

Purpose and audience

This document has been prepared by the International Coalition for Trachoma Control WASH Practices Working Group. These are the ICTC’s principles for the implementation of water, sanitation and hygiene activities for trachoma elimination.

These Principles have been written to guide decisions on program partnerships, planning, and design for ICTC members. More broadly, they can be a resource for policy makers within national governments of endemic countries, for funders supporting trachoma elimination/neglected tropical disease initiatives and for affected communities.

Commitment to the full SAFE strategy

As partners within the Alliance for the Global Elimination of Blinding Trachoma by the year 2020 (GET2020)¹, we are committed to implementing the full World Health Organization SAFE strategy to achieve this goal. This means implementing targeted initiatives for **S**urgery for in turned eyelids, **A**ntibiotics to treat infection, and **F**acial cleanliness and **E**nvironmental improvement to reduce transmission.

Successful sustained elimination will not be achieved without effective and integrated F&E operating at scale. However, delivering F&E interventions successfully requires different approaches to those used for delivering S&A, and involves different stakeholders and implementers.

Not implementing the full SAFE strategy where needed will delay progress. A fragmented approach leads to duplication of efforts and waste of precious financial and human resources, and undermines sustainability.

Terms

In this document we use the term “F&E” to make reference to Facial Cleanliness and Environmental Improvement. Whilst these terms are often combined, each component needs to be considered separately and relative to the circumstances of the impacted communities.

ICTC Principles for F&E

Recognising that there are various WASH program models and limited evidence to support a detailed ICTC preferred practice for F&E, the ICTC, as a leader in the field of trachoma, has drawn from programmatic experience and available evidence to generate general principles. The following Principles should be used as a resource to inform programming and partnerships for F&E activities for trachoma elimination:

¹ Global Elimination of Trachoma by 2020. Elimination as a public health problem is defined for trachoma as <1 case of trichiasis per 1000 population and a prevalence of active trachoma (grade TF) in children aged 1–9 years of <5% (WHO, 2014: “Trachoma – situation and trends” http://www.who.int/gho/neglected_diseases/trachoma/en/)

Principle	What this means in practice
<p>1. Country ownership of national programs</p>	<p><u>In principle:</u> Ownership by national programs is a fundamental element of successful development and disease control. The actions of trachoma stakeholders should facilitate political and financial commitment by endemic country governments to support sustainable SAFE strategy implementation in accordance with national NTD and Trachoma plans. Partners should work in support of established national and international working groups and coalitions of key stakeholders and experts, such as GET2020 and national NTDs and/or trachoma task forces.</p> <p><u>In practice:</u> ICTC members</p> <ul style="list-style-type: none"> • Support national NTD and trachoma programs and their leadership in the implementation of government policy and programming initiatives for trachoma elimination and water and sanitation, e.g. Trachoma Action Plans, NTD Master Plans, and national water, sanitation and hygiene policies, strategies and plans. • Support national mapping initiatives to identify the prevalence of trachoma (active trachoma and trichiasis), clean faces and access to WASH services, and the consequent need for intervention. • Support links between national trachoma action plans and other national plans in health (including but not limited to other NTDs, eye health, nutrition, maternal, newborn and child health, WASH) education, local health system strengthening, economic and community development and other relevant sectors. • Undertake joint planning and delivery with WASH agencies, for example incorporating face washing into other hygiene messaging. • Support the transition from NGO/localised programming to government-led and owned national program operations.
<p>2. Sustainability</p>	<p><u>In principle:</u> Sustainability is about workable solutions based on community empowerment, indigenous knowledge and local capacity development. It aims to result in lasting benefits of improved access to water and sanitation infrastructure through sustained functionality and practice of good hygiene. Any national program designed without sustainability at its core will not deliver lasting change, and this will undermine its ability to achieve elimination of blinding trachoma. The ‘F’ and ‘E’ components are crucial for the sustainability of trachoma elimination efforts, as they address transmission at its core and contribute to the larger public health and development agenda. A key element of sustainability within the scope of trachoma programs is social and behaviour change.</p> <p><u>In practice:</u> Trachoma programs should explicitly include all components of the SAFE strategy and their delivery activities, rather than assuming that S & A implementers have the capacity to deliver F & E interventions, or that F & E components will be automatically delivered through existing water and sanitation programs. Hygiene promotion does not usually include promotion of facial cleanliness and sanitation programming does not guarantee environmental results in reduction of fly populations. Therefore routine WASH programming does not qualify as effective delivery of F&E.</p> <p>Trachoma programs must build capable and credible management and governance structures, provide support to develop policies, put in place the financing mechanisms for implementation and embed appropriate monitoring and evaluation functions in the national Management Information System. The programs should meet the needs of the</p>

	<p>population, taking into account social, political, economic and cultural considerations.</p>
<p>3. Partnership and participation</p>	<p><u>In principle:</u> Partnership implies that all stakeholders work together to achieve a common goal. The commitment to the elimination objectives of GET 2020 and its implementation through the national program remains the driving force of ICTC efforts; however, a common goal of improved public health can be adopted and owned by a broader group of health, education and WASH stakeholders. Trachoma programs must therefore understand these stakeholders' goals, and position and align trachoma strategies within the larger context of the country's development agenda. Sustained progress is more likely if stakeholders are engaged from the outset in the goal setting and implementation rather than expecting them to buy into an agenda in which they had not been involved.</p> <p><u>In practice:</u> Working effectively with national entities, stakeholders and communities means establishing transparent relationships, building trust, respecting each other's goals and objectives, and working with leaders to establish commitment and mobilize support.</p> <p>The capacity of individual stakeholders to participate as active partners may be limited by their available funding and this should not preclude participation. Explicit measures for ensuring participation should be built into project and funding arrangements.</p>
<p>4. Equity, inclusion and non-discrimination</p>	<p><u>In principle:</u> Trachoma affects the most marginalized, and blinding trachoma affects women the most. Building principles of equity, inclusion and non discrimination into programs from the outset can help ensure that programs are better targeted towards those who need them the most. It can also help ensure greater sustainability of any program successes. This means ensuring marginalised populations, such as women, people with disabilities and migratory or transient groups are able to benefit from increased resources for F&E and be involved in the decision making processes.</p> <p><u>In practice:</u></p> <ul style="list-style-type: none"> • Programs must recognize and respect diversity of communities and organizations, keeping in mind culture, traditions, power structures, demographic trends, history. • Promotion of inclusive approaches and equity in all its forms should be applied throughout the planning and implementation of SAFE initiatives and national programs, to achieve equitable and sustained benefits. • Agencies delivering programmes on the ground should work to ensure that all people who need to benefit from SAFE strategy implementation can be reached and offered access to SAFE components without discrimination. • Programs should be community-centred, by actively involving trachoma-affected communities in planning, decision-making, implementation, and relevant training, with explicit efforts to involve marginalized people.
<p>5. Integration</p>	<p><u>In principle:</u> Trachoma elimination programs cannot be undertaken in isolation of other NTDs or broader health and WASH programs. F&E interventions can be more effective, in terms of costs as well as outcomes, if delivered alongside or simultaneously with other NTD, WASH and health interventions.</p> <p><u>In practice:</u> stakeholders should aim to undertake joint planning and implementation of services where relevant and possible, to build on other programs that can have an impact on trachoma. New trachoma programs should consider WASH and other sectors in their design and implementation. This means a commitment to shared objectives as a starting point and other appropriate program approaches at various levels. Delivering</p>

	<p>an integrated program will require setting up formal groups or task forces that bring the different sectors or agencies together, in order to be able to conduct joint planning and implementation.</p>
<p>6. Use of evidence</p>	<p><u>In principle:</u> Advocacy and programming for the full SAFE strategy must be underpinned by the best available evidence, and timely data on disease prevalence, coverage and successful programmatic approaches. The importance of WASH for trachoma control is acknowledged; action on F & E should not be delayed because of dearth of trial data.</p> <p><u>In practice:</u> There is widespread acknowledgement that mass drug administration in isolation cannot eliminate blinding trachoma, and that successful control and elimination will require effectively tackling the barriers to F&E.</p> <ul style="list-style-type: none"> • We will seek to continue building and strengthening the evidence base on effective practices and update our guiding principles and practical toolkits accordingly. • Individual stakeholders should seek to contribute to the evidence base by (1) incorporating learning opportunities into their projects, (2) identifying and undertaking operational research and evaluation initiatives, (3) documenting and sharing experiences of both impact and effective transmission risk reduction, and (4) actively participating in annual program review meetings.
<p>7. Joint advocacy</p>	<p><u>In principle:</u> It is both important and urgent that the trachoma community advocates for implementation of the full SAFE strategy at scale. The role of advocacy for SAFE is to influence the nature, scope, and success of policy, programming and funding decisions for the successful implementation of the full SAFE strategy. Advocacy efforts should reinforce the importance of F&E at local, regional, national and international level, as well as highlight their cross-sectoral nature and relevance to wider international development processes such as post-MDGs discussions.</p> <p><u>In practice:</u> Joint advocacy means identification of the problems to be addressed and highlighting successes through:</p> <ul style="list-style-type: none"> • Shared messaging within the NTDs, health, WASH and education sectors. • Reframing messages to engage new audiences. This means considering broader implications of trachoma elimination in terms of poverty, women’s health, human rights and equity, etc. • Increased evidence of the importance of trachoma elimination for the achievement of the MDGs and key country priorities. • Focused advocacy on identified areas of least progress. This may include-programming, funding gaps, specific marginalized communities
<p>8. Context Driven Social and Behaviour Change</p>	<p><u>In principle:</u> Social and behaviour change is not limited only to F & E activities but encapsulates the full SAFE strategy; it enables positive behaviours associated with its implementation. Effectively addressing social norms and behaviours in a sustained and culturally acceptable way is fundamental for reducing disease transmission. This means making “being clean” the accepted social norm, as well as demanding access to and using effectively the infrastructure that supports this behaviour – water and sanitation. Behaviours and their underlying causes differ across different endemic national and sub-national contexts. These should be reflected in the behaviour change approaches, based on a robust understanding of the specific context in which they are delivered, taking into consideration social, cultural, economic, geographic, and resource considerations that underpin health. The approaches should be designed to also appropriately monitor and measure progress, and be aligned with the national trachoma and NTD communication plans.</p>

	<p><u>In practice:</u> Programs should be sustained and long-term, rather than project-based. They should be designed in a participatory way based on the local context, and use a variety of tools and methods that respond to this context. This may include social mobilization, cross cutting mass media and embedding in other behaviour change and education programs. This may mean working towards a behaviour change strategy in the context of broader health outcomes and system strengthening objectives such as NTDs, WASH, eye health, IMCI, nutrition, etc.</p>
<p>9. Tracking progress and measuring success</p>	<p><u>In principle:</u> Collecting detailed data at national and district level helps to monitor and track progress against global indicators and national milestones. Agreeing shared indicators and monitoring channels is an important aspect of strong partnership. Collecting data in relation to how programs are reaching specific marginalised groups can help ensure inclusive and equitable programme delivery.</p> <p><u>In practice:</u> Some SAFE data are already reported to the WHO through the annual Trachoma Monitoring Forms. However, the indicators and milestones for F&E are not sufficiently robust, and whilst some data are available on water and sanitation coverage at national level, they do not encompass all relevant F&E aspects and is not used to inform program design and resource allocation. This includes but is not limited to collection and reporting the prevalence of clean faces in children in parallel with TF.</p> <ul style="list-style-type: none"> • We will seek to strengthen our indicators and milestones for success on F&E in line with more detailed programming tools and resources. • Individual stakeholders should seek to collect input, process and outcome indicators, and strengthen existing management information systems across health, WASH and education and at national and district levels.
<p>10. Viable financing</p>	<p><u>In principle:</u> The success of national trachoma programs relies on viable financing arrangements. These arrangements have a bearing on the implementation of other principles, such as ownership, sustainability, and the ability to track progress. Ultimately, financial arrangements of trachoma programmes should support the financial and management capacity of national governments.</p> <p><u>In practice:</u> The current financing arrangements for trachoma elimination programs are likely to reflect a mix of public and private, multilateral/bilateral, NGO and foundation support. Long-term consideration of program financing (including for ongoing surveillance) should form part of the agreed joint planning and programming process at the national and sub-national levels. The sustainability of trachoma elimination hinges on increased and continued financial commitments to WASH and social behaviour change activities, including infrastructure and promotional aspects.</p>

Practical guidance for programming

A more detailed toolkit is in development and will be available for program planners and implementers by September 2014. To enquire about the toolkit please contact the ICTC WASH Practices Working Group: ictc-wash@googlegroups.com

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