Protocol and Methods for Trachoma Situation Analysis

Using a systematic process for understanding Face-washing (F) and Environmental Sanitation (E) for Trachoma programs

Johns Hopkins Bloomberg School of Public Health Center for Communication Programs

in collaboration with

Sightsavers International

and

International Coalition for Trachoma Control

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Overview:

The face washing and environmental improvement situational analysis is composed of several information gathering activities ranging from collation of quantitative data to conducting qualitative interviews with key stakeholders that influence face washing and environmental improvement. The collective information for this activity will be used to further guide F and E programing and activities within the context of the national Trachoma prevention SAFE strategy. This is meant to be a first step to developing a program approach to address F&E in your country, and will need to be followed by district focused analyses to understand the partners, resources, and existing WASH, trachoma and F&E activities taking place at district and sub-district levels before developing a detailed implementation plan.

How F & E is defined in this situational analysis.

It is well recognized that investment into sustainable water and sanitation infrastructure is critical to overall development. Tapping into local knowledge from the government and understanding community needs and preferences are also important sources for determining the most suitable type of water supply within each targeted region for each area. In the context of available funding for Trachoma specific interventions, F & E activities are defined as a set of targeted interventions primarily focused on behavioural change and the promotion of healthy behaviours and practices around hand and face washing, personal hygiene, environmental cleanliness and sanitation for the elimination of blinding Trachoma. This can be achieved through various mechanisms and interventions including:

- Creation and establishment of social norms, adoption of healthy practices and habits driven by community dialogue.
- Capacity building and infrastructure development* around water and sanitation (ie: construction, use, sustainability, and management)
- Development of tailored hygiene programs that serve to integrate and/or coordinate with existing NTD and Trachoma programs.

*In principle funding will be reserved for Social and Behaviour Change Communication (SBCC) activities unless specific interventions require minor hardware investments.

What components are included in the F & E situational analysis?

F & E analysis at the national level:

The national level assessment will explore the contribution of the national health policies, water and sanitation policies, and any other relevant health management systems or health services that create an enabling environment both at the national and district operational levels to effectively implement Trachoma control and hygiene and sanitation interventions.
Objectives:

- To review the national health goals, policies, strategies and plans.
- To assess the strengths and weaknesses of the institutional support systems.
- To assess the health service design and implementation strategies at the national and district level.
- To assess the flow of information and implementation materials to and from the national and district level.

Overall Topics to Include in Situational Analysis Checklist

I. Demographic, Climate, and Disease Information
II. Trachoma and WASH Coordination Information
III. Trachoma and WASH Tools
IV. Advocacy
V. Media channels

While mHealth is not officially a part of this F&E situational analysis checklist, users are strongly encouraged to take note of key opportunities for mHealth inclusion into F&E approaches. This may include notes on who the main technology players involved in country are and which technology players (or channels) might serve as a good resource for integrating mHealth and ICT into disseminating Trachoma prevention messages.

Selection of the F & E Situational Analysis Team:

- Someone with good trachoma & SAFE understanding
- Someone who has working knowledge of Social and Behavior Change Communication (SBCC)
- Someone familiar with the Trachoma program and SAFE activities in the country
- Someone with skills in public health/epidemiology who can assist with translation of results
- Someone familiar with WASH programming in the country

This is a recommended core group to be included in the overall situational analysis team. There may be some overlap of expertise among team members.

When answering these questions, if you do not already have the information available to answer each question, please utilize the source links at the end of this document to gather the information. These sources are credible international demographic information sources.
I. **Demographic and Disease Information**

1. How many districts (or equivalent) in your country are considered to be ‘endemic’ for Trachoma? What is the total population of these districts? Please attach as an annex a table of endemic districts showing the population of each.

2. What percent of the population is urbanized? (Urban) _______ (Rural) _____ Peri-urban) ______

3. How does your country define urban vs. peri-urban vs. rural populations?

4. Please provide additional demographic information about your country that a Trachoma manager should know about the demographics of the Trachoma endemic districts or regions:
   - number of children under 5
   - number of children 6 – 9 years of age
   - percent of boys, girls, and all children 6 – 10 attending school

5. What is the adult literacy rate? If possible, by district or region.
   Total _______ Male _______ Female ______

6. Using the Aqueduct Atlas ([www.wri.org/our-work/project/aqueduct/aqueduct-atlas](http://www.wri.org/our-work/project/aqueduct/aqueduct-atlas)), what is the overall ‘water risk’ for your country? Are there specific regions of the country that have a higher risk than others? If so, please name them here (along with their risk status) and highlight them in #7 as well.

7. What percent of the population in each Trachoma endemic district has access to improved safe drinking water sources and sanitation facilities? Please state when this data was collected.

<table>
<thead>
<tr>
<th>Districts</th>
<th>Access to improved water* (%)</th>
<th>Access to improved sanitation facility* (%)</th>
<th>% Population practicing open defecation</th>
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* Fill out this table using the standard definitions of ‘improved’ water, sanitation facilities, and open defecation found under: [www.wssinfo.org/definitions-methods/watsan-categories/](http://www.wssinfo.org/definitions-methods/watsan-categories/). Additional information may also be found under: [www.ntdmap.org/ntd/](http://www.ntdmap.org/ntd/)

***Where possible simple informative maps should be included as an annex.*
8. What are the current rates of TF, TT, Dirty Face* (DF), and MDA coverage in the Trachoma endemic districts? Please state when these data were collected.

<table>
<thead>
<tr>
<th>Districts</th>
<th>TT (%)</th>
<th>TF (%)</th>
<th>DF* (%)</th>
<th>MDA Coverage (%)</th>
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* It is understood that there is variance in the standardization of this indicator, but where possible, please include the data.

***Where possible simple informative maps should be included as an annex.

9. Please provide additional information on the local context that a Trachoma manager would find useful, particularly those factors that relate to health and development related to demographic information. Examples may include population densities around water sources, number of sanitation facilities available (number of households/people using one latrine), functionality of water and sanitation facilities and management committees, drought risk, rates of acute respiratory disease (link with DF), population mobility (e.g. nomadic/pastoralist populations).

10. What behavioural formative research on face and hand washing and latrine use has been conducted in the past 5 years? List all available online research reports, or the contact information for the point person to acquire copies of these reports.

11. Are there currently any performance monitoring plans in place for WASH programs (sometimes called Sector Performance Monitoring Frameworks)? Collect all relevant performance monitoring plans and specify whether or not any knowledge, attitude, or behavioral changes are being measured, or if the PMP is solely focused on process-related indicators (# of latrines build, # of trainings held, etc.).

II. Trachoma and WASH Coordination Information

1. Describe the Trachoma / Neglected Tropical Disease Coordination Team(s) that support the design and implementation of the Trachoma Action Plan at national, district, and sub-district levels. Who are the stakeholders represented on the Trachoma/NTD coordination team? How often do they meet?
2. Is there an organizational diagram, showing how this group works together? Please share the diagram.

3. Is there a country-level map or document that describes what WASH, hygiene or sanitation interventions are taking place in each region of the country (see Kenya WESTCOORD Map as example [www.wescoord.or.ke](http://www.wescoord.or.ke))? If so, please attach it to this report. If not, please begin to create a template that the Coordinating NGO can begin to fill out.

<table>
<thead>
<tr>
<th>District</th>
<th>Who’s doing the WASH, Trachoma or NTD work?</th>
<th>What type of activity (F&amp;E, WASH, MDA, TT surgery?)</th>
<th>Where in the district are they operating?</th>
<th>Who are they coordinating with?</th>
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<tbody>
<tr>
<td>District 1</td>
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<td>District 2</td>
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<td>District 3</td>
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<td>District 4</td>
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</tbody>
</table>

a. How widespread are WASH support staff structures. Where are they located? (district, sub-district, village, etc) Does the Ministry of Health have WASH staff/environmental health staff support at various levels (district, sub-district, village etc)?

***Where possible simple informative maps should be used.

b. Are there a set of by-laws and/or scope of work that clearly defines the role, expectations, and objectives of the Trachoma Task Force/NTD coordination group? Does it include anything to do with WASH activities?

c. Is there a governmental or non governmental task force or group for WASH coordination? Do the terms a reference for this group include anything to do with NTDs or Trachoma?

d. Is there an individual /organization represented in the WASH and NTD/Trachoma coordinating group that specializes in behavior change communication (BCC)?

4. Has the NTD/Trachoma coordinating group presented epidemiological data to WASH stakeholders to influence the planning and/or prioritization of interventions? If so, please give one or more examples.
5. Are there any WASH Guidelines and/or Strategies that are (or could be) used as a guide for F&E planning?

6. What is the structure of the national education system from Ministry of Education to primary schools?

7. Is hygiene education included in the national primary school curriculum and does it include face washing? When will the primary school curriculum be revised?

8. What other partners might be useful in contributing to and implementing programs for prevention and elimination of Trachoma? How could they be integrated into the Trachoma programme?

9. Are there any ongoing WASH-related Social and Behavior Change Communication (SBCC) campaigns that are being conducted at the national, district or sub-national level that might serve as a launching point for F&E related messages?

III. **Behavior Change Communication (BCC) Tools and Approaches for Trachoma and WASH**

1. Are there any communication strategies for WASH, F&E, or trachoma control/elimination (collect and share with BCC team)? Who is implementing these strategies?

2. Which of the following approaches are used for trachoma and/or F&E communication:
   
   a. School-based programming
   b. Community based programming
   c. Mass media approaches
   d. Social marketing approaches
   e. Community Led Total Sanitation

3. Describe the tools that currently exist in country that support Trachoma control (SAFE) and WASH from both the government and NGO sector (collect and share with BCC team, as per the sample table below):

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Quantity</th>
<th>Distribution</th>
<th>Production Quality (high, medium low)</th>
<th>Quality of messages (good or poor—provide rationale)</th>
<th>Language and audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNICEF</td>
<td>Brochure</td>
<td>125,000</td>
<td>37,500 to</td>
<td>High</td>
<td>Good but</td>
<td>Communication</td>
</tr>
</tbody>
</table>
a. What materials are available at district/school level for hands and face washing and hygiene/sanitation promotion?

b. Are these materials available to key stakeholders that are implementing the SAFE strategy for Trachoma prevention and elimination? What is the process involved for IPs in obtaining these materials and adapting them to the materials they are developing?

c. Who in the Ministry of Health is responsible for development and distribution of communication materials on Trachoma and/or WASH?

d. What is the process within the government for approving health and WASH communication strategies and materials?

*Quality of tools and messages should be assessed by a trained health communication specialist to determine whether tools/materials and messages are developed in-line with fundamental social and behavior change communication standards that include (but are not limited to) measures of a) technical accuracy, b) presentation of actionable information, c) literacy and cultural considerations, d) a specified call to action, e) encouraging social dialog, f) dispelling myths/rumors, g) ensuring that messages are consistent throughout materials (and with communication strategy, if available), h) that graphical elements are consistent among materials, and i) that it is clear which target audiences are the tools or messages being intended for.

IV. Advocacy

In order to effectively plan advocacy strategies it is important to look closely at both the environment in which advocacy activities will happen and the specific issues and barriers that need to be addressed for face washing and particularly environmental improvement at all levels in the country. This section is not intended to develop the full advocacy plan for the SAFE strategy but rather to provide key background information and to identify current advocacy strategies.

1. Is there an advocacy component in either the national NTD strategy or Trachoma Action Plan (TAP)?

2. If so, what are the main advocacy objectives and how are these being monitored/tracked for Trachoma control in the country? (Reference National NTDs strategy as well as Trachoma Action Plan)

3. Are there prominent political or popular figures who have championed Trachoma or eye care of WASH in the past?
4. What other initiatives compete for funding and political influence? Please describe those you see in action at the a) household, b) community, c) district/state, and d) national levels that you feel impact a Trachoma program’s ability to be effective in improving F&E.

5. Who are the primary decision makers influencing water sanitation and hygiene at the national, regional, and community levels for Trachoma endemic areas? Do these individuals have a say in Trachoma planning and decision-making? If so, who are they and how do they contribute at the individual and institutional levels?

V. Media Channels

This may be presented in a table by region/district and nationally:

1) Radio stations that broadcast in each trachoma endemic district/region or nationally.
2) Percent of people listening to the radio at least once a week by sex, age, district/region
3) TV stations that broadcast in each trachoma endemic district/region or nationally.
4) Percent of people viewing TV at least once a week by sex, age, district/region
5) Percent of people who read at newspaper at least once a week by district/region.
6) Percent of people who own mobile phones by age and sex and district, if possible
7) Provide a mobile phone network coverage map, showing the major mobile phone providers coverage by district
8) What other local media is used in the districts (eg. town criers or “walking radios”, film/video halls, drama groups, etc.)?
SOURCES
USAID, Measure Demographic Health Survey Report (DHS)
www.measuredhs.com/ (WASH information usually found on Chapter 2 – Household Environment)

WHO, World Health Statistics

Trachoma Atlas
www.Trachomaatlas.org/

CIA World Factbook
www.cia.gov/library/publications/the-world-factbook/

WHO / UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation
http://www.wssinfo.org

NTD Mapping Tool
http://www.ntdmap.org

Global Atlas of Helmith Infection
www.thiswormyworld.org

Water for People- AKVO Flow- conditions of water points (Uganda & Malawi)
http://watermapmonitordev.appspot.com/

Aqueduct Atlas- Water Risk
http://www.wri.org/our-work/project/aqueduct/aqueduct-atlas