Welcome to the NNN Conference 2020

Accelerating to 2030: Building Resilient NTD Programmes in a Changing World

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Virtual Event

8th – 10th September 2020

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Billy Weeks (2016, Chikwawa, Malawi)

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Introducing the NNN beginner’s guide to field communications

Collecting stories about neglected tropical diseases
A beginner's guide to field communications
What’s in an NTD story?

NTD stories should authentically capture the impact of NTDs on people and communities. All stories should consider:

- Challenges
- Vulnerability
- Anxiety
- Dignity
- Hope
Preparing for the story

- Always ask for permission before conducting an interview or taking photos/video
- Ensure people know that access to interventions is not dependent on them agreeing to an interview
- Explain the purpose of interviews, photographs and video (for example: to develop materials for community awareness and fundraising purposes, so that more people can receive NTD interventions)
- Obtain consent for all people you interview in line with your organisation’s consent policy (this is usually done with a consent form). Consent can be withdrawn by individuals even after materials have been collected
- Prepare a checklist that includes when and where an event occurred happened and who was involved
- Remember “who, what, where, when and how” are the critical questions to answer in any story. Think about your audience!

See Annex 1 for a checklist to help with your communications preparations.

Annex 1: Field communications checklist

- Talk to communications staff at your organisation about your work
- Plan who you want to interview and photograph
- Ensure you have equipment to take photos and record interviews
- Prepare a checklist with interview questions and other desired content
- Ask your organisation for consent forms
- Ensure people are comfortable being interviewed and photographed
- Provide consent forms to all people interviewed or photographed
- Ensure quotes gathered include the question asked
- Ensure photos are tight, light and bright!
Quotes

**Do:** Ask questions that encourage descriptive answers

**Don’t:** ask questions that require “yes” or “no” answers

**Question:** When did you start to lose your sight?
**Answer:** “Last week.”

**Question:** When did you start to lose your sight and what changes did you notice?
**Answer:** “I started to lose my sight last week. At first, my eyes were sore and then things became blurred.”
Photos

Remember these three words:

**Bright:** Make your photo bright and colourful. If necessary, increase the exposure.

**Tight:** Tightly crop your photo on the main subject, with minimum background distraction.

**Light:** Photos should have a positive tone. Try to capture uplifting photos rather than sad or artistic photos.
Simple photos and stories

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Toolkit acknowledgements

Sincere thanks goes to all NNN members who contributed to this toolkit. In particular, the NNN thanks the International Coalition for Trachoma Control, ILEP, Sightsavers and The Fred Hollows Foundation for their contribution to this toolkit. A special thanks goes to Rosa Argent, Alison Hill, Tim Jesudason and Rebecca Mintrim.

Presentation acknowledgements

Special thanks also goes to Tim Jesudason, Aparna Barua Adams, Kelly Bridges, Sumon Ray and Alison Hill who supported the development of this presentation.
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Supporting Girls and Building Resilient Communities for NTD elimination
The burden of NTDs is higher in women and girls

Girls are held back due to:
- Care duties
- House duties, e.g. water collection
- Farm work

This leads to:
- Higher exposure to NTDs
- Missed school days
- Early marriage and pregnancy

“Everyone wins when children — and especially girls — have access to education. An educated girl is likely to increase her personal earning potential and prepare herself for a productive and fulfilling life, as well as reduce poverty in the whole community.”

- Angelique Kidjo

Girls are the key:
we must empower girls to break the poverty cycle!
Building resilient communities through NTD programmes

❖ **Layered interventions**
  - Education, WASH, SRH, Nutrition, Climate & Environment
  - *Geshiyaro*: gender-segregated school latrines for MHM
  - Potential to layer agriculture, environment with WASH & NTDs

❖ **Integrated efforts**
  - Combined, concerted messages and interventions are more effective
  - *Geshiyaro*: water infrastructure to reduce water collection time
  - *National Deworming Ethiopia*: handwashing and face-washing

❖ **Local ownership**
  - Locally designed solutions to locally identified problems
  - *Geshiyaro*: soap production in WASH business centres
  - *Geshiyaro*: supporting microfinancing for small WASH projects
Building resilient communities through NTD programmes

❖ Tailored interventions
  ▪ Increasing programme reach and equity
  ▪ AcceleraTE: female surgeons to increase TT surgery outreach
  ▪ DIF: sub-national microplanning

❖ Sustainable solutions
  ▪ Building capacity for a long-term strategy
  ▪ GW Eradication: local programme capacity key during covid-19
  ▪ Geshiyaro: community-led maintenance of water infrastructure

❖ Problem-solving
  ▪ Tackling the root causes and amping up the ambition
  ▪ GW Eradication: tethering dogs and tracking baboons
  ▪ Geshiyaro: breaking transmission of STH & SCH
  ▪ AcceleraTE: innovative strategies to speed up progress
With thanks to our partners...

- Federal Ministry of Health – Ethiopia
- Sightsavers
- The Carter Center
- The END Fund
- World Vision Ethiopia
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Cross-Country Approaches for Service Delivery Integration with Education and Health for Sustainable NTD Programming

Arielle Dolegui
Technical Advisor, Health – World Vision
USAID’s Act to End NTDs | West Program

Stephen Omunyidde
Technical Director – World Vision
USAID’s Act to End NTDs | West Program
NTD Sustainability Approaches: Service Delivery Integration with Education and Health

An Approach to Sustainable NTD Control and Elimination

– Overlapping target population increases access to schoolchildren
– Available infrastructure can reach children beyond MDA
  ▪ Platforms for health education
  ▪ Linkages to health services
– Teachers are interdisciplinary
– Schools align with decentralized health system for local-level implementation
Ghana: Education Bridges WASH and NTDs

**WASH in Schools**
- GHS: policy guidance, training, and technical assistance
- GES/SHEP: hygiene promotion in curricula, school health clubs, monitoring, and advocacy
- Integrating NTDs into WASH activities and messaging
- High School Health screening supported by the Family Health Division

**School-based Deworming (MDA)**
- Teachers administer drugs
- Teachers & District Medical Officers sensitize community and parents
- GHS monitors deworming
- Joint review for quality improvement post-event

**Coordination**
- Jointly hold annual teacher training
- Updated National School Deworming Manual for Teachers
- SHEP participates in NTDP annual work planning and review meetings
Senegal: NTDs Integrated in School Curricula

**Health Education**
- PAQUET-EF requires curricula to include NTDs and prevention
- DCMS strategic partner for integration of NTD messages into BCC

**School-based Deworming (MDA)**
- Deworming and Vitamin A Supplementation every 6 months
- Teacher mobilization
- Press releases for awareness-raising

**Coordination**
- DCMS attends DLM coordination meetings
- DCMS and MEN on Health Project National Steering Committee, co-chaired by MSAS and Ministry of Water and Sanitation
Sierra Leone: NTDP Engages School Feeding Program

School-based Deworming (MDA)
- SCH/STH control programs began as school-based deworming programs; MOU with MBSSE to extend coverage
- School Feeding Program (MBSSE) prepares a meal for children before treatment
- Teachers trained on NTD messages

Coordination
- Stakeholders planning meeting - District Directors of Education and Community Teacher Associations participate in district and local planning
- School Health Program is under Directorate of Primary Health Care in MOHS
Strengthening NTD & Education Collaboration

Sustainable control and elimination of NTDs requires going beyond MDA

- Formalize the collaboration – Develop a joint and targeted action plan for cross-sector collaboration
- Integrate both NTD & Education priorities into sector policies and strategies
- Leverage existing health and WASH education materials and BCC to integrate NTD messages
- Through the Education sector, NTDs reach children; through children, their parents; through their parents, the community
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Kenya NTD Partner Mapping: Harmonizing program interventions & impact measurement at the county-level in Kenya

Girija Sankar
Associate Director, Partnerships & Communications, Children Without Worms

Rapid Fire Session
9th September 2020
Presentation outline

- Context
- Challenge
- Partnership mapping
- Online community
- Next steps

Photo Credit: Sanjaya Dhakal for CWW
Context

• > 25 M affected by at least one NTD in Kenya

• Diseases include trachoma, Soil Transmitted Helminth Infections (STH), & Schistosomiasis (SCH)

• Multiple domestic and global partners working on NTD elimination

• National-level technical advisory groups

Photo Credit: Cara Tupps for CWW
Challenge

- Challenges in program implementation timelines
- Differing disease surveillance methodologies
- Coordination at the national level not reflected at the county level

Photo Credit: CWW
Partner Mapping

February 2020
Meeting of partners at the STH and SCH technical advisory group meeting in Nairobi, Kenya

March 2020
Online platform established

February – April 2020
Partner/stakeholder mapping

May 2020 – Now
MOH, partners and donors harmonizing surveillance and program implementation
<table>
<thead>
<tr>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<tbody>
<tr>
<td><strong>Primary Activity in Kenya</strong></td>
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<tr>
<td>M&amp;E technical support through BTS baseline survey design and implementation for community-wide STH &amp; SCH prevalence and intensity</td>
<td>Geographical Focus in Kenya</td>
<td>Time Period</td>
<td>Survey/M&amp;E Methods</td>
<td>Organizational Capacity/Capability</td>
<td>COVID contingency preparedness</td>
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<td></td>
<td>Vihiga, Bomet, Narok counties</td>
<td>September 2019-current</td>
<td>Integrated Community-Based Surveys for Program Monitoring</td>
<td>STH (and NTD) M&amp;E capacity strengthening, donor</td>
<td>Following MOH lead on risk assessments</td>
</tr>
<tr>
<td>M&amp;E technical support through BTS baseline survey design and implementation for community-wide STH &amp; SCH prevalence and intensity</td>
<td></td>
<td></td>
<td>Integrated Community-Based Surveys for Program Monitoring</td>
<td>STH &amp; SCH M&amp;E capacity strengthening</td>
<td></td>
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</tbody>
</table>
| SCH mapping and MDAs, M&E Technical assistance to MOH-NTD through secondment of MEL advisor, support LF MMDP, Support coordination of NTD activities, VL control activities | Coastal regions (Mombasa, Kilifi, Kwale, Lamu, Tana River and Taita Taveta) for LF MMDP and SCH and Turkana, Baringo, West Pokot, Marsabit, Wajir, Isiolo, Mandera, Garissa and Kitui (VL endemic counties) for LF MMDP | May 2017 to Mar 2012 - 2015 | Routine programme monitoring | Support
| Supports National School Based Deworming Program (27 counties) | Bomet, Bungoma, Kisii, Nakuru, Homabay, Kakamega, Kericho, Kilifi, Kirinyaga, Kisii, Kisumu, Kitui, Kwale, Lamu, Machakos, Maua, Migori, Mombasa, Ndhi, Narok, Nyamira, Siaya, Taita Taveta, Tana River, Trans Nzoia, Vihiga and Wajir | | | |
| Supports the National Program to Eliminate Lymphatic Filariasis (coastal region - 6 counties) | Kwale, Lamu, Mombasa, Kilifi, Tana River and Taita Taveta | 2016 - current | | Donor |
| Supports subnational interruption of transmission of STH and SCH through BTS (4 countries) | Vihiga, Kakamega, Bungoma, and Trans Nzoia | 2020 - current | | TRD |

**Points of Contact**
- Cara Tupp, Associate Director of Programs
- Girija Sankar, Associate Director for Partnerships
- Jasmine Irish, Senior Program Associate

**Contact**
- Elodie Yard - Regional Manager, Duncan Ochol - Kenya Country Lead
- Ana Gabriela Power - Senior Program Director
- Ivy Ssempele - Senior Associate, Programs
Next steps

• Actively tracking COVID contingency preparedness at the county level

• Harmonizing disease surveillance methods

• Sharing disease prevalence and program implementation data under the leadership of the Kenya NTD Program, Ministry of Health

Photo Credit: Sanjaya Dhakal for CWW
To join this community....

Kenya_NTDpartners@googlegroups.com

Resource available at
https://childrenwithoutworms.org/resources/
Acknowledging our many partners

THE END FUND
Johnson & Johnson
amref health africa
The Fred Hollows Foundation
gsk
Sightsavers
Kenya Red Cross
CROWN AGENTS
ntd-ngonetwork.org
Harambee
STH Coalition
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BILL & MELINDA GATES foundation

SCI Foundation

IMPROVING HEALTH UNLOCKING POTENTIAL

NLR

cbm

THE CARTER CENTER

MITOSATH

UPLIFTING THE DIGNITY OF HUMAN LIFE

Sightsavers

WaterAid

footwork

The International Podoconiosis Initiative

UNITING TO COMBAT
NEGLECTED TROPICAL DISEASES

fhi360

THE SCIENCE OF IMPROVING LIVES

International Foundation for Dermatology

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Guidelines for the Management of Post-operative Trachomatous Trichiasis (PTT)

Fikreab Kebede, MD, MPH
Senior Technical Advisor, MOH-Ethiopia
On behalf of the National PTT Expert Group

9th September 2020
PTT: Definition and Magnitude

- **Definition**: Presence of >1 eyelashes touching the eyeball or evidence of recent epilation of in-turned eyelashes from the upper eyelid that has had trichiasis correction surgery in the past.

- **Magnitude**:
  - **Overall**: PTT risk at one-year: 20% - 40% (7.4% at 1 year to 62% at 3 years) [*Multiple studies in Africa*]
  - **Global**: TT cases from surveys 10% - 75% [*WHO 2nd Global Scientific Meeting on Trachoma*]
  - **Ethiopia**: 15% of the TT cases from Trachoma Impact Surveys conducted in 134 Enumeration Units [*MOH-Ethiopia*]
  - **Amhara region**: 24.7% at 2 years after surgery [*Saul N. Rajak et al, 2013*]
Challenges in PTT management

- Gap in standard protocols for management of PTT

- Diverse PTT clinical presentations and unanswered questions:
  - What type of management is most appropriate for the different clinical presentations/PTT Grades?
  - Who should deliver the service?
  - What type of trainings are required for ophthalmic practitioners to manage PTT?
Aim of this presentation

- Present Ethiopia’s PTT management guideline for cross-learning and improvement.
# PTT Grading

<table>
<thead>
<tr>
<th>Grading</th>
<th>Grading Description</th>
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<tr>
<td>PTT0 (None)</td>
<td>- No eyelashes touching the eyeball and no evidence of epilation.</td>
</tr>
<tr>
<td>PTT1 (Minor PTT)</td>
<td>- Any number of misdirected/metaplastic eyelashes touching the eyeball AND no entropion.</td>
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<tr>
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<td><strong>OR</strong></td>
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<td></td>
<td>- Evidence of epilation in &lt;1/3\textsuperscript{rd} of the horizontal eyelid length AND no entropion.</td>
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<td></td>
<td><strong>OR</strong></td>
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<td></td>
<td>- ≤ 5 eyelashes touching the eyeball PLUS mild entropion.</td>
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<tr>
<td></td>
<td>- Mild/minor entropion: eyelid margin is visible between eyelash bases and eyeball for at least 2/3\textsuperscript{rd} of the horizontal eyelid length.</td>
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PTT grading ...

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<tr>
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<th>Grading Description</th>
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</table>
| PTT2 (Major PTT) | o >5 eyelashes touching the eyeball, OR epilation of >1/3 rd of the eyelid, PLUS mild entropion.  
                                              OR  
                                              o ≥1 eyelash touching the eyeball with moderate or major entropion.  
                                              o Moderate entropion: eyelid margin between the eyelash bases and eye not visible in 1/3 rd to 2/3 rd of the eyelid but without eyelid shortening or thickening.  
                                              o Major/total entropion: Eyelid margin between the eyelash bases and eyeball not visible in >2/3 rd of the eyelid but without eyelid shortening or thickening. |
| PTT3 (Complicated PTT) | o ≥1 eyelash touching the eye AND with moderate , OR major entropion with shortening, OR thickening of the eyelid.  
                                              AND/OR  
                                              o Any level of entropion with eyelid closure defect.  
                                              AND/OR  
                                              o PTT eyes with a history of ≥2 surgeries on the same upper eyelid. |
Post-operative trichiasis management algorithm for eyes with PTT ≥2 weeks after initial TT surgery

PTT Cases Presenting to Eyecare Unit

Eye Examination

PTT 0
Advice for follow-up & discharge

PTT 1
Pre-management Counselling
Epilation by IECW & epilation training

Pre-managed Counselling
Corrective surgery using PLTR by trained IECW or midlevel eye-care workers

PTT 2
Pre-managed Counselling
Corrective surgery by Oculoplastic Surgeon or trained Ophthalmologist

PTT 3
Pre-managed Counselling
Electrolysis by Oculoplastic Surgeon or Ophthalmologist for those not benefiting from surgery

Refused Epilation Management

Refused Surgical Management

Refused Electrolysis Management

Post-management and refusal counselling

Follow-up

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PTT management training

- Patient's and care takers training on how to epilate - instruction and demonstration
- Ophthalmic cadres training
  - Epilation techniques for PTT management
  - Surgical techniques for PTT management
  - Counselling
  - Live practice on counselling, epilation, surgery
With thanks to our generous sponsors and contributors

- Ministry of Health - Ethiopia
- National Trachoma Task Force - Ethiopia
- Ethiopia PTT Expert Technical Group [Dr Wondu Alemayehu (Lead), Dr Menbere Alemu, Dr Esmael Habtamu, Dr Emily Gower, Dr Meseret Ejegu, Dr Fentahun Tadesse, Dr Alemayehu Sissay, Dr Fikreab Kebede]
- Our reviewers and contributors [Dr Anthony Solomon, Dr Amir Bedri Kello, Dr Paul Courtright, Prof Caleb Mpyet, Prof John H Kempen]
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