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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

**ETHIOPIA SUSTAINABILITY
ACTION PLAN FOR NTD
CONTROL, ELIMINATION AND
ERADICATION 2021-2025
(2013 EFY - 2017 EFY)**

July 2021

**Ethiopia Sustainability Action Plan
for NTD Control, Elimination and Eradication
2021-2025**

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Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (ASCEND)

Addis Ababa University (AAU)/College of Health Sciences

Amhara Regional Health Bureau (ARHB)

Armauer Hansen Research Institute (AHRI)

Ethiopia Public Health Institute (EPHI)

FMOH, Disease Prevention and Control Directorate

FMOH, Health Care Financing /Partnership and Cooperation

FMOH, Health Extension Program

FMOH, Human Resource Development

FMOH, Hygiene and Sanitation

FMOH, NTD Program team

Grarbet Tehadsso Mahber (GTM)

International Trachoma Initiative (ITI)

Light for the World (LFTW)

Ministry of education (MoE)

Ministry of Finance (MoF)

Ministry of Water Irrigation and Energy (MoWIE)

National Podoconiosis Action Network (NaPAN)

ORBIS International-Ethiopia

Oromia Regional Health Bureau (ORHB)_

Research Triangle Institute International (RTI)/ Act to End NTDs |East Program

Result for Development (R4D)

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Hiwot Solomon (BSc, MPH)

Director, Disease Prevention and Control Directorate

Ministry of Health

Foreword

Ethiopia's national Neglected Tropical Disease (NTD) program has made significant progress in efforts towards the control, elimination, and eradication of onchocerciasis, lymphatic filariasis, schistosomiasis, soil transmitted helminths, trachoma, dracunculiasis, podoconiosis, leishmaniasis, and Scabies.

Since 2013, the NTD program has well-developed five- year NTD Master plans which have provided strategic direction for the implementation of all NTD activities. The Master Plans have also identified the roles of different actors including Federal Ministry of Health (FMOH), respective Regional Health Bureaus (RHBs), NTD implementing partners, donors, Universities, and different associations, all of which have been vital for the significant progresses made to date.

As Ethiopia approaches control and elimination milestones, it is important to develop strategies that would help to sustain the successes to date and to respond to shifting disease epidemiology and be resilient to decreasing donor support.

This National Sustainability Action Plan for NTD Control, Elimination and Eradication 2021-2025 outlines how the NTD Program will do just that. The document has identified six priority areas: Improving multi-sectoral coordination; strengthening human resource capacity; strengthening community engagement and demand for NTD interventions; strengthening ownership at national and sub-national levels; increasing domestic resource mobilization for NTD programs; and strengthening information systems for evidence-based decision making.

Each of these priorities has a list of activities that need to be implemented by all the NTD and non-NTD stakeholders to sustain the successes of NTD program and ensure that the health system has the capacity and commitment to maintain the provision of NTD interventions at levels that will continue progression toward control or elimination of diseases in accordance with national NTD goals. All these priorities and activities are aligned with the 2021-2025 NTD Master Plan and Health Sector Transformation Plan II (HSTP II) 2020/21-2024/25.

FMOH appreciates all partners, different departments, non-health sectors, USAID Ethiopia mission, and in particular ACT| East project for their contributions in the development of Ethiopia Sustainability Action Plan for NTD Control, Elimination and Eradication and encourages them to play significant role in the implementation of the suggested priorities with the lists of activities.

FMOH is also committed to establish a committee that will monitor the implementation of the Ethiopia Sustainability Action Plan for NTD Control, Elimination and Eradication and provide all the required supports.



Dereje Duguma MD, MIH
State Minister of Health (Programmes)

Definition of Terms

Control: Reduction of disease incidence, prevalence, morbidity and/or mortality to a locally acceptable level because of deliberate efforts.

Disability-adjusted life year (DALY): A measure of overall disease burden, expressed as the number of years lost due to ill health, disability, or early death; introduced in the 1990s to compare overall health and life expectancy in different countries. DALYs for a disease or health conditions are calculated as the sum of the years of life lost due to premature mortality in the population and the years lost due to disability resulting from the health condition or its consequences.

Disability: Inability to perform routine daily activities adequately or independently such as walking, bathing and toileting.

Elimination (interruption of transmission): Reduction to zero of the incidence of infection caused by a specific pathogen in a defined geographical area, with minimal risk of reintroduction, because of deliberate efforts. Documentation of elimination of transmission is called verification.

Elimination as a public health problem: A term related to both infection and disease, defined by achievement of measurable targets set by WHO in relation to a specific disease. Documentation of elimination as a public health problem is called validation.

Equity: The absence of avoidable or remediable differences among groups of people defined socially, economically, demographically, geographically or by sex.

Eradication: Permanent reduction to zero of the worldwide incidences of infection caused by a specific pathogen, because of deliberate efforts, with no risk of reintroduction.

Mass drug administration: Distribution of medicines to the entire population of a given administrative setting (for instance, state, region, province, district, subdistrict, or village), irrespective of the presence of symptoms or infection, however, exclusion criteria may apply.

Morbidity: Detectable, measurable clinical consequences of infections and disease that adversely affect the health of individuals.

Preventive chemotherapy: Large-scale use of medicines, either alone or in combination, in public health interventions. Mass drug administration is one form of preventive chemotherapy; other forms could be limited to specific population groups such as school-aged children and women of childbearing age.

List of Abbreviations and Acronyms

BCC	Behavior Change Communication
CSO	Civil society organization
DALY	Disability Adjusted Life Years
DHIS	District Health Information system
DSA	Disease-Specific Assessment
ECHIS	electronic Community Health Information System
EPSA	Ethiopian Pharmaceutical Supply Agency
FMHACA	Food, Medicine and Health Care Administration and Control Authority
FMOH	Federal Ministry of Health
GESI	Gender Equity Social Inclusion
HDA	Health Development Army
HEP	Health Extension Program
HEW	Health Extension Workers
HIS	Health Information System
HMIS	Health Management Information System
HSTP	Health Sector Transformation Plan
IDM	Innovative and Intensified Disease Management
IEC	Information Education Communication
ITI	International Trachoma Initiative
MDA	Mass Drug Administration
MOH	Ministry of Health
NGO	Non-Government Organization
NTD	Neglected Tropical Diseases
NTDP	Neglected Tropical Diseases Program
PC	Preventive Chemotherapy
PSA	Pharmaceutical Supplies Agency
RTI	Research Triangle Institute
SAFE	Surgery, Antibiotics, Facial Cleanliness, and Environmental Improvements
SDG	Sustainable Development Goal
TT	Trachomatous Trichiasis
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

Executive Summary

Neglected tropical diseases (NTDs) are a group of diseases that affect almost exclusively poor and marginalized populations living in settings where poverty is widespread and where resources, or access to livelihood opportunities, are scarce. Since the population groups most affected by these diseases are those with less political clout and usually voiceless to defend their interests, the diseases usually do not appear within country priorities for public health interventions. On the other hand, these diseases cause considerable morbidity and long-term disabilities, even though they can be prevented, eliminated, or even eradicated with improved access to existing safe and cost-effective tools.

Cognizant of the above situation and based on global commitments to integrate these diseases into the 2030 Agenda of the Sustainable Development Goals (SDGs), the government of Ethiopia has launched a series of master plans that prioritize selected NTDs targeted for intervention within the framework of its national health plan (health sector transformation plans (HSTPs 2015/16-2019/20)). The diseases prioritized and targeted for intervention include lymphatic filariasis, trachoma, onchocerciasis, schistosomiasis, soil transmitted helminthiasis, podoconiosis, leishmaniasis, scabies, dracunculiasis (Guinea-worm disease), and leprosy. However, the implementation of the interventions for the prevention, control, and elimination of NTDs has been largely dependent on resources generated from partnership and external sources¹ requiring a planning initiative for sustainably mainstreaming and in the control and elimination activities within the health sector. It should be noted, however, that the government contributed an estimated 57 million birr (\$1.58M) for Coordination, Partnership and Advocacy and mass drug administration.

In February 2020, the Federal Ministry of Health (FMOH) and its NTD partners held a sustainability workshop where they collectively developed a definition for the sustainability of NTD program as “the national health system’s capacity and commitment to maintain the provision of NTD interventions at levels that will continue progression toward control or elimination of diseases in accordance with national NTD goals.” Further, The FMOH has developed this *Sustainability Action Plan for the Control, Elimination and Eradication of NTDs 2021-2025*. The Plan identifies the following priority challenges that need to be addressed:

1. Weak multi-sectoral coordination and partnership with WASH sector
2. Poor quality and completeness of NTD data within District Health Information System 2 (DHIS2) as NTD service provided are not properly reported through the existing routine reporting mechanism
3. Inadequacy of NTD surveillance
4. Poor use of evidence-based decision-making
5. Low regional and woreda level political commitment for mainstreaming NTD program within their routine activities
6. Shortage of domestic resources for NTD services, and lack of gap analysis for the same
7. Low gender equity and social inclusion

¹ MOH. Second Edition of National Neglected Tropical Diseases Master Plan 2015/16 – 2019/20 (2008-2012 EFY). Addis Ababa, Ethiopia: Ministry of Health. Available at: https://espen.afro.who.int/system/files/content/resources/ETHIOPIA_NTD_Master_Plan_2016_2020.pdf

8. Low competency of health workers on NTD service provision
9. Poor demand for and lack of community engagement in NTD interventions; and
10. Lack of updated NTD and WASH-NTD database accessible to decision makers including partners

To successfully address the above priority challenges, the Plan targets the following six goals:

1. Improving multi-sectoral coordination (local administration, health, WASH, education, agriculture, construction, finance and economic development, women's child and youth affairs, government communication affairs)
2. Strengthening human resource capacity
3. Strengthening community engagement and demand for NTD interventions
4. Strengthening ownership at national and sub-national levels
5. Increasing domestic resource mobilization for NTD programs; and
6. Strengthening information systems for evidence-based decision making

1. Introduction and Background

1.1. Introduction

According to the World Health Organization (WHO)¹, 20 diseases are considered neglected tropical diseases (NTDs)². Most of the NTDs affect almost exclusively poor and marginalized populations living in settings where poverty is widespread and where resources, or access to livelihood opportunities, are scarce. These diseases have enormous impact on individuals, families, and entire communities

In 2013, the Government of Ethiopia launched its first national NTD Master Plan for the period 2013-2015. The list of NTDs prioritized for intervention included: trachoma, onchocerciasis, and schistosomiasis, soil transmitted helminthiasis, lymphatic filariasis, podoconiosis, leishmaniasis, and dracunculiasis (Guinea-worm disease)³. In 2016, they updated the document and launched the second NTD Master Plan for the period 2016-2020. A third NTD Master Plan is currently being completed for the period 2021 to 2025. Furthermore, the government, with support of partners, conducted a sustainability assessment⁴ in 2017 and a sustainability planning workshop⁵ in 2020, both to prepare for the mainstreaming and integration of NTDs activities within the Ethiopian health sector.

Therefore, this Sustainability Action Plan accompanies and informs the Third Master Plan (in terms of giving more detailed directions on how to sustain the program activities).

The government has demonstrated its political commitment to fight NTDs (through identifying the above-mentioned eight priority NTDs) and further made investments into efforts to significantly reduce the burden of NTDs⁶. Accordingly, the MOH developed the second national NTD Master Plan in 2016 with the vision of attaining an NTD-free country with government leadership in collaboration with national, regional, and international development partners and the meaningful participation of the community⁷. The second plan updated and built upon the first Master Plan 2013-15⁸, and was implemented during 2016-2020 with the list of prioritized interventions against selected NTDs.

¹ World Health Organization (WHO). List of Neglected Tropical Diseases (NTDs). Available at: https://www.who.int/neglected_diseases/diseases/en/ (Accessed May 2020).

² The list of NTDs include: Buruli ulcer; Chagas disease; dengue and chikungunya; dracunculiasis; echinococcosis; foodborne trematodes; human African trypanosomiasis (sleeping sickness); leishmaniasis; leprosy (Hansen's disease); lymphatic filariasis; mycetoma, chromoblastomycosis and other deep mycoses; onchocerciasis (river blindness); rabies; scabies and other ectoparasites; schistosomiasis; soil-transmitted helminthiasis; snakebite envenoming; taeniasis/cysticercosis; trachoma; and yaws (endemic treponematoses).

³ MOH. National Neglected Tropical Diseases Master Plan 2015/16 – 2019/20 (2008-2012 EFY). Addis Ababa, Ethiopia: Ministry of Health; 2016.

⁴ Dalberg. Sustainability assessment of NTD programs in Ethiopia. Addis Ababa; 2017.

⁵ USAID, Act to End NTDs, and RTI. NTD Sustainability Planning Introductory Workshop. Best Western Plus, Hotel Addis Ababa – Ethiopia. Workshop, 3 - 4 February 2020.

⁶ Ibid. 7.

⁷ Ibid. 7.

⁸ Federal Ministry of Health (FMOH), Ethiopia. National master plan for neglected tropical diseases. Addis Ababa; FMOH, 2013.

1.2. Government NTDs Sustainability Efforts

According to the sustainability planning workshop in February 2020, the following achievements were registered since the 2017 sustainability assessment⁹ :

- Strong buy-in for NTD programs by the FMOH, which has put in place structures to coordinate NTD programming and WASH-NTD coordination initiative by organizing under same directorate in some regions.
- Development of NTD related guidelines in accordance with the national health policy that are aligned to national health policies and customized to regions.
- Mobilization and management of resources through strong financial systems.
- Promotion of engagement, partnership, and collaboration among different stakeholders in that the FMOH convenes regular meetings with partners through the NTD task force and steering committees with partnership platforms formalized through MOUs and agreements at federal and regional levels.
- Inclusion of NTDs in HSTP and DHIS2.

On the other hand, challenges were also highlighted, including:

1. Inability to centrally manage pooled funds
2. Largely untapped NTD and WASH collaboration
3. Partners and program staff at lower levels of government have concerns regarding the roll out of the integration approach since not all regions have equally integrated the program, which is concentrated only in the four big regions (Amhara, Oromia, SNNP, and Tigray). There was no formal integration plan developed, and not all regions were uniform in developing regional NTD Master Plans
4. Proper recording, documentation, routine data quality assessment (RDQA) & regular reporting through agreed platform for evidence-based decision making at all level of the health sectors to improve quality of service delivery and program planning and monitoring of achievements; and
5. A shortage of program staff dedicated to managing NTD programs at lower levels of government¹⁰

Sustainability planning workshop participants highlighted that the country has shown progress towards sustainability for most of the challenges described above. Suggestions were also made to co-create a transition plan with the national government that includes an integration strategy; increase support for morbidity management and BCC; and to consider utilizing the NTD research advisory committee.

At present, the MOH closely works with multi- and bilateral partners, non-government and civil society organizations, and community groups to realize the ideals of the national program. Among the most important actors and partners to the NTD program include:

⁹ Ibid. 8.

¹⁰ Ibid. 8.

- Health extension workers
- Other sectors of government – ONEWASH program, education, finance, construction, water, local administration, and drug regulatory authorities
- International development partners and non-government organizations (NGOs)
- Universities and research institutions.
- Civil society and faith-based organizations
- The private sector; and
- The media

2. Action Planning Consultation and Writing Process

Consultations among stakeholders provided critical inputs to the preparation of the *Sustainability Action Plan for NTD Control, Elimination and Eradication 2021-2025*. Among such consultation consultations is the “NTD sustainability planning introductory workshop” – a cross-sectoral meeting that was held on February 3-4, 2020 in Addis Ababa¹¹. That workshop was conducted with the objectives of:

1. Cultivating a stakeholder defined and endorsed understanding of sustainability for NTD programming and systems; and
2. Supporting decision making and providing guidance to policy makers on how to strengthen NTD programming beyond meeting elimination targets

The introductory workshop included participants from government, NGOs, and other stakeholders (agenda and participant list annexed).

Participants started by reflecting and brainstorming on review of NTD related activities performed within their respective organizations. In view of the country’s progress on NTD control and elimination efforts, sustainability was raised as an important and timely issue that is expected to be part of the national NTD master plan. The stakeholders developed an operational definition of sustainability, and prioritized and ranked the challenges to sustainability, including the Gender Equity Social Inclusion (GESI) considerations. In addition, they conducted root cause analysis and suggested solutions for the identified priority sustainability challenges. Finally, the group developed a template for the sustainability action plan.

2.1. Definition of Sustainable NTD Programs

Workshop participants defined the sustainability of the NTD program as “the health system’s capacity and commitment to maintain the provision of NTD interventions at levels that will continue progression toward control or elimination/eradication of diseases in accordance with national NTD goals.”

2.2. The Country’s NTD Sustainability Priority Challenges

The country’s NTD sustainability challenges can be prioritized as follows based on their identification during the NTD sustainability planning introductory workshop¹².

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¹² Ibid. 9.

1. Weak coordination between the national ministry and regional bureaus in the proper integration of NTDs within other health service programs
2. Inadequate multi-sectoral coordination and partnership between the WASH related sectors (water, health, finance, education, construction, and agriculture)
3. Lack of strong collaboration with the private sector, CSOs, community groups, and faith-based organizations
4. Weakness of the information systems for decision making regarding NTDs. These include inadequate quality and completeness of NTD data within the District Health Information System II (DHIS2); weak surveillance capacity through budgeting for and fully managing DSAs; and inadequacy in evidence-based decision making through proper linkage between research with policy and programs
5. Weak ownership of programs at sub-national levels. This requires enhancing political commitment of regional and woreda level leadership for mainstreaming NTD programs within their routine activities
6. Limited domestic resource mobilization resulting in donor dependency and threats to sustainability.
7. Weak human resources capacity for the NTD program activities
8. Improper alignment and integration of WASH organizations and NTDs to bring synergic effect in control and elimination of the target diseases
9. Lack of national NTD program sustainability policy and strategies or guidelines developed and communicated with actors at all levels

In addition, some of the key informants from the health and the other sectors (MOE, WCO) consider the NTD program as being sustainably integrated within the health system. As to the health sector respondents, the program is almost fully integrated with the general health system (NTD health information management, drug, and logistics management system, some NTD clinical services like VL diagnosis and treatment, morbidity management are well integrated with the primary health care service). On the other hand, as most of the NTD interventions are community-based interventions like large scale mass drug administrations, they are difficult to integrate to the health system.

There are also key informants (from MOFED) that do not consider the program as being sustainably integrated into the health system. This is due to the relatively insufficient workforce designated for the program at woreda and regional levels, and due to the fact that the program is being funded by development organizations with very limited government contribution.

All key informants agree that there are initiatives/plans for sustainability and for future integration of the program. Among such initiatives are establishment of NTD teams at RHBs; assigning focal persons at zonal and woreda level health offices; establishing different technical working groups comprised of different stakeholders for multi sector engagement; integrating the NTD health information management system with the national health information management system; and establishment of full package school WASH programs in more than 307 woredas.

Resources allocated to the NTD control programs are also considered to be not adequate, and most of the program activities are said to be dependent on partnership support. Overall, the government is said to show increasing commitment to own the program. Even if the domestic financing is very low compared to other health care services, government is taking the leadership and coordination to fully integrate the program.

3. Ethiopia NTD Sustainability Action Plan Objectives

This Sustainability Action Plan will serve as a roadmap for achieving the envisioned goals and objectives and will inform the third national NTD master plan, overall health sector plan framework – the health sector transformation plan (HSTP) in the context of global SDG aligned with the new NTD road map (2021-2030).

3.1. Priority 1: improve Multi-sectoral Coordination (health, water and sanitation, education, agriculture, construction, finance)

Context

As indicated in the Dalberg sustainability assessment report¹³ and other documents, there is insufficient collaboration and coordination especially at regional and lower levels because of absence of a shared agenda, no coordination body and lack of understanding of who leads who at different levels. Moreover, there is a lack of clear definition of roles related to NTD programming and intra- and multi-sectoral coordination; and there has been no awareness about the roles and responsibilities among the pertinent government organization organizations at all levels. Even in the priority districts, there has not been coordination and because of this there was no monitoring system and implementers were not able to articulate their priorities through advocacy.

Gap

Key informant responses have shown that multi- sectoral engagement in the program as being not optimal. It is apparent that while the WASH and NTD sectors work in the same communities they work in parallel and do not coordinate their resources and efforts. This lack of coordination is due in part to the different outcomes on which each sector focuses. The WASH sector, for example, focuses on reduced diarrheal disease, while the NTD sector focuses on preventing and treating non-diarrheal diseases. To better serve the poor, the collaboration of NTD and WASH sectors is vital. Such collaboration should ensure that communities have adequate and equitable access to water and sanitation, as well as the tools and understanding to practice good hygiene—all of which serve as the basis for prevention of NTDs and other disabling diseases.

¹³ Dalberg. Sustainability assessment of NTD programs in Ethiopia. Addis Ababa; 2017.

3.1.1. Develop strategy for multi-sectoral engagement

This is to strengthen the engagement of all relevant sectors and stakeholders so that their actions will be enhanced, and their collaboration will be increased in the effort of eliminating NTDs from Ethiopia. Thus, to create strong links between woreda and national levels, there is a need for a strategy or framework for multi-sectoral engagement and representation of both men and women, as well as disadvantaged groups.

Activities

1. Identify key partners and invite for collaboration and coordination with WASH, health, education, and other sectors – working with the Ministry of Finance and Economic Development (MOFED) as the center of gravity.
2. Conduct meetings with the identified partners and advocate the program among relevant stakeholders.
3. Establish an ad-hoc committee that will develop the strategy.
4. Develop the strategy document.

Indicators

1. Number of identified partners
2. Number of meetings and advocacy sessions conducted
3. Number of ad-hoc committee
4. Readily available strategy document

Outcome(s): A national strategy for multi-sectoral engagement with continuous implementation support.

3.1.2. Advocacy to political leaders, NGOs, and private sector at national level

The visibility of and priority given to NTD programming in Ethiopia remains poor. The main reason for this is NTDs are not well advocated for at national level.

Activities

1. Conduct stakeholder mapping including private sector, influential persons, the media, and other types of actors
2. Develop national advocacy guideline for NTD program
3. Conduct advocacy meetings with senior officials from different sectors to advocate for NTDs to obtain political will at the highest levels
4. Conduct advocacy meetings with NGOs, CSOs, the private sector, and the donor community
5. Conduct experience sharing visits within Ethiopia to identify critical issues and strategies for advocacy from other health and non-health programs such as nutrition and HIV advocacy experience

6. Support analysis to identify GESI related factors affecting NTDs risk and exposure, including access to services
7. Conduct training workshops to raise awareness and build capacity of decision makers at all levels to enable them to understand about GESI-related challenges or barriers to accessing preventive and case management services

Indicators

1. National advocacy guideline for NTDs produced
2. Number of advocacy meetings organized with key decision makers
3. Strengthened NTD programming among policy makers in different sectors
4. Number of advocacy meetings held with NGOs and number of NGOs participated
5. Number of advocacy meetings held with private sector and number of private business organizations participated
6. Number of experiences sharing visits conducted
7. Number of training workshops conducted
8. Number of events conducted/supported to identify & analyze GESI related factors

3.1.3. Advocacy to government sector offices/bureaus at regional and district/woreda levels, and at community level

Due to weak advocacy work for NTDs at all levels, decision makers at regional and district/woreda level lack adequate information about NTDs and their respective programs. Those advocacy activities that were implemented based on the two master plans did not recognize the real situation at the ground level and did not use appropriate contextual advocacy strategies.

Activities

1. Conduct consultative meeting with partners to develop advocacy guideline
2. Conduct advocacy workshops with regional and woreda level government authorities to advocate about NTDs and to obtain their buy-in and include NTDs in their annual work plan.
3. Conduct advocacy workshops with community leaders and CBOs representatives to advocate about NTDs and to obtain their buy-in so that they will persuade people in their areas.

Indicators

1. Number of consultative workshops conducted
2. Number of advocacy workshops conducted, and regional government sector offices attended
3. Number of advocacy workshops conducted, and community leaders and CBOs representatives attended
4. Number of regional and district/woreda government offices include NTDs in their annual work plan

3.1.4. Strengthen the Link of NTDs with One WASH partnership

Water, Sanitation and Hygiene (WASH) are critical for the prevention and treatment of most NTDs, especially soil-transmitted helminthiasis (STH), trachoma, schistosomiasis, lymphatic filariasis (LF) and guinea worm. The WHO WASH and Health Toolkit provides guidelines for how the two sectors could work better together¹⁴. Using this guideline, Ethiopia's NTD program will enhance its partnership with the national One WASH partnership by implementing the following activities.

Activities

1. Conduct a series of discussions between technical people of One WASH program funders/ implementers and NTDs funders/implementers to identify the linkages and synergy areas between NTDs and WASH
2. Conduct workshop that will be chaired by the pertinent Ministries where regional level organizations will participate to formalize and approve the linkages and synergies identified by the technical people of both interventions
3. Establish and strengthen platforms for sharing knowledge and increasing linkages and collaboration
4. Conduct workshops to improve awareness about NTDs and opportunities provided by joint interventions among professional communities within and beyond WASH and NTDs
5. Formulate the joint program M&E systems by including the existing NTDs indicators into the ONE WASH partnership framework
6. Develop SOP that will guide the link at all level
7. Conduct discussion with regional, woredas and kebele levels authorities to prioritize woredas and kebeles for WASH activities using the existing and standard NTDs indicators

Indicators

1. Number of organizations that become members of the partnership
2. Number of meetings conducted to identify linkage and synergy areas between NTDs and WASH
3. Number of workshops conducted and chaired by higher officials
4. Number of platforms established/strengthened at federal, regional, woreda and kebele level
5. SOP for guiding the link developed
6. The number joint supervision and monitoring conducted by the two partners
7. The number of kebeles and woredas prioritized for joint NTD and WASH programming

Outcome(s): Official collaboration agreement between NTD Program and One WASH in terms of workable memorandum of understanding.

¹⁴ WHO. WASH and Health working together: a 'how-to' guide for neglected tropical disease programs: A 'How-to' guide for neglected tropical disease programs. Switzerland. 2019

3.1.5. Dissemination and use of the WASH- NTD toolkit

In 2019, WHO developed the WASH-NTDs Toolkit¹⁵. This toolkit aims to support NTDs program implementers to work with the WASH community by guiding them through building partnerships, mobilizing resources, and designing, implementing, and evaluating interventions. The toolkit moreover provides step-by-step guidance to NTD program managers and partners on how to engage and work collaboratively with the WASH community to improve delivery of water, sanitation, and hygiene services to underserved populations affected by many NTDs.

The WASH- NTD Toolkit was introduced in Ethiopia, however, it has not been adequately disseminated and many stakeholders do not use it. The following activities will support its broader use in the country:

Activities

1. Develop a training manual and plan adapted for Ethiopia based on the toolkit
2. Provide the toolkit and training on it to NTDs program at regional and district level
3. Collaborate with NTDs implementing partners for providing technical assistance, supportive supervision, and monitor that the trainees perform their activities according to the tool kit

Indicators

1. Training materials produced and duplicated, and training plan developed
2. Number of pertinent staff trained on how to use the toolkit
3. Number of regions, woredas, health facilities and other stakeholders that use the toolkit

Outcome (s) WASH-NTD toolkit disseminated and in use at regional and woreda level

3.2. Priority 2: Strengthening Human Resource Capacity

Context

One of the commendable achievements of the health reforms implemented over the last two decades via the four-health sector development programs was the production of a significant number of health professionals from lower to higher levels. Currently, the ratio of health professionals to population has increased significantly as compared to the time prior to the reform, though still it will require hard work to meet the WHO standard in this respect. Despite this success, the quality of service provided by the health professionals is still under question, as skill gaps have been observed in health providers delivering NTD services.

¹⁵ WHO. WASH and Health working together: a 'how-to' guide for neglected tropical disease programs: A 'How-to' guide for neglected tropical disease programs. Switzerland. 2019. Available at: https://www.who.int/water_sanitation_health/publications/wash-health-toolkit/en/

Gap

A skill gap has been observed in health providers delivering NTD services; for example, there are few eye care professionals who can conduct trichiasis surgeries, as well as provide comprehensive eye care after validation of trachoma elimination. This is due to the absence of formal training or education on NTDs and other specific diseases. Furthermore, staff with a mix of skills at the regional and district levels are lacking and/or there is high turn-over of staff. There is inadequacy in pre-service training of eye care professionals to manage trichiasis and lymphedema as well as in the provision of comprehensive eye care after validation of trachoma elimination. With the absence of clear career structure, attrition of trained health workers in case management is particularly a challenge.

3.2.1. Enhancing skills of health care workers in delivering NTD services

Activities

1. Agree with Ministry of Education and health colleges /universities to integrate NTDs within their pre-service training curricula for relevant categories of health workers (MDs, health officers, nurses, and laboratory technicians)– building on already existing initiatives in this line
2. Ensure pre-service training in NTDs prevention, control, elimination, and eradication activities was provided to candidate health workers prior to their graduation and employment
3. Ensure periodic on job trainings, coaching and mentoring in NTDs services was provided to the existing health workers
4. Advocate for curricula revisions in health workers training in relation to NTDs services (integrating NTD related courses for existing health workers)
5. Mainstream NTDs program in the existing health system and ensure the relevant health staff acquired the required skills
6. Designing and implementing continuous professional development (CPD) courses on NTDs

Indicators

1. Number of health sciences colleges that integrated/rolled out NTDs in the pre-service training curriculum
2. Number of health providers who took pre-service training on NTDs prior to their employment in the health facility
3. Number of health providers who obtain on job training on NTDs
4. Number of advocacy meetings for career structure of NTDs service specific professionals
5. NTDs program became part of routing health facility planning and a system for integrated NTDs services is in place
6. Number of health workers who took CPD on NTDs

Outcome(s): More Health care workers at regional and district level with the necessary skills to deliver NTD services; and reduced turn-over of staff

3.2.2. Increasing NTD competency of Health Extension Workers

As mentioned earlier, those graduated and deployed health professionals did not have adequate knowledge especially on NTDs. Apart from providing training to these people while they are working in the health facilities, it is found important to improve the competency of health extension workers (HEWs) while they are serving their people in their communities. Increasing the competency of these people not only changes their attitudes towards NTDs but also will bring fundamental change in the attitudes and behaviors of their community members towards NTDs.

Activities

1. Increase emphasis on inclusion of NTD in the basic health service training curriculum of HEWs
2. Conduct series of sensitization workshops about GESI-NTDs related interventions to HEWs
3. Provide short- and long-term training on selected GESI topics to HEWs
4. Strengthening mentorship and integrated supervision related to NTDs

Indicators

1. NTDs are included in basic health service training curriculum
2. Number of HEWs who attended the sensitization workshop about GESI in NTD
3. Number of HEWs trained in NTDs appropriate to their role
4. Number of HEWs mentored on their NTD-related duties

Outcome(s): Health Extension Workers have increased capacity to deliver NTD services

3.2.3. Further integrate NTD services and mainstream NTD service delivery into existing health services

For NTDs patients, integrating NTD services with routine health service delivery can enable community members to get various but interrelated health care services at the same time and can increase the efficient use of limited health resources. Also, integration can help to address issues where stigma and discrimination prevented patients to come to a health facility for diagnosis or treatment. It is also important to engage beneficiaries and community members in program design, implementation and monitoring and evaluation activities.

Activities

1. integrate the NTDs prevention, control and elimination activities in the existing health system building blocks
2. Ensure that selected NTD services are provided in a more integrated manner with other health services (e.g., integrated SBCC, integrated MDA (LF and STH), integrated PC for trachoma, Oncho, LF, STH and schistosomiasis and integrated case management)
3. Integrate deworming with other school-health activities
4. Build capacity of sub-national and district government staff and service providers to develop responsive services that address gender differences and meet unique populations' needs that affect the use and impact of NTD services

Indicators

1. Number of health facilities offering NTD services as part of their existing health care services
2. Number of schools that provide deworming services as part of other school health activities such as nutrition or WASH
3. Number of government staff and service providers who participated in NTD capacity building

3.2.4. Strengthening the integration of NTD programs

In 2018, the FMOH developed an integrated NTD strategy aimed at scaling up access to NTD interventions, streamlining NTD training for frontline health workers, avoiding duplication of efforts, improving drug supply chain management, and harmonizing monitoring and evaluation (M&E) activities. This strategy included an integrated MDA (IMDA) annual calendar which was distributed to RHBs to ensure coordinated MDA. There are several challenges involved in the implementation of the integrated NTD strategy particularly at the regional level. These are due to the inadequate knowledge on NTD among lower-level staff and difficulty in coordinating partners who have different focuses and different fiscal years.

Activities

1. Support and empower national and sub-national governments to develop integrated NTD control plans
2. Provide technical assistance to RHBs for planning, budgeting, reporting and complying with national standards and guidelines to improve program integration
3. Train health system managers and health workers on strategic leadership and management.
4. Train health workers on integrated MDA

Indicators

1. Integrated NTD control and elimination plans developed at regional level
2. Number of RHBs receiving technical assistance for implementation of integrated NTD control and elimination plans
3. Number of strategic leadership and management training sessions provided to health system managers at various levels
4. Number of health workers trained on integrated MDA

3.3. Priority 3: Strengthening Community Engagement and Demand for NTD Interventions

Context

Strengthening community engagement requires improvement of behavioral change and sensitization of community members and providers as to the relationship between gender equity and social inclusion, and the prevention and impact of NTDs. Ensuring everyone can access the services is crucial. This must be done with the mindset of leaving no one behind (LNOB) principle in line with universal health coverage. Additionally, understanding GESI- related obstacles to health seeking

behaviors will also break down barriers to improved prevention and treatment services.

Specific findings from a desk review reveal that women are underrepresented in the NTD workforce in Ethiopia. Sex-disaggregated data from 2012–2017 show that only 33 percent of drug distributors, 12 percent of supervisors/trainers, and 10 percent of M&E staff trained by USAID-funded NTD programs were women. This inequity is a potential concern for Ethiopia NTD programming.

Key informant respondents have also expressed concern that community demand for NTD services is not optimal, and that these diseases should also be considered as problems within schools. Community ownership of NTDs control activities is also considered minimal, except at the level of service utilization.

According to the report of the NTD sustainability introductory workshop¹⁶, other GESI considerations for Ethiopia included that both men and women have reservations in disclosing diseases that affect their genitalia to a provider of the opposite sex. Men have delayed health seeking behavior in the same situation (when affected by hydroceles) and do not feel comfortable discussing such issues with female community health workers.

Gap

In the effort of preventing, eliminating, and controlling NTDs, active involvement of the community members where NTDP interventions are implemented is vital. For many reasons, including low awareness about NTDs among community members and structures, inadequate transfer of knowledge and skill to the community and others, however, community members and their societal structures have not been involved with NTD programming. As a result of this the community members have limited demand for the health care services provided in relation to NTDs or otherwise practice related health behaviors, nor do they have a sense of ownership to keep the achieved successes. Therefore, this requires strengthening community engagement and enhancing demand for NTD interventions, which will require addressing stigma related to NTDs.

A field assessment in Ethiopia would also yield more evidence on specific GESI-related obstacles to access to and quality of prevention and treatment services in Ethiopia,

3.3.1. Strengthen integration of GESI into NTD prevention and treatment services

A GESI assessment would provide evidence which would shape health system strengthening activities and inform regional plans and implementation strategies.

Activities

1. Field assessment to understand specific population needs and priority gaps in MDA coverage and treatment
2. Develop national strategy to incorporate GESI into NTD integrated health plans at regional level. This strategy would include approaches to address GESI gaps at government, health

¹⁶ USAID, Act to End NTDs and Research Triangle Institute (RTI). Report of the NTD Sustainability planning introductory workshop - 3 - 4 February 2020, Best Western Plus Hotel, Addis Ababa; RTI, 2020.

facility and community levels; build capacities of community structure and enhance their role for integrating GESI into NTD related activities; and raise GESI awareness in communities through appropriate messaging and through addressing bias

3. Link and use the community information system for monitoring community awareness and level of demand for NTD related activities

Indicators

1. Number of field assessments conducted to understand specific population needs
2. Number of NTD program plans and strategies that have been adapted to address GESI issues at community level
3. Number of providers, MDA distributors, and community members trained in GESI
4. % increase in understanding among HEWs and community level structures regarding GESI and NTD planning
5. % Increase understanding and skills for addressing GESI regarding provision of NTD prevention and treatment services at community levels
6. % of community information system infrastructure that is linked to NTD related activities awareness and demand

3.3.2. Increase community involvement and ownership NTD programming

Communication between government officials at lower levels and their community members is weak but for successful sustainability of NTD programs, it is paramount to increase the community ownership through participation.

Activities

1. Identify and work with key individuals and groups at community level to ensure community engagement and participation in NTD planning, implementation, and evaluation
2. Provide all the necessary information including disease burden, effects of NTDs and services provided that would enhance community engagement and participation
3. Use innovative approaches such as community information boards to communicate NTDs related messages within the community
4. Establish District/Woredas level NTD advisory committee in NTD endemic districts
5. Identify Kokeb (Championed) kebeles that are champions of NTD related activities
6. Identify Kokeb (Championed) HEWs in the NTDs work
7. Identify Kokeb (Championed) WDAs in the NTDs work

Indicators

1. Number of community members who attended the planning, implementation, and evaluation of NTD programming (or services)
2. Number of CBOs that are participated indifferent community ownership activities
3. Number of regional and local government organizations and implementing organizations engaged in NTDPs
4. Number of community information boards used to communicate NTDs related messages within the community
5. Number of advisory committees established
6. Number of championed kebeles per woreda rewarded per year
7. Number of championed CHWs and WDAs per woreda rewarded per year

3.4. Priority 4: Strengthen Ownership at Reginal and Woreda Levels

Context

One of the main challenges that limits NTD programming from being fully sustainable is limited ownership at local levels. Donors and partners lead program activities in their assigned areas by providing technical capacity and availing financial resources. Furthermore, there is no formal transition plan at both federal and regional levels for transferring and taking over the responsibility from partners, even though the NTD Master Plan (2016-2020) sets a vision of attaining an NTD free country with the leadership of the government of Ethiopia.

Therefore, the activities in this priority are meant to assist all pertinent bodies to develop ownership at kebele, woreda and regional levels and integrate NTDs in their health and other activities.

Gap

In many countries including Ethiopia, NTD programs are still implemented as vertical projects, sponsored mainly by outside sources. But apart from the government ownership at federal and regional levels, meaningful involvement at local levels is weak in the planning, implementation, monitoring and evaluation activities. Transfer of technical knowledge and capacity building at sub-national levels is also lacking. This has led the local level implementation of the programs to be usually dependent on the activities of NGOs, with passive engagement of regional and woreda level actors. In general, the gaps in this priority are weak local ownership of NTD activities, lack of knowledge of how to do NTD activities and being dependent on NGOs for prevention, control, elimination, and eradication of NTDs.

3.4.1. Identify and reward NTD champions

At national level and to some extent regional level there is commitment towards the prevention, control, elimination, and eradication of NTDs. Because of this, it was possible to identify and reward some implementers, including male and female at both national and regional level who perform well.

Nonetheless, at woreda/district and community level this is not happening mainly because there is no advisory committee at district level that would enable stakeholders to participate in NTDs program design, planning, implementation, and M&E. The other problem to identify and reward champions at woreda and district level was the lack of a system for documentation and dissemination of best practices and success stories even if some remarkable activities are done at these levels. Partners also enabled community members to own the NTD programming, but they usually do not report such success to the government system. The last problem related to identifying and rewarding NTD champions is that the skills, knowledge, and other types of resources that are available and useful for NTDs are not known.

Activities

1. Identify, document, and disseminate success stories and best practices.
2. Identify Kokeb (championed) kebeles/CBOs that are champions of NTD related activities.
3. Champion community volunteer/HEWs/NTD manager

Indicators

1. Number of best practices and success stories identified and documented
2. Availability of human resources plan, accountability, and performance indicators
3. Number of champions kebeles/CBOs rewarded

3.5. Priority 5: Domestic Resource Mobilization for NTD Programs

Context

In Ethiopia there are 15 donors that support the NTDs. The NTDs Master plan 2016-2020 estimated that the implementation of the master plan would cost Ethiopian Birr 3.16 billion (USD150.4 million). The master plan further assumed that this amount of funding will be mobilized from the government treasury, development partners and donors that are currently supporting and from other new potential donors. However, the financial assistance from external sources not only lacks coordination but can also be unpredictable. Thus, all efforts should be exerted to mobilize resources for NTDs from domestic sources within the country not only to fill the financial gaps but also to lay the foundation for taking over domestic financing higher proportion of the required funds for the smoothly running the program.

Gap

While the government of Ethiopia and MOH invest in the basic health infrastructure (e.g., staffing, health facilities, supply chain, information systems) that also support NTDs, the resources that support NTD specific activities are largely from donors and partners. Such dependency makes sustainability of the programs questionable especially when donor resources are unpredictable and may be dwindling in situations such as the COVID-19 pandemic. This will jeopardize the implementation of health

interventions including NTDs programs. Therefore, even if the economy is affected by the current pandemic, macro-economic instability or other future shifts that affect development assistance, it is a must that resources should be mobilized from domestic sources for health interventions, including for NTDs. In Ethiopia, the prevention, elimination, and control of NTDs is highly affected by a lack of financial resources especially, as is the case with other health services. As indicated in MOH reports, the government allocation for health is still below the commitment from the Abuja Declaration, mainly due to lack of resources.

3.5.1. Developing and Implementing a National Strategy for Mobilizing domestic resources for NTD programs

According to the financial data obtained from the Ministry of Finance, the trend of the health budget out of the total government budget varies between 4.2% (the minimum in 2012/13) and 7.2% (the maximum in 2013/14). Specifically, the government of Ethiopia allocated a health budget of 7.1% of the total government budget in 2017/18, which is below the Abuja commitment. This clearly indicated that the amount allocated for NTDs was insufficient and this entails the support of donors. In addition, the FMOH is convinced of the importance of mobilizing funds from domestic sources in order to be self-reliant. Financing of NTDs also requires the development of innovative health care financing options, therefore, this will be part of the domestic resource mobilization efforts.

Activities

1. Develop a domestic resource mobilization strategy for NTDs that includes resource mapping and gap analysis for NTDs activities and possible NTD financing options
2. Conduct annual domestic resource mobilization campaigns at federal and regional level, private sectors, and health insurance schemes authorities
3. Explore the inclusion of NTDs in CBHI, SHI and other private health insurance scheme
4. Conduct resource mobilization discussion at community level with district/woreda government authorities, community leaders and NTDs patients

Indicators

1. Financial strategy document
2. Amount of fund mobilized for NTD activities (domestic and external)
3. Increase in the proportion of budget allocated to NTDs from local sources
4. Proportion of private sector contribution to NTD prevention, elimination, and control activities,
5. Number of insurance schemes that include NTD services

3.6. Priority 6: Strengthen Information Systems for Evidence-based Decision Making for NTD Programming

Context

The health information system in general has two data sources, population-based data sources and health institution-based data sources, and NTD data is gathered and accessed through the

same sources. For NTDs, the data sources are categorized into three blocks: surveillance, survey and HMIS. The data collected through surveillance are reported immediately such as if Guinea worm disease and/or scabies is identified during surveillance. Data collected through surveys (such as trachoma impact survey or survey on onchocerciasis) are reported based on WHO protocols. The data collected through routine HMIS or DHIS2 are reported quarterly and annually such as all PC NTDs, integrated case management and NTD medicine at stock. The recording and reporting mechanism has five ladders - starting from community to FMOH. Currently, FMOH and RHBs as well as many health facilities use DHIS 2. Data related to NTDs are entered into DHIS2, and 25 data elements related to NTDs are collected using standardized data recording tools at community and facility levels. Moreover, for monitoring and evaluation purposes, 10 indicators are incorporated in the database management. Therefore, the activities in this priority are meant to strengthen the health information system for NTDs and enable policy makers and other pertinent authorities to make evidence-based decisions.

Gap

The Ministry of Health of FDRE started to digitize its information during the last decade. Currently, a new digitized health system known as DHIS2 is installed and used in the health sector at all levels. Though all historical MDA data, endemicity status for all NTD and impact survey for all NTD were integrated in this system, there are visible gaps in data collection from lower level and in coordination and assuring of data quality of NTDs programs. It is difficult to produce and avail reliable reports to the decision makers for their decision especially in relation to NTDs, a gap well-recognized by the Ministry of Health.

3.6.1. Strengthen DHIS2 Implementation at sub national levels

The District Health Information System-2 (DHIS2) is the main database management system within the health sector, and all health facilities are supposed to use this database management system for their routine reporting and monitoring activities. The Government has begun the process of including NTD indicators into DHIS2, however, it is still incomplete. Additionally, the system is not fully utilized particularly at the sub-national level due to shortage of skilled human resources who have the capacity to manage the software. To alleviate the above-mentioned challenges, the following activities are planned:

Activities

1. Ensure all relevant NTD indicators are included in DHIS2
2. Ensure that NTDs activities are included in RHBs, WoHs, HFAs and other sectors at all levels annual plans
3. Ensure that the NTDs data collected and reported via DHIS2 from woreda/district level as well as those within the community information system comply with the NTDs standard indicators
4. Ensure NTD focus periodic review meetings and/or performance monitoring are in place at federal, regional and district levels
5. Ensure that NTDs related data are properly utilized in program planning, monitoring, and

evaluation

6. Train health workers and others from partner organizations at all levels on how to use computers, internet and to enter NTDs data into DHIS2
7. Provide training on data management and server (local and cloud) to pertinent employees
8. Establish strong backups/supportive and supervision team that will provide coaching, mentoring and on the job training
9. Conduct supervision with the necessary support

Indicators

1. Number of indicators included in DHIS2
2. Number of facilities reporting key NTD indicators
3. Number of HIT experts trained on NTD data management and server
4. Number of NTD experts trained in supervision and mentoring
5. Number of NTD implementing partners that receive technical support requests
6. % of NTDs related data from DHIS2 that has been utilized for program planning, monitoring, and evaluation
7. Number of program specific (NTD) supervisions conducted.

3.6.2. Priority action 6.3: Give access to DHIS2 data for all and review all NTD indicators

Currently, program people working at sub-woreda levels do not have access to the DHIS2 data because of poor network/internet capability. For this reason, those employees who are assigned to enter data to DHIS2 database management system do not do their job properly. In addition, there is a low level of awareness with respect to the right to access information. Despite the intention to use DHIS2 as the main database management, sufficient attention is not given by the sector for this system. Less attention is also given for data quality and for utilization of data for decision-making. This priority action, therefore, proposes the following activities to address these problems.

Activities

1. Ensure all NTD partners and researchers receive access to DHIS2 data
2. Ensure data quality, reliability, and timeliness
3. Enhance the culture of data use for decision making.

Indicators

1. Number of facilities where NTD data are accessed using DHIS2
2. Number of NTD partners and researchers obtained access to DHIS2 data
3. Percentage of quality data produced on time through DHIS2
4. Number of institutions that use DHIS 2 for decision making

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Annexes

Annex I – Objective-Activity Matrix

Goal 1: Multi-sectoral coordination (water, health, finance, education, construction, agriculture) is improved

Priority Action 1.1: Advocacy to political leaders, NGOs, and Private sector at national level

Objective: To advocate for creation of multisectoral collaboration and coordination among pertinent government, non-government, and private organization at all levels for prevention, elimination and control of NTDS

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Conduct studies to identify entry of influences by including private sector, influential personalities, and other types of actors;	1. Some NTDS disproportionately affect women or men because of their different roles and activities. So, advocacy to political leaders will play a paramount role in reducing the NTDS incidence that will again promote gender equality.	Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	1. The desired study will be conducted as planned	Study report	2020-2021	1.1. Number of study conducted;	1. Number of pertinent government sector offices that demonstrated ownership of NTDS through mainstreaming in their routine annual work plan and decided to commit their time for NTDS at all levels 2. Number of NGO and private organizations that are willing to provide financial and other support to NTDS prevention, elimination, and control activities
	2. Advocacy to political leaders will enable to promote gender equality and reduce gender-based discrimination		2. The Prime Minister and other pertinent government officials will be willing to attend the advocacy meeting and the meeting will be held on time as planned	Reports of meeting conducted		2.1. Number of advocacy meetings held at higher official level	
	3. Advocacy to political leaders and others will enable to ensure that human rights and gender equality issues are properly addressed; and strengthen the capacity of other team members as needed and appropriate.		3. NGOs will be willing to attend the meetings held on time as planned	Reports of meeting conducted		3.1. Number of advocacy workshops held with NGOs and Number of NGOs participated	

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
4. Conduct advocacy meetings with private sector			4. Private sector will be willing to attend the meetings	Report on the result of experience sharing visits		4.1. Number of meetings held with private sector and Number of private sector organizations participated	3. The advocacy strategy document that is developed based on the recommendations obtained from various research and experience sharing visits will make the advocacy activities successful and contribute for the improvement of multisectoral coordination and partnership.
5. Conduct experience sharing visits within Ethiopia to identify critical issues and strategies for advocacy from other health and non-health programs such as nutrition and HIV advocacy experience;			Selected organizations for the study will be willing to collaborate for experience sharing and this activity will be done on time as planned.			5.1. Number of experiences sharing visits conducted and studies produced	
6. Support researches to identify GESI related factors affecting NTDs risk and exposure;	The result and recommendations of the research will enable us to design strategies to reduce problems related to GESI		Researchers who will conduct the research at reasonable cost will be obtained and the research will be produced on time with quality	Research report		6.1. Number of research reports produced on GESI	
7. Conduct training workshops to raise awareness and build capacity of decision makers at all levels to enable them to understand about GESI-related risk of and exposure to NTDs,	Once people have knowledge about GESI, they will contribute for the reduction of GESI related risks that expose to NTDs		The training will be carried out on time as planned	Report on the training workshop		7.1. Number of training workshops conducted	

Goal 1: Multi-sectoral coordination (water, health, finance, education, construction, agriculture) is improved

Priority Action 1.2: Advocacy to government sector offices/bureaus at regional and district/woreda levels, and at community level

Objective: To advocate for creation of multisectoral collaboration and coordination at regional and district/woreda and community level for prevention, elimination, and control of NTDS

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Conduct advocacy workshops with regional and woreda level government authorities to advocate about NTDS and to obtain their buy-in and include in their annual work plan	1. Advocacy to political leaders and others will enable to ensure that human rights and gender equality issues are properly addressed; and strengthen the capacity of other team members as needed and appropriate.	Logistic, human resource, finance for DSA, Fuel/ transport refund,	The regional and district/woreda level government bureaus authorities will be willing to attend the advocacy meeting and the meeting will be held on time as planned	Reports of meeting conducted	2020-21	1.1 Number of advocacy workshops conducted and regional government sector offices attended Number of regional and district/woreda government offices include NTDS in their annual work plan	Number of pertinent government sector offices that owned NTDS, mainstream in their routine annual work plan and decided to commit their time for NTDS at all levels
2. Conduct advocacy workshops with community leaders and CBOs representatives to advocate about NTDS and to obtain their buy-in so that they will persuade people in their areas	Once people have knowledge about GESI, they will contribute for the reduction of GESI related risks that expose to NTDS	Conference package, stationary procurement	The community leaders and CBOs representatives will be willing to attend the meeting and the meeting will be held on time as planned	Reports of meeting conducted		1.2 Number of advocacy workshops conducted, and community leaders and CBOs representatives attended:	Number of community leaders and CBOs who develop good attitude towards NTDS patients disseminate their knowledge on NTDS.

Goal 1: Multi-sectoral coordination (water, health, finance, education, construction, agriculture) is improved

Priority Action 1.3: Link NTDs with One WASH partnership

Objective: To share clear common goals and aim to sustainably improve the health and prosperity of people living in poverty

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Conduct series and consecutive discussion meetings between technical people of One WASH program funders/ implementers and NTDs funders/implementers to identify the linkage and synergy areas between NTDs and WASH	The linkage between NTDs and One WASH partnership will enable to ensure that human rights and gender equality issues are properly addressed; and strengthen the multisectoral coordination and partnership of organizations to address NTDs	Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	Technical people of One WASH program funders/ implementers and NTDs funders/implementers will be willing to participate in the series workshops and the workshops will be held on time as planned	Report on the workshop	2020-2021	1.1 Number of meetings conducted to identify linkage and synergy areas between NTDs and WASH 1.2 Number of meeting participants	Number of linkage and synergy areas identified accepted by members of the partnership
2. Conduct workshop that will be chaired by the pertinent Ministries where regional level pertinent organizations will participate to formalize and approve the linkages and synergies identified by the technical people of both interventions.			Ministries and regional bureaus will be willing to participate in the workshop and the workshop will be held on time as planned	Report of the workshop		2. Number of workshops conducted and chaired by higher officials (ministerial levels);	
3. Establish and strengthen platforms for sharing knowledge and increasing linkage as well as collaborations			The intended plat form will be established on time as planned	Report on the knowledge sharing and collaboration		3.1. Number of platforms established/ strengthen at federal, regional, woreda and kebele level 3.2 Number and type of knowledge shared 3.3 Number of discussions conducted using the platform	Number of organizations that confirm their linkage and collaboration are increased and work together

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
4. Conduct workshops to improve awareness about NTDs and opportunities provided by joint interventions among professional communities within and beyond WASH and NTDs			Professional communities will be willing to participate in the workshop and the workshop will be conducted on time as planned	Report of the workshop		4.1 Number of professionals who participated in the awareness creation/raising workshops 4.2 Number of workshops held	Number of professionals who have better understanding on NTDs and patients
5. Formulate the joint program M&E systems including the existing NTDs indicators to evaluate how the partnership works, its success and failures also to increase accountability for impacts on NTDs			The organizations will be willing to establish the joint M&E system and it will be established. The joint M&E will be established on time as planned	Joint M&E system document		5.1 Number of workshops conducted 5.2 Number of participants in the workshop 5.3 Joint M&E system produced 5.4 Number of joint supervision and monitoring conducted by the two partners	<ul style="list-style-type: none"> ● Number of woredas and region that implemented NTDs properly and effectively ● % of high-quality data collected from implementors and others
6. Conduct discussion with regional, woredas and kebele levels authorities to prioritize woredas and kebeles for WASH activities using the existing and standardized NTDs indicators.			Regional, woreda and kebele authorities will be willing to attend the discussion and the woredas will be prioritized on time as planned	List of prioritized woredas		6.1 Number of woredas prioritized 6.2 Number of participants in the discussion 6.3 Number of workshops conducted	Number of woredas that were confirmed as appropriate for NTDPs

Goal 1: Multi-sectoral coordination (water, health, finance, education, construction, agriculture) is improved

Priority Action 1.4: Dissemination and use of the WASH- NTD toolkit

Objective: To provide a step-by-step guidance to NTD program managers and partners on how to engage and work collaboratively with the WASH community

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Establish multisectoral partnerships with key stakeholders			<ul style="list-style-type: none"> Those organizations invited to be members of the partnership will be willing to be member. The activity will be done on time as planned. 	Reports on the workshops	2020-2021	Number of organizations that become member of the partnership	Number of organizations that implement NTDPs activities as per WASH-NTD toolkit
2. Develop a training manual for the toolkit;		Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	The training manual will be developed on time as planned	Toolkit modules	2020-2021	Number of toolkit modules produced and duplicated	Number of organizations that implement NTD-WASH activities in accordance with the toolkit
3. Provide the training on the toolkit along with the toolkit to NTDs program Implementers who will be drawn from different regions and districts;			Trainees attend the training sessions fully and properly	Reports on the training workshop	2020-2021	Number of pertinent staff trained on how to use the toolkit;	
4. Provide technical assistance, supportive supervision and monitor the trainees perform their activities according to the tool kit.			The TA expert the necessary technical assistance to organizations as planned	Reports on the technical assistance	2020-2021	Number of health facilities and other stakeholders that use the toolkit;	

Goal 1: Multi-sectoral coordination (water, health, finance, education, construction, agriculture) is improved

Priority Action 1.4: Develop strategy for multi-sectoral engagement

Objective: To strengthen multisectoral collaboration and coordination between health, education, WASH, etc. at all levels

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Identify key partners and invite for collaboration and eventual integration in the WASH, health, education, and other sectors		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement	The identified partners will accept the invitation	List of identified partners	2020-2021	Number of identified partners	Number of partners that are actively participated in developing the strategy
2. Conduct meeting with the identified partners			The meeting will be conducted on time as planned	Report on the meetings		Number of meetings conducted	
3. Establish an ad-hoc committee that will develop the strategy			The selected/assigned ad-hoc committee member will be willing to perform the assignment given to them	List of ad-hoc committee members		Number of ad-hoc committee	
4. Develop strategy document			The ad-hoc committee will produce the document on time as planned	Strategy document		Number of strategy document	The strategy document produced

Goal 2: Human resources capacity is strengthened

Priority action 2.1: Increase NTDs competency at all levels and include in career structure

Objective: To strengthen human resources capacity

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Discuss and agree with MOE and health college/universities for the integration of NTDs in their training curricula for all health workers (MDs, health officers, nurses, and laboratory technicians);			Universities/ colleges will agree to give to include pre-service training in their curriculum	Report on the discussion and confirmation letter from MOE and universities/ colleges		Number of health sciences colleges that integrated/roll out NTDs in the pre-service training curriculum	
2. Ensure pre-service training was provided to candidate health workers (MDs, health officers, nurses, and laboratory technicians) in NTDs prevention, elimination and control activities prior to their graduation and employment		Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	Students took pre-service training prior to their graduation or employment	Confirmation letter or any other evidence from universities/ colleges	2021-2023	Number of health workers who took pre-service training on NTDs prior to their employment in the health facility	Number of health workers who are trained in NTDs
3. Ensure periodic on job trainings was provided to the existing health workers			Health workers took on job training	Confirmation evidence from trainer or training institution		Number of health workers who obtain on job training on NTDs	
4. Provide periodic rewards for service best performing providers for their performances			Health facilities heads will be willing to identify good performer health workers	List of health workers rewarded		Number of health workers rewarded	

Goal 2: Human Resource Capacity is strengthened

Priority action 2.2: Increase NTDs competency at lower level

Objective: To improve the competency of health extension workers (HEWs)

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Promote the inclusion of NTD in the basic health service training curriculum of HEWs;		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement	Training institution will agree to include NTDs in their curriculum	Confirmation letter from the training institution about the inclusion of NTDs in their curriculum	2020-2021	Number Of training institutions that include NTDs in their training curriculum	Number of HEWs who obtained appropriate knowledge on NTD and GESI
2. Conduct sensitization workshop about GESI-NTDs related interventions to HEWs			The sensitization will be conducted on time as planned	Report on workshop		Number of HEWs who attended sensitization workshop	
3. Provide short- and long-term training to HEWs			Short- & long-term training is provided on time as planned	Report on training		Number of HEWs who attended short- and long-term trainings	
4. Strengthening Mentorship and Integrated supervision			Senior health staff will be willing to mentor and supervise HEWs	Report on mentoring and supervision		Number of HEWs mentored and supervised	

Goal 3: Strengthening community engagement and demand for NTD interventions

Priority action 3.1: Mainstream GESI into government plans and strategies and integrate GESI into prevention and treatment services

Major Activities	GESI Implications	Required Resources	Timeline	Output Indicators	Outcome Indicators	Impact Indicators		
1. Field Assessment to understand specific population needs and priority gaps in MDA coverage and treatment		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement		Number of NTD program plans and strategies that have been adapted to address GESI issues				
2. Apply findings for evidence-based strategies to address GESI gaps at government, facility, and community levels					% Increase understanding at government level of role of GESI regarding NTD planning (pre/post-test after capacity building interventions)			
3. Build capacity at government level to understand GESI as it can inform more effective policies and implementation plans to reach the last mile					Number of providers, MDA distributors, and community members trained in GESI	% Increase understanding and skills for addressing GESI regarding provision of NTD prevention and treatment services	% of increase in MDA coverage of migrant populations	
							% increase of MDA coverage of out-of-school children	
							% decrease in gaps in home visit MDAs	
4. Incorporate GESI into NTD programming plans, HRH curricula, and health worker deployment, and MDA strategies	Gender inequality and social exclusion related to NTDs will be reduced					% Increase in understanding if bias and stigma at community level		
5. Integrate GESI into service delivery through capacity building with facility staff and MDA distributors							Curricula that have been adapted to incorporate instruction and sensitization on GESI and NTDs	
6. Raise awareness in communities through appropriate messaging and through addressing bias							Disaggregation of sex- and ag-in NTD data collection	

Goal 3: Strengthening community engagement and demand for NTD interventions

Priority action 3.2: Increase community ownership via participatory approaches

Objective: To increase community ownership via participatory approaches

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Confirm that communities are consulted at planning, implementation, and evaluation NTDPs		Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	Community members will be willing to participate in planning, implementation, and M&E activities	Report on the planning, monitor, and evaluation workshops		Number of community members who attended the planning, implementation, and evaluation of NTDPs program	Number of planning, monitoring, review and evaluation meetings conducted at the community level
2. Ensure that both women and men have equal voice in engagement and participation;	Gender equality and social inclusion is enhanced		The NTDP implementers will work on gender equality	Report on the participation of the women and men		% of women and men who participated in NTDPs	% of women and men who participated in NTDPs
3. Encourage community ownership and scaling-up effective programs in new areas where NTDPs were not implemented			The NTDP implementers work on community ownership	Report on meetings and activities of the communities		Number of CBOs that are participated in NTDPs	Number of new areas where NTDPs are introduced
4. Ensure sub-national governments and implementing partners are working together			The NTDP implementers persuade government organization to work together	Report on meetings and activities of government organizations	2021-2023	Number of sub-national government organizations and implementing organizations engaged in NTDPs	Number of sub-national government organizations and implementing organizations engaged in NTDPs

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
5. Identify and work with key individuals and groups at the community level who have a passion to work with NTD programs;			The NTDP implementors persuade key individuals and groups to collaborate on the work of NTDs	Report on meetings and works of individuals		Number of individuals who participated in NTDPs	Number of individuals who participated in NTDPs
6. Provide all the necessary resources that would enhance community engagement and participation, including capacity building and ensuring most affected are engaged			The NTDs donors, implementers and pertinent government organization will avail the necessary resources	Report on the availability of resources		Qty and types of resources available	
7. Identify and support existing social structures through provision of information including disease burden, effects of NTDs and services provided			CBOs leader will be willing to cooperate on NTDs activities	Report on meetings and works of CBOs		Number of CBOs participated in NTDPs	Number of CBOs that implemented NTDPs by their own resources
8. Establish District/ Woredas level NTD advisory committee in NTD endemic districts			All government, non-government organizations, authorities and individuals selected for advisory committee will be willing to work	Report on meetings and activities of advisory boards		Number of advisory committees established	Number of advisory committees that actively work on NTDPs

Goal 4: Strengthen ownership at sub-national level

Priority action 4.1: Identify and reward NTD champions

Objective: To encourage community-based organizations and individuals who perform well in NTDs prevention, elimination, and control

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Identify, document, and disseminate success stories and best practices;			Documents will be kept well	Reports on the identification of best practices		Number of best practices identified and selected	Number of best practices shared to other implementers
2. Identify Kokeb (championed) kebeles/ CBOs that are champions of NTD related activities		Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	NTDP implementors and other pertinent organizations will be willing to select champion kebeles	Report on meetings and reward events	2021-2023	Number of champions kebeles/CBOs rewarded	Number of kebeles that implemented NTDPs continuously
3. Link and use the community information system for monitoring community awareness and level of demand for NTD related activities.			Presence of community level information system	Use of community information system for monitoring		% of community information system infrastructure that is linked to NTD related activities awareness and demand	% use of community information systems for monitoring

Goal 4: Strengthen ownership at sub-national level

Priority action 4.2: Integrated service delivery and demand-based services from campaigning to the existing health services

Objective: To integrate NTDs prevention, elimination, and control activities with the existing health system.

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Promote the inclusion of the NTDs prevention, elimination, and control activities in the existing health system		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement	The health facilities and health offices/bureaus at all level will be willing to integrate the NTDs services	Reports of workshops	2021-2023	Number of health facilities that participate in integration promotion workshops	
2. Ensure that services are provided within an integrated manner with other health service programs			The NTDs services are integrated	Reports of the health facilities		Number of health facilities that integrate NTDs in their system	Number of NTDs patients that obtained treatment in an integrated manner
3. Integrate deworming with other school-based activities.			Health facilities, schools and Parent-school committees will be willing for integration of Deworming in schools	Reports of the schools and health facilities		Number of schools covered with integrated deworming activities	% of school children who obtain treatment due to worm related diseases
4. Build capacity to develop responsive services that address gender differences and meet unique populations' needs.			Participants will be willing to participate in the capacity building activities	Reports of workshops	Number of participants who participated in capacity building	% of women who obtain NTDs treatment service	
5. Train health system managers and health workers on strategic leadership and management.			Strategic leadership training will improve management capacity	Training sessions	Training reports	% of managers and health workers trained	

Goal 5: Domestic Resource mobilized for NTD programs

Priority action 5.1: Mobilizing domestic resources for NTD programs

Objective: To Mobilize domestic resources for NTD programs to reduce dependency on external or foreign aid

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Undertake resource mapping and gap analysis for NTDs prevention, elimination, and control activities		Finance and expert	Consultant will be hired and conduct the study	Resource gap analysis study report	2021	Number of study report	
2. Organize and conduct resource mobilization experience sharing visits		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement	The experience sharing visits will be conducted on time as planned	Report on experience sharing	2021	Number of persons who participated in experience sharing visits	
3. Develop domestic resource mobilization strategies for NTDs;	Appropriate financing strategy will enable to achieve GESI on sustainable manner	Finance and expert	All pertinent bodies will participate in developing resource mobilization strategies	Strategy document	2021	Number of strategy document	
4. Conduct periodic / regular domestic resource mobilization at federal and regional levels and with international organizations		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement	All pertinent bodies at federal and regional level will participate in resource mobilization campaign	Report on resource mobilization campaign	2021	Amount of fund mobilized	NTDPs will have sustainable financing sources
5. Conduct resource mobilization discussion at the community level with district/woreda government authorities, community leaders and NTDs patients			All pertinent bodies at the community and district/woreda level will participate in the resource mobilization Campaign	Report on resource mobilization campaign	2021	Amount of fund mobilized	NTDs will have sustainable financing sources

Goal 5: Domestic resource mobilized for NTD programs

Priority action 5.2: Developing innovative financing options

Objective: To develop financing options for sustainable financing of NTDP

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Conduct assessment of possible health financing options and mechanisms		Finance and expert	Consultant will be hired and conduct the study	Financing option analysis study report	2021	Number of study report	Number of financing options identified
2. Discuss with private sectors and health insurance schemes authorities		Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	Both the private sector and health insurance scheme authorities will agree on financing options	Reports on the workshop	2021	Number of organizations attended the meeting	
3. Ensure private sector contributed fund for NTDs prevention, elimination, and control activities			Private sector organizations will contribute as per their agreement	Report on contribution from private sector	2021-2023	Amount of fund contributed	Amount of fund contributed
4. Ensure the inclusion of NTDs in CBHI, SHI and other private health insurance scheme			Insurance schemes and organization include NTD in their schemes	Report from insurance organization	2021-2023	Amount of insurance coverage	Amount of insurance coverage

Goal 6: Strengthen information systems for evidence-based decision making for NTD programming

Priority action 6.1: Establishing strong M&E systems at sub national levels

Objective: To establish strong M&E learning systems at sub national levels

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1.Ensure all NTD indicators are included in DHIS2	Good M&E system will help to ensue whether GESI is achieved or not	Finance and M&E expert		Reports from RHB and HFs about the inclusion of NTDs indicators in DHIS2	2020-2023	Number of indicators included in DHIS2	1. Number and type of decision or measures taken based on M&E reports 2. Percent of data that were useful for decision making
2.Ensure that NTDs activities are included in RHBs, WoHOs, HFs and other sectors at all levels annual plans				Organizations' annual plans		Number of organizations that included NTDs activities in their annual work plan	
3. Ensure key NTD indicators are included in monitoring and evaluation tools;				Organizations' M&E reports		Number of organizations that included NTDS indicators in their M&E tools	
4. Ensure that the NTDs data collected and reported via DHIS2 from woreda/ district level comply with the NTDs standard indicators				Period reports of organizations		Number of organizations that reported NTDs activities as per the standard indicators	
5.Ensure NTD focus periodic review meetings and/or performance monitoring are in place at federal, regional and district levels				Reports of review meetings		Number of organizations that participated in review meetings	
6. Ensure funds allocated for NTDs were utilized appropriately				Financial audit report		Number of organizations that utilized the fund appropriately	
7.Conduct situation analysis survey to analysis and understand capacity of laboratories, drug delivery capacity, human resource capacity etc.				Study report		Number of studies conducted	
8.Conduct research based on the topics or research agendas forwarded from MOH, donors and/or implementers				Research report		Number of research conducted	

Goal 6: Strengthen information systems for evidence-based decision making for NTD programming

Priority action 6.2: Train health workers and to NTDs partner organizations on basic computer, internet and DHIS2 usage

Objective: To improve data quality and make NTDs related data available all times for NTDs partners

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Train health workers and others from partner organizations at all levels on how to use computers, internet and to enter NTDs data into DHIS2	Quality data will contribute for evidence-based decision on GESI	Logistic, human resource, finance for DSA, Fuel/ transport refund, Conference package, stationary procurement	The training will be conducted on time as planned	Report on the training	2020-2021	Number of trained employees	% of organizations that entered NTDs data to DHIS2
2. Provide training on data management and server (local and cloud) to pertinent employees			The training will be conducted on time as planned	Report on the training	2020-2021	Number of trained employees	Availability of data 24/7
3. Establish strong backups/supportive and supervision team that will provide coaching, mentoring and on job trainings			The team will be established on time as planned	Report on the establishment of the team	2020-2021	Number of teams established	% of organizations that produce data that meet the required quality
4. Conduct supervision with the necessary support			The team will provide support and conduct supervision as planned	Report on support provided and supervision conducted	2021-2023	Number of organizations that obtained support and supervised	

Goal 6: Strengthen information systems for evidence-based decision making for NTD programming

Priority action 6.3: Give access to DHIS2 data for all and review all NTD indicators

Objective: To enable NTDs partners access the DHIS2 data as needed

Major Activities	GESI Implications	Required Resources	Assumptions	Deliverables	Timeline	Output Indicators	Outcome Indicators
1. Provide all the required inputs (computers and other packages) are in place to access DHIS2;		Logistic, human resource, finance for DSA, Fuel/transport refund, Conference package, stationary procurement	The required items will be procured on time as planned	Report on the availability of computers and other packages	2021-2023	Number of computers and other packages procured or availed for DHIS2;	% of organizations that make decision based on the DHIS2 data
2. Ensure all NTD partners and researchers receive access to DHIS2 data;			Data are available	Report on the availability of DHIS2		Number of NTD partners and researchers obtained access to DHIS2 data;	
3. Ensure data quality, reliability, and timeliness;			Data are produced with quality on time	Report on data quality, reliability, and timeliness		% of quality data produced on time through DHIS2;	
4. Enhance the culture of data use for decision making.			NTD partners use the DHIS2 for their decision	Report on the utilization of data for decision making		Number of institutions that use DHIS 2 for decision making.	
5. Ensure that NTDs related data are properly utilized in program planning, monitoring and evaluation			Availability of NTD related data within DHIS2	Report on the utilization of data		Number of plans and evaluation reports using NTDs related data from DHIS2	

Annex II – Agenda and List of Participants at the NTD Sustainability Planning Introductory Workshop (3-4 February 2020, Addis Ababa)

Date	Time	Activity	Responsible	Facilitator
Day I (3 February 2020)	8:30 - 9:00	Registration	Participants	Organizers
	9 :00 - 9:05	Welcome remarks	Wangeci	Dr. Fikreab Kebede
	9:05 - 9:15	Opening remarks	Hiwot Solomon	
	9:15 - 9:25	Objectives of the workshop	Teshale Deressa	
	9:25 - 9:40	Introduction of participants	Participants	
	9:40 - 10:00	HSS building blocks	Getachew Teshome	Nebiyu Nigussie
	10:00 - 10:20	Country NTD sustainability assessment findings - I	Markos Sileshi	
	10:20 - 10:40	Discussion	Participants	
	10:40 - 10:55	Health break	All	Organizers
	10:55 - 11:15	Country NTD sustainability assessment findings - II	Dr. Fentahun Tadesse	Dr.Wondu Alemayehu
	11:15 - 11:30	Discussion	Participants	
	11:30 - 11:50	HSS desk review findings - III	RTI	
	11:50 - 12:10	Gender desk review findings - IV	Wi-HER/RTI	
	12:10 - 12:30	Discussion	Participants	
	12:30 - 1:45	Lunch Break	All	Organizers
	1:45 - 2:45	Envisioning sustainability	Taylor/Small Groups	Taylor
	2:45 - 2:55	Introduction to small groups	Taylor	Taylor
	2:55 - 3:30	Identification of priority gaps - Write on flip charts post on wall	Small Groups	Taylor
	3:30 - 3:45	Health break	All	Organizers
	3:45 - 4:15	Prioritization exercise - Use colored dots (different for each group) to vote on the priority challenges (solely focused on importance here) - Discussion on the prioritized challenges to narrow - Outcome: List of prioritized challenges for action (at least one in gender AND one in finance)	Small Groups	Taylor W.
4:15 - 5:00	Small group presentations and discussion	Chairs and Rapporteurs		
5:00 - 5:15	Wrap up	Dr Fikreab	-	

Day 2 (4 Feb 2020)	8:30 - 9:00	Recap on Day I	Participant	Teshale
	9:00 - 10:40	Solutioning exercise I		
	10:40 - 10:55	Coffee break	All	Organizers
	10:55 - 11:30	Solutioning exercise II Complete problem and solution tree	Plenary	Tylor
	11:30 - 1:00	Solutioning exercise III Complete problem and solution tree	Plenary	Wangeci
	1:00 - 2:15	Lunch break	All	Organizers
	2:15 - 3:00	Drafting action plan - Discussion and setting ground norms for sustainability planning writing committee (Choosing leader, secretary and planning how to write and the delivery of the final plan):	Participants	Dr Alemayehu Sisay
	3:00 - 4:00	Review National NTD Sustainability Plan template - Introduction and background - Goals and objectives - Activities - Key milestones - Resource requirements	Wangeci	
	4:00 - 4:30	Wrap up and Closing	MOH	

**Annex III- List of Participants who attended the NTD sustainability Planning
Introductory Workshop (Female=13/39)**

S.No	Name	Sex	Organization
1	AbateTilahun	M	The Carter Center (TCC)
2	AddisuWorkineh	M	Amhara Regional Health Bureau (ARHB)
3	Adugna Amin	F	Light for the World (LFTW)
4	Alemayehu Sisay (Dr.)	M	ORBIS International-Ethiopia
5	Amiro Asmare	M	Research Triangle Institute International (RTI)/ Act to End NTDs East Program
6	Anne Heggen	F	The Fred Hollows Foundation (FHF)
7	Anteneh Mekonnen	M	FMOH
8	Asrat Mengiste (Dr.)	M	National Podoconiosis Action Network (NaPAN)
9	Bokretzion Gidey	M	Ethiopia Public Health Institute (EPHI)
10	Demekech Damte	F	Armauer Hansen Research Institute (AHRI)
11	Esubalew Demisse	M	Result for Development (R4D)
12	Fenathun Tadesse (Dr.)	M	Accelerating the Sustainable Control and Elimination of NeglectedTropical Diseases (ASCEND)
13	Fikreab Kebede (Dr.)	M	FMOH
14	Geneti Kiflu	F	FMOH
15	Getachew Teshome	M	World Health Organization (WHO) - Ethiopia
16	Heven Sime	F	Ethiopia Public Health Institute (EPHI)
17	Jose Gonzalez	M	Result for Development (R4D)
18	Kelly Dale	F	Women Influencing Health Education and Rule of law (Wi-HER)
19	Kendra Palmer	F	Accelerating the Sustainable Control and Elimination of NeglectedTropical Diseases (ASCEND)
20	Leta Balcha	M	The Fred Hollows Foundation (FHF)

21	Markos Sileshi	M	FMOH
22	Mekides Nigusse	F	FMOH
23	Melaku Nigusse	M	FMOH
24	Melesse Yigerm	M	The Fred Hollows Foundation (FHF)
25	Menbere Alemu (Dr.)	F	International Trachoma Initiative (ITI)
26	Meron Seifu	F	FMOH
27	Molly Anderson	F	END- Fund
28	Tadesse Kebede (Dr.)	M	Addis Ababa University (AAU)/College of Health Sciences
29	Taylor Williamson	M	Research Triangle Institute International (RTI)/ Act to End NTDs East Program
30	Tesfahun Bishaw	M	FMOH
31	Tesfaye Tadele	M	Grarbet Tehadsso Mahber (GTM)
32	Teshale Deressa	M	Research Triangle Institute International (RTI)/ Act to End NTDs East Program
33	Teshome Gebre (Dr.)	M	International Trachoma Initiative (ITI)
34	Tigist Tessema	F	Southern Nations, Nationalities, and Peoples' Region (SNN-PR RHB)
35	Tsedeke Mathewos	M	FMOH
36	Wangeci Thuo	F	Research Triangle Institute International (RTI)/ Act to End NTDs East Program
37	Wondu Alemayehu (Dr.)	M	The Fred Hollows Foundation (FHF)
38	Zeyede Kassa	M	Menschen für Menschen (MFM)
39	Zeyede Kebede (Dr.)	M	World Health Organization (WHO) - Ethiopia

Annex IV – Checklist for Key Informant Interview

		No	Yes
1	Do you think the NTDs control program in Ethiopia is integrated within the healthcare system in a sustainable manner?		
2	If no, why		
3	If yes, how?		
4	How do you define sustainability in the context of Neglected Tropical Disease (NTD) program?		
5	What indicators would you consider for considering a program sustainable?		
6	Do you know if there are initiatives/plans for making the NTDs control programs sustainable?		
7	If yes, can you specify?		
8	How is the NTDs control program currently being financed?		
9	Do you have any idea on the magnitude of resources (budget) for NTDs control at present?		
10	Do you think there is adequate resource to finance NTDs control activities at present?		
11	If no, why?		
12	If no, what should be done?		
13	How and by whom are the NTDs control program activities currently financed?		

14	Do you think there is an optimal level of commitment and support by the government to the NTDs control activities?		
15	If no, why?		
16	If yes, how?		
17	Do you think there is optimal multi-sectoral engagement for NTDs control activities?		
18	If no, why?		
19	If yes, how?		
20	Do you think NTDs control activities are well embedded within the county's health policy and strategy?		
21	If yes, how?		
22	Do you think there is enough capacity built for NTDs control activities?		
23	If yes, how?		
24	If no, what should be done?		
25	How is the Ethiopian health system functioning in line with the WHO assumptions? E.g., in MDA, task shifting in case management/TT surgery, WASH?		

26	What are the successes and challenges of the implementation of the second master plan?		
27	What are the major priorities of the third master plan?		
28	Do you think NTDs control program activities are demanded by the community?		
29	If yes, what are the reasons/manifestations?		
30	If no, what should be done?		
31	Do you think NTDs control activities are owned by the community?		
32	If yes, how?		
33	If no, what should be done to realize that?		
34	Any other suggestion on how to make the NTDs control program sustainable?		

Annex V – List of People/Offices Consulted

S. NO	Name	Position	e-mail
1	Abiy Girma	One WASH national Coordinator -Ministry of Water, Irrigation, and Energy (MoWIE)	girmaabiy@gmail.com
2	Abraham Misganaw	Hygiene and Environmental health Directorate- National Sanitation coordinator	abrish1899@gmail.com
3	Addis Abebe	Amhara RHB- NTD Case team leader	adisua0@gmail.com
4	Akililu Tekile	Climate -resilience WASH – Ministry of Finance	akitekile10@gmail.com
5	Anteneh Mekonnen	FMOH, WASH Coordinator	anteeyasu@gmail.com
6	Assegid Samuael	FMOH, Human resource development	assegid.samuel@moh.go
7	Biruck Kebede	Sight Saver Coordinator and Member of the 3rd Master Plan Writing Core Committee	bkebede@sightsavers.org
8	Cherinet Zewude	Rural Water Supply Coordinator - Ministry of Water, Irrigation, and Energy (MoWIE)	setotaye123@gmail.com
9	Daniel Teferi	EPSA-Supply Chain Technical Advisor	danielteferi.dt@gmail.com
10	Dr. Fentahun Tadesse	ASCEND Team Lead & Member of the 3rd Master Plan Writing Core Committee	ftadessea@gmail.com
11	Dr. Fikreab Kebede	FMOH, NTD and Trachoma Advisor	fikreabk@yahoo.com
12	Dr. Teshome Gebre	Chairperson of the 3 rd Master Plan Writing Core Committee	tgebre@taskforce.org
13	Dr. Zerihun Tadesse	Chief of Mission, Carter Center	zerihun.tadesse@cartercenter.org
14	Dr. Zeyede Kebede	WHO- NTD program Coordinator	zelekez@who.int
15	Fikre Seife	FMOH-NTD Team Leader	fikreseife5@gmail.com
16	Hirpa Meicha	Oromia RHB-Case Team Leader	mirayeshma@gmail.com
17	Hiwot Solomon	FMOH, Director, Communicable Diseases Directorate	hiwot.solomon@moh.gov.et
18	Luwama Abebe	WASH Specialist at Ministry of Education (MOE)	findlewamabebe@gmail.com
19	Melaku Muleta	Sight Savers - Accelerate Project manger	mdebela@sightsavers.org
20	Mesfin Kebede	FMOH, Partnership and Cooperation Directorate, Deputy Director- Resource Mobilization Team Lead	mesfin.kebede@moh.gov.et
21	Tsedeke Mathewos	FMOH, NTD Surveillance, M&E Technical Assistant	tsede171@gmail.com
22	Teshale Deressa	USAID's Act to End NTDs East Program, HSS Advisor	tyadeta@et-ntd.rti.org
23	Wondesen Nigatu	Health Extension Program & PHC Directorate- HEP Team Leader	wondesen.nigatu@moh.gov.et

