Situation Analysis for the Trachoma Control Programme

Face Washing & Environmental Change (F & E)

Kenya

(Abridged version)

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The full report of the Situation Analysis for the Trachoma Control Programme
Face Washing & Environmental Change (F & E) is available.
The Trachoma Situation in Kenya

Trachoma is the commonest cause of infectious blindness in the world, responsible for loss for vision for 1.3 million worldwide and an additional 1.8 million with low vision.\(^1\) In Kenya, Trachoma is the cause of blindness for 19% (47,500) of the estimated 250,000 blind persons in the country.\(^2\) It is endemic in 18 administrative districts, placing an estimated 7.3 million people at risk.\(^3\)

Baseline surveys have been conducted in the eighteen endemic districts (now called counties) and the prevalence of trachoma established. They include: Narok, Kajiado, Baringo, West Pokot, Samburu, Meru North in June – July 2004, Laikipia in 2007, Turkana, Kitui, Mbeere, Mwingi, Transmara, and East Pokot, Upper Eastern (Isiolo and Marsabit) between 2010 - 2012. Some of these counties have been recently sub divided into new counties as follows: - Kajiado (Loitokitok, Kajiado), Laikipa (Laikipa East, Laikipia West, Laikipia North), Samburu (Samburu East, Samburu West and Samburu Central), Baringo (Baringo, East Pokot), Narok (Narok South, Narok North).\(^4\)

The Trachoma endemic regions have challenges of perennial water shortages, dry and dusty environment, inadequate sanitation, poor hygiene and poverty. Survey results indicate that the districts/counties have communities with both infectious (TF) and blinding trachoma (TT). Trachoma is indicated to be a focal disease making it difficult to generalize survey results from one district to another or even for an entire region.

Of the 47 counties that came into being following the promulgation of the new constitution, 12 have been confirmed to be trachoma endemic. Of these, the TF prevalence was ≥30% in three counties; 10% to 30% in three counties, and 5-10% in six counties. Potentially blinding trachoma (TT) is a district-wide public health problem in most of the surveyed districts. In these districts, there are 48,710 adults aged 15 year and older with TT and are in need of immediate surgery to prevent blindness.\(^5\)

1.2 Trachoma Risk Factors

Trachoma is linked to poor personal and community hygiene, and is often associated with poverty. Particular risk factors include:
- Lack of education about the importance of environmental cleanliness and personal hygiene, especially about facial cleanliness in children.
- Crowded living conditions; infected people living in close contact with others are at greater risk of spreading infection.
- Poor access to water; households at greater distances from clean water sources are more susceptible to infection.

\(^1\)Kenya Trachoma Action Plan 2011 – 2020, Ministry of Health
\(^2\)Prevalence of Trachoma in Six Districts of Kenya
\(^3\)Prevalence of Trachoma in Six Districts of Kenya
\(^4\)Ibid
\(^5\)Ibid
• Poor sanitation; populations without access to latrines and who practice open defecation have a higher incidence of the disease.
• Flies: People living in areas with high fly populations may are more susceptible to infection. The flies that spread Trachoma breed in human and animal faeces.
• Young age: infection is more common among preschool children as these children do not clean their faces very often, and frequently defecate in the bush. The dirty faces among these children - discharge from their eyes and noses - attract flies which breed in human feces and carry trachoma from person to person.

Prevalence of Trachoma in Kenya

*In total 67/70 districts have been surveyed for trachoma in Kenya between 2004-2010 using TF as a clinical indicator.

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1.3 Pertinent Issues for F & E interventions

Several studies have been conducted to determine factors influencing attitudes and practices including the Turkana and Marsabit Trachoma Projects, Kenya Knowledge, Attitudes and Practices Study and the West Pokot Survey Report on Attitudes, Practices and Knowledge Relating to Facial Cleanliness, Improvement of Environmental Hygiene and Trachoma.

From the findings of these studies, a summary of important issues for consideration when planning F & E interventions is:

- Access to water and particularly potable sources of water is low.
- Access to improved sanitation is also considerably low, with open defecation (OD) levels in some of the districts of up to 70%.
- Communities report varying levels of knowledge of Trachoma. Some have local names and some knowledge about risk factors while others mix up its presentation with other diseases. There is poor knowledge in most places regarding the progression of Trachoma.
- Washing the faces of young children is not routine.
- Many of these communities live in extremely crowded conditions, with women sharing relatively small spaces with a number of children.
- Insecurity problems associated with cattle rustling result in livestock being kept relatively close to the homestead and younger animals being kept within the home.
- Being predominantly pastoral communities in dry lands, lifestyles are nomadic. This impacts negatively on possible interventions to prevent Trachoma. School attendance of children of school going age is low, hence losing out on possible benefits of hygiene education for children. Additionally, there is no motivation to improve homesteads or living conditions as they are usually on the move.
- Pastoral lifestyles promote the presence of flies. Milk and animal waste attract flies, making it difficult to control them.
- Schools emphasize hand washing with soap for diarrhea prevention. Face washing is currently not promoted.
- Trachoma is not covered in the national school curriculum, so children are not taught about it. Teachers in the endemic areas are aware of Trachoma but health interventions within the National School Health Policy such as deworming, nutrition and WASH take priority in terms of teaching time and extra-curricular activities. Many schools have WASH clubs, for instance.
- The primary mode of communicating information is Inter-personal (IPC). Regular meetings, barazas, market days, church, community activities such as women’s groups; burials; marriage ceremonies are regular events.
- Ownership of radios is relatively high, and local channels are preferred. The channels are accessible to men, women and children and are very similar in all sites. Those who listen to radio do so daily. Television is almost never watched.
- Chiefs have considerable influence.

2.0 The Policy Environment for Implementing Facial Cleanliness and Environmental Improvement
2.1 Environmental Sanitation and Hygiene
The right to sanitation is specifically recognized in the Country’s Constitution. Environmental sanitation is addressed through several policy documents; The Kenya Health Sector Strategic Plan (1999 - 2004), The Health Sector Strategic Plan (2005 - 2010) and the National Environmental Sanitation Hygiene Policy (2007). The latter was developed to guide strategic thinking towards attaining sanitation hygiene coverage for all by 2015. The National Environmental Sanitation Strategy indicates that attaining the policy objectives of improved sanitation will require a strengthened coordinating mechanism for all sanitation and hygiene sector players at policy and implementation level to ensure that advocacy, social mobilization, M&E are responding and informing the process. The objectives have been included in the Annual Operational Plans (AOPs) since 2011-2012. Other supporting documents are the Community Strategy 2006 which gave greater responsibility for preventative health care to communities.

Relevant approaches include:
1. Community Led Total Sanitation (CLTS); CLTS is a demand driven approach which aids households and communities to build their own latrines. Over 1,870 villages (population of about 120,000) have been certified as ODF. 6
2. School-based programming – Many F & E interventions exist through School WASH which is provided for and guided by the School Health Policy. Under the Kenya Education Sector Support Programme (KESSP 2005-2010), funding for infrastructure, recurrent costs and improved practice in water, sanitation and hygiene was increased. The Ministry of Education provides training for teachers. 7 In several Trachoma intervention areas, water tanks for roof catchment have been installed in schools; leaky tins have also been introduced, while demonstration latrines have been constructed in Laikipia, Samburu, and Narok and Kajiado districts. The launch of infrastructure by Trachoma Programs often goes hand in hand with social mobilization activities amongst the community and the school fraternity. School WASH presents considerable and viable opportunity for integration with Trachoma.
3. Community based programming – This is currently underway in several areas with implementation mainly done through local non-governmental organizations. Water availability is promoted through piping from surfaces and construction of sub surface dams amongst others.

2.2 The Water Sector
The Constitution recognizes that access to safe and sufficient water is a basic human right. The current legal framework for the Kenyan water and sanitation sector is based on the Constitution and the Water Act of 2002. The Act introduced reforms based on the following principles:
- The separation of the management of water resources from the provision of water services;
- The separation of policy making from day to day administration and regulation;
- Decentralization of functions to lower level state organs;

6 WSP Kenya Market Intelligence Brief 2013
7 Kenya School Health Policy
• The involvement of non-government entities in the management of water resources and in the provision of water services.

Since 2003, fundamental restructuring of the sector has taken place and led to the creation of new institutions.

i. Ministry of Environment, Water and Natural Resources (MENWR- policy environment

ii. Water Services Boards – provide access to water and sanitation at regional level.

iii. Water Services Trust Fund (WSTF) – provides financial assistance towards capital investment costs for marginalized communities in high poverty areas.

iv. Water Services Regulatory Board – oversight for water services (piped water and sewerage)

v. Water Resources Management Authority - conservation and management of water resources.

Roles and responsibilities are currently being redefined within the new devolution framework. Counties must however budget for the recurrent and development costs of water service provision. The National Trachoma Task Force - NTTF should undertake strategic engagement with the Water sector for a better understanding of roles in the sector and enhanced collaboration with relevant institutions particularly the Water Services Boards during the devolution transition phase.

2.3 Collaboration with the Water, Sanitation and Hygiene Sector (WASH)

Various mechanisms exist for collaboration with the Water Sanitation and Hygiene Sector (WASH).

a) The Interagency Environmental Sanitation and Hygiene Inter-Agency Coordination Committee

WASH is coordinated at national level by the Interagency Environmental Sanitation and Hygiene Inter-Agency Coordination Committee (ICC). It draws its participation from Government ministries, international development agencies and local non-governmental agencies. Its general objective is to raise the profile of water, hygiene and sanitation for all in order to meet the Millennium Development Goals in Kenya. The ICC’s activities focus on regional learning and exchange, sharing local experiences and strengthening partnerships between the ICC, district WASH forums and local programs.

The ICC could serve as an entry point into networking to integrate the F & E agenda into WASH. Specifically for consideration is integrating face washing with hand washing messages at national and county/district level as well as greater collaboration on approaches such as CLTS and ODF. Engagement with the ICC should however be made in regard to the changing dynamics under the devolution process where decision making is now decentralized.

b) The Water and Environmental Sanitation Coordination (WESCOORD)

WESCOORD is a national multi-agency emergency co-ordination body on water and environmental sanitation focusing on multiple interventions during emergencies and establishing preparedness for emergencies. It brings together various agencies active in responding to the water, sanitation and
hygiene (WASH) needs of populations in 22 priority districts, both arid and semi-arid, affected by drought, floods, conflict, food insecurity and water borne diseases. WESCOORD was established to deal with emergency issues, but bears structures that can provide for networking with relevant actors at county level. Informal networking is underway by Trachoma Control to identify and concretize opportunities for engagement with WESCOORD. Not all counties however have WASH partners reporting to WESCOORD. Narok and Kajiado Counties do not report to the body while its activities in Samburu are compromised by the state of insecurity.8

**Collaboration with Community Health Services (The Community Strategy)**

Community Health Services also referred to as The Community Strategy represents a deliberate effort to strengthen community participation in health interventions at local level. The Community Strategy presents opportunities for Trachoma Control as its vision and structure facilitates local level interventions that are community driven and for which solutions are identified locally. Given the high illiteracy levels and the requisite need for behavior change, the possibilities presented by piggybacking onto this structure are numerous and will possibly be strengthened by the devolution process.

### 3.0 Trachoma Control and Coordination

Trachoma is one of the Neglected Tropical Diseases (NTDs) in Kenya. NTDs are not included in the Health Sector Strategic Plan and as a result receive little or no funding. Even at the previous planning level - district level Trachoma was not covered in the district plans due to lack of funding. Trachoma is also not provided for in the School Health Policy. There is therefore no guidance for its implementation in schools compared to diseases such as Schistosomiasis which is covered in the School Health Policy.

**Trachoma Coordination at National level**

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8Kenya Trachoma Situation Analysis Report 2014 (draft)
Roles

The NTTF is responsible for disease control, human development, and eye care research and infrastructure investment. It also deals with national and international issues such as drug procurement through ITI and resource mobilization. The NTTF advises on implementation of Trachoma control in the country, reporting to the National Prevention of Blindness Working Group. It meets on a quarterly basis to review activities. Implementation is done at County level under supervision of the NTFF.

At county level, County Trachoma Taskforces have recently been set up with specific terms of reference but following in the structure of the NTTF. These task forces are currently developing implementation plans. Members of the taskforces include County Directors of Health, the County Public Health Officers and the Eye Care Coordinators. Effective collaboration has been established with the Ministry of Education particularly at county level. Primary eye care is also handled with the support of the Community Strategy including activities such as training of Community Health Extension Workers and Community Health Workers and promoting the leaky tin concept.

3.1 Challenges to Facial Cleanliness and Environmental Sanitation

Challenges related to the F & E components of Trachoma control identified within the Trachoma Action Plan (2011 – 2020) include:
• Limited access to water and particularly potable sources of water. The spread of populations over large expanses of land poses challenges in the supply of potable water.

• Low access to improved sanitation. Trachoma endemic counties make up seven of the 10 lowest ranked counties in regard to access to improved sanitation.

• Inadequate implementation of the full SAFE strategy. The focus of many Trachoma programs is surgery and antibiotic administration.

• Inadequate funding to support F & E. Trachoma has previously not been covered under the Health Sector Strategic Plan. It is not covered within the School Health Policy hence there is no policy to support its implementation in schools.

• Cultural practices of pastoralist communities present several challenges in the effort to control Trachoma:
  o Limited investment in permanent infrastructure such as latrines owing to nomadic lifestyles and little motivation to improve homesteads or living conditions.
  o Keeping of animals promotes the presence of flies. Milking and dispersed animal faeces make it difficult to control flies.
  o Many of these communities live in extremely crowded conditions facilitating the spread of disease.
  o Insecurity problems associated with cattle rustling result in livestock being kept relatively close to the homestead. Younger animals are also kept within the home.
  o Lifestyles of the communities make it difficult to employ mitigation measures against the severity of risk factors. For instance low school attendance by children of school going age is impacts on access to hygiene education for them.
  o Owing to the high levels of poverty experienced by these communities, much of their time will be spent on tackling very basic needs. Hygiene issues are likely to be secondary.
  o Many adults within these communities are illiterate and can therefore not be addressed through written materials, which are often cost effective when used for awareness.
  o Weak cross-border collaboration which may encourage cross-border transmission of active trachoma and return of infection in the treated areas

Coordination:
The National Coordination office appears under resourced in regard to staff and equipment.

Inadequate collaboration between NTTF and other players in Government ministries and departments including those in the Ministry of Health who can play catalytic roles in Trachoma Control.

4.0 Communication Channels

Kenya has 31.3 million mobile phone subscribers according to the national communications regulator, the Communications Commission of Kenya quarterly statistics report for the period July to September 2013. According to a 2009 survey of more than 32,000 respondents from across Kenya, 85% of respondents used a mobile phone, although only approximately 44% owned their own phone. As a group, phone sharers were mainly female (65%) and spouses of the heads of households (60%). Individuals who did not use a phone at all were also primarily female (81%), married (62%), had no education (40%), and/or were illiterate (62%).

Kenya’s high mobile phone penetration indicates the possibilities for communication through mobile phones particularly in reaching hard to access rural populations. Increased ownership of phones is attributed to increased signal coverage in the arid lands. Unfortunately, areas covered are mostly within a short radius from trading centers with transmission masts. The high levels of illiteracy may also hinder communication through SMS.

Radio is widely accessible in the Trachoma endemic districts, as indicated by the large number of stations broadcasting there. According to the 2008/2009 Kenya Demographic and Health Survey, 77% of women and 87% of men in Rift Valley listened to the radio at least once a week. Some 46% of men and 30% of women in Rift Valley Province watched television at least once a week; and 38% of men and 24% of women in Rift Valley Province read a newspaper at least once a week.

The Ministry of Health and partner organizations have developed a number of Trachoma communication materials, which are analyzed in the full report.

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5.0  Recommendations for F & E

1. A comprehensive Trachoma Communication Strategy to guide SBCC interventions in support of the full SAFE strategy should be developed. The strategy should integrate F&E messages with S and A messages, so all people receiving antibiotics or surgery are also educated about sanitation and facial cleanliness, and about how Trachoma is spread and prevented.

2. To implement the full SAFE, the scope of behavior change interventions will have to be tailored to cultural beliefs, practices and lifestyles of communities.

3. Design of F & E interventions should be driven by the local context and not geographical location. KAPB findings indicate diverse and localized behaviors.

4. Advocacy for Trachoma Control should be elevated through a structured advocacy strategy for national and county levels. Both levels should improve the visibility, participation and funding for the Trachoma elimination campaign.

5. Important audiences to be addressed through advocacy at county level include County Executives for Health and Water and health personnel players; CPHOs, County Community Health Focal Persons (Community Health Services) and Water Services Boards. The latter determine priorities for water supply and should be engaged as strategic partners for F & E even as roles and responsibilities under devolution are clarified.

6. Collaboration with the WASH sector could support the Trachoma program in up-scaling F & E without commensurate investment. Elements could include face washing messages on materials developed by WASH partners, and inclusion of face washing in school WASH programming.

7. Strategic engagement and cooperation with the Ministry of Education for incorporation of Trachoma into the School Health Program. Lessons should be borrowed from the Kenya National Deworming Programme.

8. To scale up implementation of SAFE, NTTF should prod Trachoma Control players towards implementing the full SAFE directly or through partnerships.

9. Trachoma communication should use interpersonal communication approaches reinforced through locally produced radio programming to cater for low literacy rates and cultural diversity.

10. Indicators for F & E should be developed and integrated into the proposed “improved national M & E strategy” as proposed in the Trachoma Action Plan. Activities of WASH players should be included in this.

11. Documenting lessons learnt and information sharing could support the efforts of program managers within the Trachoma program.

12. Partnership with the private sector for support to interventions, for instance F & E message dissemination through telecommunications companies.
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