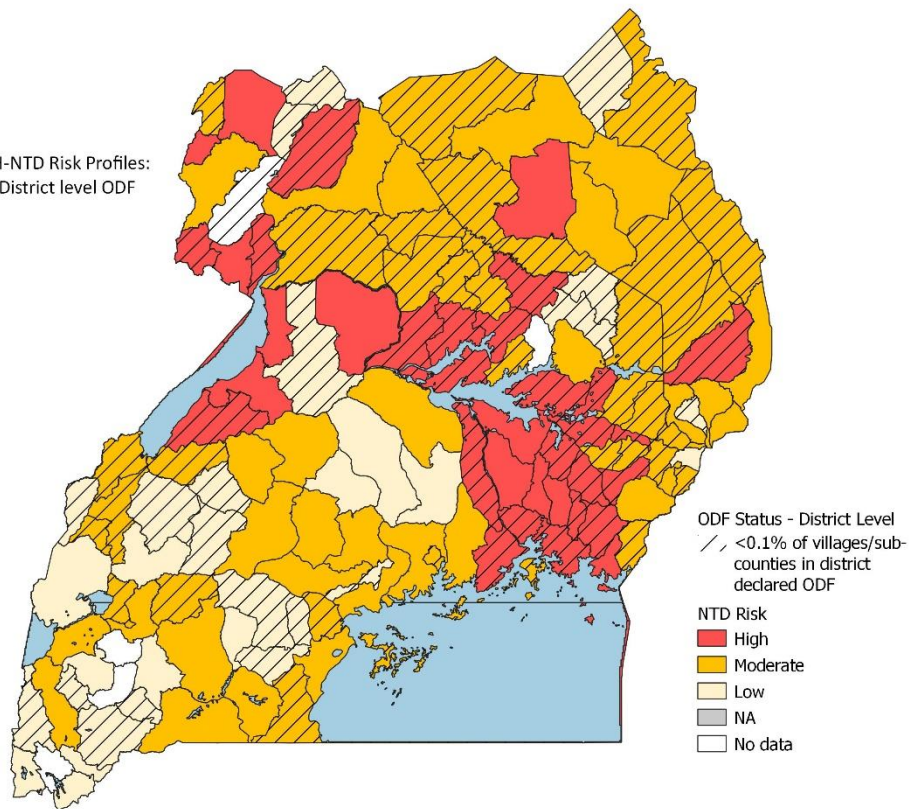


Uganda national framework on WASH and NTDs

Uganda WASH-NTD Risk Profiles:
NTD Risk and Population level
ODF status



Uganda WASH-NTD Risk Profiles:
NTD Risk and District level ODF
status



III. Terms of reference – WASH NTDs Coordination Council

As of January 2021

Purpose: The purpose of the coordination council is to drive and sustain joint action on water, sanitation and hygiene in support of tackling neglected tropical diseases (NTDs) and improving health and wellbeing in Uganda. The purpose will be achieved through collaboration among water, health, education, local government and other human development and growth sectors in Uganda.

The actions of the Coordination Council are guided by the National Framework on WASH and NTDs, the Uganda NTD Master Plan, and all relevant policies governing WASH and health in Uganda. Formal collaboration arrangements have been set out in the Memorandum of Understanding on WASH and NTDs collaboration, 2021.

Composition: The council includes the following representatives:

- Health Sector: Assistant Commissioner for Health Services – Vector-borne and Neglected Tropical Diseases, Ministry of Health
- Health Sector: NTD/WASH Collaboration Focal Point, Ministry of Health
- WASH Sector: National WASH Focal Point, Ministry of Water and Environment
- WASH Sector: Representative of the Uganda Water and Sanitation NGO Network (UWASNET)
- Education Sector: Representative from the Ministry of Education and Sports

The membership of the team may be amended or expanded by majority decision during a formal meeting.

Schedule of meetings: The council shall meet every quarter. Meetings will be organised by the NTD/WASH Collaboration Focal Point, Ministry of Health.

Key responsibilities:

- Conduct regular meetings on a quarterly basis, and produce formal meeting summaries
- Ensure the process of WASH/NTDs joint annual planning at all administrative levels as defined in the National Framework on WASH and NTDs
- Liaise with relevant government information and financial systems to ensure availability of routine data for planning and implementation
- Advocate for and promote continued WASH-NTDs collaboration in all appropriate forums, including the dissemination and promotion of data on WASH and NTDs, the National Framework on WASH and NTDs and the Uganda NTD Master Plan
- Ensure mutual participation of all relevant sectors in annual and technical reviews, technical working groups and strategy and policy development processes
- Provide scrutiny over implementation of joint WASH-NTDs activities through participation in annual sector reviews, field supervision, review of reports and financial tracking
- Liaise with Development Partners, External Support Agencies, and other non-governmental organisations to promote WASH-NTD collaboration and adherence to the stipulations of the National Framework on WASH and NTDs

Uganda national framework on WASH and NTDs

- Liaise with regional and district local government authorities to promote WASH-NTDs collaboration, and provide technical support as needed.
- Review and revise the National Framework on WASH and NTDs, and produce additional guidance, as needed
- Sustain and engage the WASH and NTDs Community of Practice
- Produce documentation and learning products to enable adaptive learning and support WASH-NTDs engagement by the public
- Represent the efforts made by the Government of Uganda in international forums
- Establish further technical working groups or task groups as needed

IV. Joint supervision form

Date of supervision visit	___/___/20___		Visit Location	[Indicate respondent name and designation]		
Conducted by:	Name		Name		Name	
	Position [NTDs]		Position [WASH]		Position [other]	
Date of submission	___/___/20___		Submitted to:	Name		
				Position		

1. Routine activity supervision

Method: questions to programme implementers e.g. frontline health and WASH staff, school teachers/administrators, NGO implementing partners. *[Note to supervisor – ensure that any challenges are carried over to section 5].*

Questions	responses	Supervisor notes/ follow up
Community health/hygiene promotion		
<ol style="list-style-type: none"> 1. Do health/hygiene promotion sessions take place? (yes/no) 2. If ‘yes’, in what frequency? (e.g. daily, weekly, monthly, quarterly) 3. Are NTD-related promotion sessions/activities delivered as a standalone intervention? (yes/no) 4. If ‘no’ are they delivered as part of <ol style="list-style-type: none"> a. The health extension/outreach programme b. Primary healthcare activities (e.g. immunisation, nutrition, maternal newborn and child health, etc) c. WASH programmes 5. What topics covered in the sessions include WASH behaviours related to the prevention and/or care of NTDs? 6. Who delivers the sessions? Have promoters received training with regards to WASH/NTDs promotion? 7. What materials are used in the sessions (e.g. flip charts)? Are they available and useable? Are the materials available in the appropriate local language? <i>[Inspect materials used. Check supply in section 2]</i> 8. Do you keep a log of sessions and participants? How? (attendance book, minutes, activity reports) <i>[check log is up to date]</i> 9. How many community members participate on average? Are the numbers consistent over time or has there been any variation? Disaggregate numbers by sex. 		

<p>10. Do you attend the sessions (always, sometimes)? In your view, are they effective? 11. How can these sessions be improved?</p>		
School health/hygiene education		
<p>1. Are health education activities conducted as stipulated by the national curriculum? (e.g. General Health Parade, menstrual hygiene management, talking compound, general hygiene) 2. What topics related to WASH and NTDs do these activities cover? 3. Do these activities take place in all schools or only some? Please specify 4. i. Have teachers/teaching assistants been trained to deliver the relevant educational activities? ii. Do they receive refresher training? How regularly? iii. Do schools receive regular support for health/hygiene education delivery? 5. Do schools keep updated log books of health/hygiene education activities? Who checks the logbooks? 6. What materials are used for the activities? Is the supply and quality sufficient? [<i>check materials supply in section 2</i>] 7. i. Do schools have school health clubs or a similar structure? ii. What activities do they undertake? iii. Are these functional in all or only some schools? Please specify. 8. Are the Parent-Teacher Associations involved in health/hygiene education activities? Please specify. 9. How can school-based health/hygiene education activities be improved?</p>		
Healthcare facility activities		
<p>1. Do health/hygiene promotion activities related to NTD prevention and care take place in healthcare facilities or as part of facility-based healthcare programmes? Specify (e.g. health talks to patients and carers, individual counselling) 2. Are health/hygiene promotion activities integrated into morbidity management and disability inclusion activities (such as in patient counselling on self-care for LF, leprosy or other diseases, and in activities for stigma prevention)? 3. Are there under/unutilised facility-based opportunities for health/hygiene promotion related to NTD prevention and care</p>		
Infrastructure		

<ol style="list-style-type: none"> 1. [If the programme includes provision of water and sanitation infrastructure] Are infrastructure targets on track? Please specify: <ol style="list-style-type: none"> a. Community/household: number of water points/systems installed and estimated number of users; number of handwashing facilities; number of toilets (or slabs) (specify whether toilets/latrines were provided by the programme or constructed by households) b. Institutional: number of school water points/systems constructed; number of school toilet cubicles/stances (for girls/boys/teachers) in relation to standards; number of healthcare facility water points/systems constructed in relation to standards; number of healthcare facility toilet cubicles constructed (for patients/staff of different sexes) in relation to standards c. Public: number and location of public water points (protected spring, protected well, hand pump, water kiosk) constructed; number and location of public toilets constructed and number of cubicles. 2. [If the programme does not include provision of water and sanitation infrastructure]: <ol style="list-style-type: none"> a. Have any water and sanitation service provision activities taken place in NTD endemic areas? b. Have activities been directed to NTD-endemic areas as a result of the programme? c. Are there any current water and sanitation service gaps? Are there plans for addressing them? Please specify. 		
Community engagement		
<ol style="list-style-type: none"> 1. <ol style="list-style-type: none"> i. Are meetings held with community leaders and members to engage communities in programme activities? ii. How frequently? iii. Are the objectives of the meetings met? 2. What other social mobilisation activities have been conducted, and have these been successful? 3. <ol style="list-style-type: none"> i. Have any training activities been conducted for community leaders/groups? ii. When? iii. What has been the outcome? iv. Are there plans for further training activities? 4. <ol style="list-style-type: none"> i. Are there ongoing challenges relating to community participation? ii. How may they be addressed? 		

Coordination			
<ol style="list-style-type: none"> 1. Is there a formal mechanism in place for coordination between WASH, NTDs, education and health teams? Who participates? How frequently do meetings take place? <ol style="list-style-type: none"> a. What topics are discussed in the meetings? b. What challenges have been raised and have they been resolved? c. Are meetings supporting effective coordination of activities? d. Has coordination resulted in improved targeting of resources and/or timely implementation? 2. Are other sector-specific coordination structures used for ensuring NTD aspects are addressed? (e.g. District WASH, health or education committees) 3. Are there any ongoing coordination challenges and how can they be addressed? 			
Mass drug administration (MDA)			
<ol style="list-style-type: none"> 1. Are the relevant drugs available at the district level for timely implementation of the MDA campaign? 2. <ol style="list-style-type: none"> i. Are drugs effectively distributed to community drug distributors, school teachers and community members? ii. Are clear records maintained? 3. Does treatment take place as directed by the national programme? 4. Are community members, teachers and leaders effectively involved and informed about MDA to ensure that benefits are understood and commitment is made? 5. <ol style="list-style-type: none"> i. Is treatment co-implemented with other interventions, such as other child health and/or WASH campaigns? ii. Are any promotional activities related to prevention of NTDs conducted during MDAs? Please specify. 			
2. Materials			
<p>Method: physical observation of materials and stocks available at the district health office, district water office, schools, WASH partners, etc. Insert additional materials based on specific programme</p>			
Materials	Detail	Gaps/problems	Follow up measures
Drugs	<i>[List any drugs for MDA and treatment stored at the district level and for distribution to healthcare facilities for individual case management]</i>		
Medical supplies and other aides	<i>[List any supplies stipulated by the NTD programme stored at district level and for distribution to healthcare facilities for medical, case management and</i>		

	<i>disability inclusion purposes]</i>		
Promotional materials	<i>[Include any posters, flipcharts, handbooks, cards and other materials. Note any aspects such as relevance, condition, use, and whether materials are up to date]</i>		
Patient/user records	<i>[Include patient cards and logbooks; check latest logbook entry to ensure timely records are maintained]</i>		
Guidelines	<i>[Ensure all relevant guidelines for programme delivery are available upon request at district and sub-district levels]</i>		

3. Observations

Method: Observations should be rapid and non-representative, with the main purpose to identify any obvious challenges to ongoing programme implementation. They can be conducted as part of a brief walk through the community, healthcare facility or school. The below questions should not be used as a guide for conducting baseline surveys, sanitary supervision or research.

[for healthcare facilities observations, the WHO and UNICEF resource "[Water and sanitation for health facility improvement tool \(WASH FIT\): A practical guide for improving quality of care through water, sanitation and hygiene in health care facilities](#)" may be helpful].

Observation area	Guiding questions for supervisor	Comments
Environmental observation		
WASH community –	<ol style="list-style-type: none"> 1. Have you observed a public water point? 2. Was water available at the time of the visit? 3. Was the tap/pump being used at the time of the visit? 4. Was there a long queue? 5. Do households have outdoor toilets/latrines? 6. If you observed a toilet/latrine, did it appear to be in regular use? 7. Was it clean? Were there visible faeces present on any surfaces? 8. Were there flies or unpleasant smells? 9. Was there a handwashing facility in or near the toilet/latrine? 10. Was soap and water available? 11. Were there any signs of open defecation, such as visible human faeces, or absence of toilets? [note 	

		<p>whether the community has been declared as ODF (Open Defecation Free)]</p> <p>12. What is the overall state of cleanliness in the community, in terms of solid waste, animal presence in/near houses, animal faeces, flies?</p>	
WASH School	–	<p>1. Does the school have a water source? Was it functioning at the time of the visit?</p> <p>2. Are there toilet blocks (separate for girls/boys, and for staff)?</p> <p>3. Are the toilets accessible to pupils/staff with disabilities? Were the toilets clean? Were there visible faeces present on any surfaces? Were there flies or unpleasant smells? Was there a handwashing facility in or near the toilet? Was soap and water available?</p> <p>4. What is the overall state of cleanliness in the school in the classrooms, break areas etc., in terms of solid waste, animal presence, faeces (human/animal), flies?</p> <p>5. Are there facilities for management of menstrual hygiene?</p>	
WASH healthcare facility	–	<p>1. Does the facility have a piped water supply? Was water available from the taps at the time of the visit? If no piped supply available, was there an alternative supply at the time of the visit? Was water being stored in buckets/drums/jerrycans? Specify.</p> <p>2. Was there a functioning handwashing station with soap and water in any treatment areas visited?</p> <p>3. Are there toilets/latrines for patients and staff? Are they accessible to patients/staff with disabilities? Were they clean? Were there visible faeces present on any surfaces? Were there flies or unpleasant smells? Was there a handwashing facility in or near the toilet? Was soap and water available?</p> <p>4. What was the overall state of cleanliness in the facility, in terms of visible dirt, blood or fluids on floors, beds and other surfaces, and medical, sharp or other waste?</p> <p>5. Are animals present in the facility grounds?</p> <p>6. If observed, was the waste pit or incinerator protected from animal and/or human contact?</p>	

<p>Activity observation if any programme activities such as health/hygiene promotion sessions, school education activities MDAs etc. were observed during the supervision visit, use the space below to record your observations.</p>		
Activity #1		
Activity #2		
Activity #3		
Activity #4		
<p>4. Additional feedback/observations Record below any additional issues generated through open and unstructured discussion with field staff, service users and others, or through structured discussions through focus groups or meetings</p>		
<p>5. Gaps/challenges and remedial measures Types of gaps or challenges may include aspects related to implementation effectiveness, partnership issues, financial resources, staffing and capacity constraints, and so on. These should be discussed with the relevant supervisees and actions agreed in writing. Ensure that this part of the supervision process is used not only for performance management but also to identify opportunities for staff professional development.</p>		
Problem/constraint	Assumed cause	Action (by whom, by when)