TRACHOMA SAFE STRATEGY SERIES:
Facial cleanliness and Environmental improvement

Transition planning for Facial cleanliness and Environmental improvement

ICTC International Coalition for Trachoma Control

Acknowledgements

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Foreword

This toolkit for transition planning is one of three planning documents recommended by the International Coalition for Trachoma Control for program managers and implementing partners to support transition from elimination efforts (public health interventions) to routine public services. The importance of effective leadership underpinning the success of these programs cannot be overstated.

The series of transition toolkits include:

- Transition planning for trichiasis management services
- Transition planning for mass drug administration of Zithromax®
- Transition planning Facial cleanliness and Environmental improvement

These toolkits can be used in a variety of ways: (i) as a step-by-step planning guide (ii) as a checklist to ensure planning is on the right path (iii) as a reference document on key planning components and (iv) to engage non-trachoma partners in the planning and delivery of transition activities.

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Background

Facial cleanliness and Environmental improvement (F&E) are core components of the SAFE strategy and are necessary to address the conditions that enable trachoma transmission. Such changes require addressing deep-seated behaviours and practices rooted in socio-cultural norms as well as access to water and sanitation infrastructure. This means that, unlike the surgery and antibiotic components of SAFE, the F&E components require strong partnership with water and sanitation agencies to improve access to infrastructure and a longer lead-time to allow behaviours and practices to change sustainably.

Such partnerships are founded on the potential contribution of F&E activities to broader public health and equity goals under the sustainable development agenda, such as strengthening the health system to prevent multiple health risks (Goal 3) and improving the targeting of water and sanitation services towards poor and remote populations (Goal 6).

Programs should work with and embed activities within existing government and community-based structures including WASH, health and education, to secure and sustain elimination targets, and avoid recrudescence. This process should start years before the country expects to reach the transition phase.

The purpose of F&E transition planning

WHO has established clear thresholds for when antibiotic MDA should be implemented and stopped for trachoma.

In the case of F&E, the notion of developing and implementing separate community-based activities through the trachoma program and then stopping these activities when the elimination prevalence threshold has been achieved should be avoided. Instead, the focus should be on ensuring trachoma-relevant WASH and health promotion activities are embedded in **routine service delivery**. In other words, **efforts to sustain a transmission-free environment beyond the lifespan of the program should be designed from the outset to be embedded and delivered concurrently and continuously through other services,** e.g. within the provision of reliable water supplies, access to sanitation services and absence of open defecation and continuing hygiene promotion. NGO partners play an important role in assisting district, regional and national authorities in ensuring this integration.

Achieving a smooth transition of F&E activities benefits all stakeholders. It ensures that the capacity of the health, WASH and education sectors to target services to underserved areas and to address behaviours is strengthened. It also speeds up the improves the sustainability of low active trachoma prevalence achieved through antibiotic MDA.

Timing of F&E transition planning

Given the nature of F&E interventions, "transitioning" should be planned for from the design stage of the program.

WASH, education and health stakeholders should be involved in program design and implementation, identifying program delivery avenues including both the WASH sector and health outreach programs and making lesson-based adjustments to such programs to ensure they include actions necessary for sustaining low levels of trachoma prevalence. It will require clear planning with all stakeholders to ensure that WASH activities are delivered in NTD-endemic areas under equity and public health imperatives and so that trachoma prevention behaviours including facial cleanliness continue to be promoted, as part of national standards, education curricula, training and monitoring platforms. As antibiotic MDA activities are scaled down and eventually halted, it should be clearly outlined how specific sanitation and hygiene promotion interventions will be embedded in health and WASH outreach programs.

Further helpful advice on generating and sustaining collaboration with WASH stakeholders for trachoma programs is set out in the ICTC toolkit, *"All you need for F&E – a practical guide to partnering and planning"*.

Planning steps

Step 1: National level transition facilitation

Goal: Set up transition at national level of F&E interventions into WASH, health and education programs

Action on F&E is likely to have a sustained effect on behaviours and practices if it is linked with existing WASH and public health programs throughout, and following, the trachoma program. It is unrealistic to expect that activities and responsibilities can be "handed-over" at the end of the program to stakeholders not involved in their design and implementation; instead, discussions on the final stages of the program and the components to be transitioned to routine service delivery systems should be structured into a joint planning process. Towards the end of the program, the emphasis should shift from routine implementation to an explicit discussion on transition.

Table 1: Transition activities at the national level

Suggested activities	Scheduled date of completion	Status	Comments
1. Update the landscape/situational analysis undertaken at the start of the program to have a current picture of partner activities and location, coordination mechanisms and the extent to which F&E activities are delivered by the program and/or are embedded in other programs/services.			
2. Use the coordination structure already established at the start of the program (e.g. the trachoma/NTD taskforce with representation from WASH, health and education stakeholders, as well as trachoma/NTD representation in WASH, health and education coordination groups) to:			
a. Conduct meeting/s with all relevant stakeholders (including additional ones not regularly represented in coordination bodies) to ensure a shared understanding of the importance of transition.			
b. Appoint specific leads for the transition process and for technical support to districts.			
3. Facilitate progress reviews on F&E, including the above meeting/s as well as other methods to collect information on program progress such as interviews and small meetings/discussions.			
a. For all previously trachoma endemic districts, review progress at district level, comparing data from baseline survey (including on HH access to water and sanitation) with data from the impact survey to identify districts which may need particular attention. Include additional WASH data from the existing national and district WASH Management Information System to validate the information.			

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Table 1: Transition activities at the national level (continued)

Suggested activities	Scheduled date of completion	Status	Comments
b. Across all previously trachoma endemic districts, review current program activities that embedded into routine WASH, health and education programs (See "Trachoma-related activities to be incorporated into existing programs" below): i. Set out which activities can be sustained and what needs to be changed to align with the existing system in the respective sector (e.g. facial cleanliness incorporated into corporal hygiene messages, shift from focus on stopping open defecation to sustained sanitation access, operation in specific high-risk areas); ii. Identify and address gaps in existing programs in terms of F&E aspects not currently covered, or gaps in program entry points; iii. Develop a plan for communicating information to all relevant organizations and partners at the district level.			
4. Agree on a transition plan template that can be adapted for each district (a suggested framework is presented in Step 2 below). Include specific roles and responsibilities for implementation.			
a. Explicitly set out agreement on prioritising water and sanitation infrastructure investment in previously-endemic, high-risk populations.			
b. If not addressed during the program (from design stage), agree on: i. Key F&E behaviours that should be addressed through existing WASH, health and education programs, as well as the delivery mechanism, and; ii. Measures for adapting national level standards, guidelines and training programs (see "Embedding F&E behaviours and services into existing programs" below).			
c. Agree joint indicators to monitor continued progress on WASH coverage, access and use. Define how information will be collected and used and who is responsible for data collection (including embedding relevant indicators in existing monitoring systems).			
d. Embed key environmental indicators (access to water, access to sanitation, open defecation) into post-elimination trachoma monitoring activities as part of routine surveillance to ensure timely response to an unexpected increase in prevalence of active trachoma in a district; any response should include renewed/specific F&E efforts.			

Step 2: District level transition facilitation

Goal: Set up transition at district level of F&E interventions into WASH, health and education programs

The national process set out above should be reflected in relevant action at district level, acknowledging the crucial role of local government and other stakeholders in service delivery and decision making. All efforts should be made to provide clear transition guidance that supports local delivery and capacity of the WASH, health and education systems. Table 2 sets out the district-level transition process.

Table 2: Transition activities at the district level

Suggested activities	Scheduled date of completion	Status	Comments
1. Ensure local authorities and NGOs understand and recognise the importance of the transition process. Embed transition and post-elimination activities in the existing District WASH Coordination Committee and District health coordination group, LGA coordination groups and other relevant forums at the subnational level (state, region, province, and district). Where district trachoma task forces have been established, embed their functions in the existing WASH and health coordination structures. Utilize any other relevant structures such as sub-national NTD taskforces.			
a. Conduct meeting/s with all relevant stakeholders (including additional ones not regularly represented in coordination bodies) to ensure a shared understanding of the importance of transition.			
b. Appoint specific leads for the transition process.			
2. Facilitate progress review on F&E, including the above meeting/s as well as other methods to collect information on program progress such as interviews and small meetings/discussions.			
a. Review progress at district level, comparing data from the baseline survey (including on HH access to water and sanitation) with data from the impact survey. Include additional WASH data from the existing national and district WASH Management Information System to validate the information.			

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Table 2: Transition activities at the district level (continued)

Suggested activities	Scheduled date of completion	Status	Comments
b. Identify specific sub-populations and villages that require specific F&E interventions within the district.			
c. Identify current program activities that should be embedded into routine WASH, health and education programs if not already embedded. (See "Trachoma-related activities to be incorporated into existing programs" below). i. Set out which activities can be sustained, and what needs to be changed to align with the existing system in the respective sector (e.g. facial cleanliness incorporated into corporal hygiene messages, shift from focus on stopping open defecation to sustained sanitation access; operation in specific geographic hotspots/high-risk areas. ii. Identify and address gaps in existing programs in terms of F&E aspects not currently covered, or gaps in program entry points. iii. Review of findings from baseline and impact surveys and other sources of district WASH data (including District WASH Management Information System data, school WASH data, any school health program data collected) for assessing WASH improvement and discuss strategies to increase (local) funding for this.			
3. Draft a specific plan, based upon the considerations listed above, that include the specific steps to be taken, the timeline for each, and roles and responsibilities.			
4. Identify opportunities for embedding F&E considerations in existing district level monitoring mechanisms, as well as additional monitoring activities needed pre- and post-elimination.			

Embedding F&E behaviours and services into existing programs

Trachoma-related activities to be incorporated into existing programs

Implementation activities	Transition activities
Community based ■ Promotion of key behaviours through health outreach programs, social mobilization activities and mass media campaigns. ■ Increased access to basic sanitation through promotion of community open defecation status and latrine construction. ■ Increased access to reliable improved water supply to enable hygiene behaviours.	— Undertake, review or update the situation analysis developed for the design of the program to identify opportunities for delivery of behaviour change and infrastructure interventions. — Review WASH NGO materials to see if facial cleanliness messaging can be/ has been included. — Embed key behaviours including facial cleanliness in routine health outreach programs (such as health extension, village health clubs, mothers' groups and other community entry points as relevant to the local context and capacity). — Include key behaviours in WASH programs, campaigns and annual celebrations (e.g. Global Handwashing Day). — Continue monitoring of access to and use of improved latrines and handwashing facilities (including within post-elimination surveillance and monitoring). — Reinforce behavioural messages during MDA milestone celebrations. * *The choice of delivery channel should be based on the best fit with the other program's objectives as well as consider the roles and skills of frontline workers (healthcare workers, teachers, community promoters and so on).*
School-based ■ Inclusion of key behaviours in school curriculum. ■ Daily inspection of facial cleanliness of students. ■ Development of school-based promotional materials. ■ Embedding F&E in school health club activities and reporting. ■ Ensuring adequate water and sanitation facilities. ■ Training of teachers and PTAs on trachoma-related behaviours.	— Embed continued monitoring of facial cleanliness among school children in school health programs and reporting structures alongside other behaviours such as handwashing, shoe wearing, etc.

International Coalition for Trachoma Control (ICTC)

VISION:
Global elimination of trachoma as a public health problem by 2020.

MISSION:
To act as a catalyst for the implementation of the SAFE strategy in support of endemic countries' trachoma control programs.

ICTC has a highly committed and professional multi-stakeholder membership, including Non-Governmental Development Organizations, donors, private sector organizations and research/ academic institutions that demonstrate a commitment to GET 2020 and the WHO-endorsed SAFE strategy.

ICTC members at time of publication:

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