Job Description

Position Title:	Woreda Coordinator
Report To:	Program Manager and Regional Coordinators
Project Name:	Transition Towards Interruption of Schistosomiasis and STH Transmission (TWISST)
Required No:	Eight (one for each woreda)
Duty Station:	1. West Badewacho, 2. Hammer 3. Benatsemay 4. Debub Bench 5. Guraferda, 6. Mizan Aman Town 7. Semen Bench 8. Menit Goldiya
Salary:	Negotiable
Employment Duration:	One-year with a possibility of extension

About NALA

More than 1.5 billion people worldwide suffer from neglected tropical diseases (NTDs). These diseases disproportionately affect rural and high-poverty populations with the least access to clean water and sanitation. NTDs can cause cognitive impairment and long-term disability that make it difficult for people to go to school or care for a family, further trapping the poor in a cycle of disease and poverty.

NALA aims to break the poverty cycle by eradicating Neglected Tropical Diseases (NTDs) and other diseases of poverty. The NALA holistic approach tackles the root causes of diseases, leading to sustainable impact and poverty reduction.
We aim to achieve our mission by:

- Assisting regional, national and international actors in designing and implementing programs for controlling NTDs and other diseases of poverty, using community engagement and health education for behavioral change.
- Researching, developing and testing new NTD control modalities and tools.
- Advocating for holistic NTD control models with stakeholders and decision makers that promote behavioral change

Since 2008, NALA has been working to eradicate neglected tropical diseases (NTDs) in Ethiopia and significantly reduced the burden on Schistosomiasis and other NTDs in different part of the country.

About the project

Evidence has shown that mass drug administration (MDA) alone is not sufficient to sustainably control these diseases long-term.

To ensure the sustainable elimination of schistosomiasis (SCH) and the prevention of soil transmitted helminths (STH) in these districts, NALA in collaboration with MoH and Regional Governments will implement a combination of elements addressing various facets of transmission, including social mobilization and behavioral factors, treatment coverage, WASH and other the long-term sustainability of interventions. The project aims to interrupt the transmission of schistosomiasis in low prevalence areas, mainly eight districts located in South West Ethiopia Region, South Ethiopia Region and Central Ethiopia Region.

The main interventions of the project include:

- Establish and strengthen multisectoral coordination.
- Mapping Schistosomiasis disease transmission routes, and design suitable and innovative interventions based on the root causes of disease.
- Support the Integrating community-level MDA campaigns.
- Conduct case treatment using Test-Treat-Track-Test-Treat (5T) approaches and strengthen a passive case surveillance.
- Social mobilization and behavioral change interventions.

- Capacitate the health information technicians and other relevant government staff.

Key roles and responsibilities

The post holder will serve as the main liaison for all activities in the scope of the project at woreda, community, schools and health facility level.

Some key areas of responsibility:

1. Ensure coordinated and integrated project intervention at woreda and lower levels.
2. Capacitate and supervise/coach community champions, education cluster supervisors, snail collectors, health information technicians, Schistosomiais test and treat teams.
3. Supervise sub district-level interventions including school and community SBC intervention, MDA campaigns, snail mapping and control activities.
4. Ensure engagement and coordination of community and school level stakeholders such as kebele leaders, community leaders, religious leaders, HEWs, school principals and health center focals.
5. Ensure collaborative works among key woreda stakeholders, such as health, education, water, admin and finance.
6. Collect, analyze, and report data on project activities and progress towards objectives, ensuring that accurate and timely information is shared with project manager, woreda TWG chair and other relevant stakeholders.
7. Facilitate training and meetings to be conducted at woreda and lower levels.
8. Ensure project activities are aligned with government activities.
9. Support project woreda and lower level financial, admin and logic related project activities.
10. Work as per organization's policies, procedures, and donor compliance and documentations
11. Perform other project activities as necessary based on project managers suggestion

Required skills:

- Good interpersonal and stakeholder management skill
- Leadership and team management
- Adaptability and flexibility
- Conflict resolution and negotiation skill
- Good data organizing and report writing skill;
- Strong coordination and communication skills.
- Good time management and organizational abilities to manage multiple activities simultaneously.
- Basic computer skills including competency in Microsoft Word, Excel and Internet
- Able to speak and write English and Amharic fluently. Speaking at least one local language of the project intervention zones (Hadiya, south Omo, Benchi sheko & West Omo) is a bonus for selection.

Qualifications:

- Bachelor's or Master's degree in a health-related field.
- Experience working in public health programs, particularly in NTDs or WASH projects at zonal and woreda level for at least four years for Bachelor's degree and two years for Master's degree.

Additional requirement

- The applicants should answer questions attached at the end of this page to be considered for the section.

Application Procedures:

Interested applicants with the appropriate qualifications and experience should send their most recent and detailed CV to bisrat@nalafoundation.org with daytime telephone number and an e-mail address, a cover letter, & names and addresses of three references.

Application Deadline: Aug 19, 2024.

FEMALE CANDIDATES ARE STRONGLY ENCOURAGED TO APPLY

ONLY SHORTLISTED APPLICANTS WILL BE CONTACTED

Questions

1. What are the national strategies to eliminate STH and SCH in 2025?

The five national strategies to eliminate STH and SCH by 2025;

Advocate for resource capabilities and knowledge development

Support innovation, integration and cross cutting action

Facilitate diagnostic development, adoption and adaptation

Strengthen practice and promote effective intervention

Accelerate monitoring and evaluation

2. Describe how WASH access and hygiene practice are important for prevention of NTDs?

Before going to explain this idea it is better to know the nature of NTD and common NTD that are highly endemic in specific communities. Because most of the time knowing the mode of transmission and overall nature of the disease helps to determine the prevention and controlling mechanism. On this regard, the 7 most notable NTDs include 3 helminth infections (ascariasis, hookworm, trichuriasis), schistosomiasis, lymphatic filariasis, Guinea worm, onchocerciasis, and trachoma are commonly transmitted from person to person due to unhygienic practice of individuals, poor environmental sanitation and unsafe water supply. For instance, unsafe water supply (which means; inadequate, inaccessible and not cleaned water) can cause all of the above listed diseases directly or indirectly if the agent is found inside the environment. Besides, unhygienic practice could create a conducive environment for the occurrence of the disease.

Hence, safe water supply parallel with clean environment and personal hygiene can break the mode of transmission particularly it could be a primary barrier for F-diagram of feco-oral transmittable disease. Generally WASH is a main pillar and good weapon for preventing and controlling NTDs.

3. Describe how community involvement and woreda sector leaders' engagement are important for sustainable elimination of NTDs?

Community involvement and the engagement of woreda (district) sector leaders are crucial for the sustainable elimination of Neglected Tropical Diseases (NTDs) due to their roles in ensuring the long-term success and effectiveness of health interventions. Here's how each plays a part:

1. Community Involvement:

Awareness and Education: Community members, especially in rural and underserved areas, are often the primary targets of NTD interventions. When the community is involved, they can help spread awareness and educate others about NTDs, prevention methods, and the importance of treatment. This leads to better understanding, higher acceptance, and more effective implementation of health programs.

Ownership and Responsibility: When communities are actively involved in NTD elimination efforts, they develop a sense of ownership and responsibility for the programs. This local ownership encourages sustained participation and ensures that activities continue even after external support diminishes.

Cultural Relevance: Communities can provide valuable insights into cultural practices, beliefs, and local conditions that may impact the success of NTD interventions. Their involvement helps ensure that strategies are culturally appropriate and more likely to be accepted by the broader population.

Behavior Change: Sustainable elimination of NTDs requires long-term behavior change. Engaging communities helps to promote and reinforce these changes, such as improved hygiene practices, regular use of mosquito nets, and consistent medication adherence, leading to reduced transmission of NTDs.

2. **Engagement of Woreda Sector Leaders:**

Leadership and Coordination: Woreda sector leaders, including health officials, education officers, and community development leaders, play a critical role in coordinating and integrating

NTD programs with other public health initiatives. Their leadership ensures that efforts are aligned with local priorities and resources are efficiently utilized.

Policy Implementation: These leaders are often responsible for implementing national and regional health policies at the district level. Their engagement ensures that NTD elimination strategies are incorporated into local health plans and are given the necessary attention and resources.

Resource Allocation: Woreda leaders can mobilize and allocate local resources, including funding, personnel, and materials, to support NTD programs. Their involvement is vital for sustaining these programs, especially in areas where external funding may be limited.

Monitoring and Accountability: Engaged sector leaders can establish effective monitoring and evaluation systems to track the progress of NTD elimination efforts. They can also hold local health workers and communities accountable for their roles in these programs, ensuring that targets are met, and interventions are effective.