Clean hands, Clean face and a Clean homestead keep trachoma away.

Radio Design Document for Trachoma Prevention in Uganda
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BACKGROUND

Communication for Development Foundation Uganda (CDFU) was contracted by the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU-CCP) under the Ugandan Trachoma Social and Behavior Change Initiative to assist with development of materials to communicate about the “F” (Facial Cleanliness) and “E” (Environmental Improvement) components of the SAFE strategy for Busoga and Karamoja regions of Uganda. The SAFE (Surgery; Antibiotics; Facial Cleanliness and Environmental Improvement) strategy is a four pronged approach developed by the World Health Organization (WHO) to eliminate blinding trachoma worldwide by 2020. This radio design document is designed to guide the development of radio programs that support the SAFE approach.

GLOBAL OVERVIEW

Trachoma, a neglected tropical disease, is endemic in fifty-six (56) countries. Caused by the bacteria chlamydia trachomatis, trachoma affects about eighty million people worldwide with the majority of cases found in poor rural communities (Rog et. al., 2011). Trachoma is prevalent in communities that have inadequate water supplies, poor infrastructure for sanitation and limited health services. Poor personal hygiene behaviors, open defecation and dirty faces among children are a common pathway for transmission (Taylor, 2008). Blindness results when trachoma is left untreated. Trachoma is the leading cause of preventable blindness.

Infection and transmission of the disease can be reduced by implementation of the World Health Organization’s (WHO’s) SAFE strategy. The strategy aims to eliminate trachoma as a public health problem by the year 2020. The strategy involves the use of surgery (S), antibiotics (A), facial cleanliness (F) and environmental sanitation (E) interventions (World Health Assembly, 1998; Mariotti and Pruiss, 2001).

TRACHOMA IN UGANDA

Trachoma is endemic in 36 districts in Uganda and nearly 250,000 people are at risk of blindness due to Trachoma. An estimated 700,000 children under the age of 10 years have active disease and about ten million people are at risk of being infected. Results from a survey conducted by Sight Savers and Lions Aid Norway (Uganda MOH, 2006) showed that prevalence of TF and TT in all the surveyed districts was >20% and >4% respectively; trachoma remains uncontrolled in areas of high prevalence. Trachoma elimination through mass treatment with Zithromax began in 2007 and to date, over 12.8 million people have received this treatment. This research focuses on two regions in Uganda with high trachoma prevalence: Busoga and Karamoja.

KARAMOJA REGION

Located in Northeastern Uganda, this region extends over 27,900 square kilometers and has a population of 1,107,308 with about half of the population under the age of 18 (Knaute and Kagan, 2008). The region is mostly a semi-arid plain with harsh climate and low annual rainfall. Karamoja has the worst socio-economic indicators in Uganda.
for health, education and infrastructure development. According to the Situation Analysis for the Trachoma Control Program, 2014, the adult literacy rate for the region is 63% and 23% for men and women respectively compared to the national average of 76% for men and 64% for women. The prevalence of Trachoma Follicular (TF) in the region is high - at more than 57% for each of the seven districts. The highest prevalence districts are Kaabong, Abim and Kotido at 65.7%. The Uganda Demographic and Health Survey (UDHS 2011) data also indicate that in Karamoja, a large proportion of the population is poor - with 79.2 % in the Lowest Wealth Quintile.

**BUSOGA REGION**

Located in Eastern Uganda, this region extends over an area of 17,815.9 square kilometers, and has a predominantly agrarian population of 3, 211, 0101 (UBOS, 2009). The area has a lot of migration due to economic hardships and food shortages fueled by poor crop yields. The prevalence of Trachoma Follicular (TF) in the Region ranges from 2.3 (Buyende) to 20.1 (Luuka and Namutumba) - Source: Situational Analysis for the Trachoma Control program, 2014).

**FORMATIVE RESEARCH**

Findings from formative research carried out by JHU·CCP in the Moroto and Iganga in 2013 indicate that while most people believed trachoma had to do with poor personal hygiene, and some related it to flies, they had limited knowledge about the cause, transmission pathway and relationship to personal behaviors, environmental sanitation, trash and dung.

Most people knew the signs and symptoms of the disease (even where they didn’t know about trachoma, just referring to it as ‘eye sickness,’) and they recognized that trachoma doesn’t discriminate on lines of age, status, gender and education.

They had good knowledge of consequences and listed for example altered eyesight, blindness, altered quality of life due to blindness/poor sight. Though some people gave answers which showed that they knew the causes of trachoma – mentioning poor sanitation and hygiene (there was a lot of talk about dirty children), the research found that most people did not have adequate knowledge about the causes of the disease.

There was a knowledge gap among some people as they related trachoma to other illnesses like yellow fever and measles. They also likened it to the presence of other eye irritants like grain and coffee dust, smoke from wood cooking and paraffin candles (“tadooba”). Others related it to dirty dust from roads (for example as vehicles pass) and farming (digging up the earth) mostly during the dry season.

The research draws out low individual efficacy for prevention of trachoma, resulting in fatalistic attitudes. Some people believed it was hereditary, caused by witchcraft; airborne or spiritual causes were responsible for the spread of trachoma. Many felt they were not in position to prevent the disease.

In Moroto, few households in the study had latrines. Even where latrines existed, respondents revealed there were some cultural beliefs that discouraged their use. For example, it is believed pregnant women may drop their unborn babies into the latrine;
women of child-bearing age may become barren if they use the latrine; the reason why children should not use latrines was not clear. In Iganga, women are not supposed to share a latrine with their fathers-in-law as a sign of respect.

Cleanliness is not considered very important. As such, some people revealed that washing children’s faces is taken as a waste of time (and water, where water was scarce). In addition, some communities in Karamoja travel very long distances in search for water leading to scarcity and rationing of the water for household use, or resorting to use of non-potable water for hands and face washing.

Individual and household lifestyles are said to be responsible for putting communities at risk of trachoma transmission including household tasks that take away children’s caretakers from home, handling of human and animal waste, close attachment to animals and open defecation.

THE PROBLEM

Trachoma remains a problem in Karamoja and Busoga regions due to prevalent practices of poor hand and face washing, poor environmental sanitation, scarcity of potable water for household use, little confidence in people’s ability to change that situation, and inadequate understanding at community level about the causes, modes of transmission and means of prevention.

THE GOAL

The radio programs are aimed at creating awareness about trachoma and the linkages between face washing and hand washing with soap/ash and water, poor personal hygiene practices, latrine use and prevention of blinding trachoma. The radio programs will also focus on motivating heads of households, caretakers and community leaders in Karamoja and Busoga regions to understand and adopt proper personal hygiene and environmental sanitation so that the incidence and prevalence of trachoma are reduced and blindness from trachoma is eliminated by 2020. The goal of the program will be to move the people in these regions away from current unhealthy hygiene practices like open defecation, and not washing faces of children with ocular and nasal discharge.

OVERVIEW OF THE COMMUNICATION STRATEGY

Whereas the “S” and “A” components of the SAFE strategy have been successfully implemented in Uganda, face washing and environmental improvement (“F&E”) have had limited attention resulting in high rates of trachoma recurrence. Available research highlights the importance of “F” and “E” in addressing the prevention, control and eventually elimination of blinding trachoma.

A communication strategy was developed to guide the communication campaign on the “F” and “E” components of the SAFE strategy. Interventions target both individual households and communities, with women/caretakers and heads of households (men) as the primary audiences and school children, health workers and community leaders as the secondary audience. The strategy focuses on promoting correct and consistent hand and face washing behaviors, and avoiding open defecation through proper use of latrines and, where no latrines are available, proper disposal of human waste.
Communication channels outlined in the strategy include:
1) Interpersonal communication such as village meetings, community dialogues conducted by members of Village Health Teams (VHTs) and local leaders, and community level education sessions.
2) Mass media such as radio spots, print materials and radio programs.
3) Group communication such as drama, dance and song.

Radio programs were identified as one of the ways to communicate messages about trachoma. Radio is not only a strong mechanism for communication to rural populations, but it is also a powerful way to capture the attention of an audience, entertain and provide educative messages.

**JUSTIFICATION FOR THE CHOSEN MEDIA**

1) Wide audience; radio reaches many people in Busoga and some areas of Karamoja
2) Does not require electricity, can use batteries or solar power
3) Popular and easy to access (one can listen with neighbours/friends)
4) Appropriate for those who can’t read and write
5) Can be used for entertainment and education (enter-educate)
6) Call-in shows help the audience to participate and get involved
7) Can reach "difficult hard to reach" communities, particularly in Busoga region
8) Radios are convenient and portable e.g. can be taken to the garden
9) One can listen while doing something else
10) Can be used by all ages including children
11) In Uganda, radio is a credible media
12) Can help facilitate communication between parents, spouses
13) Can be utilized by large groups

**TARGET AUDIENCES**

**PRIMARY AUDIENCE:**

1) Heads of Households

These are mostly men with basic or primary education (less educated among the Karamajong). They reside in rural communities and sometimes own a radio, sometimes a phone and in Busoga, a bicycle. In Busoga they are mainly peasant farmers and among the Karamajong, mainly herdsmen. Their favorite hang-outs are drinking joints, under shade trees and the market on market days. They are often not good role models in terms of their own personal hygiene. They are absent from home for most of the day and do not supervise or enforce hand and face washing practices among their children. However, they have more access to information (e.g. through the radio and phone) and can influence uptake of positive behaviours in the homestead.

2) Caretakers aged 15-49

These are mostly mothers who take care of children in the home. They have a lot of work and sometimes leave the homes early for the garden before ensuring the children wash their faces in the morning.
SECONDARY AUDIENCE:

1) School Children
Hand washing among school children after latrine use is low due to lack of hand washing facilities, water, and soap. Face washing is uncommon among non-school going children, as those attending school are said to wash their faces at least in the morning before departure from home. They do not share information about trachoma prevention with parents due to lack of information and the social distance between parents and children. However, they are known to be a good vehicle to share information with the households, particularly among their younger siblings.

2) Community Leaders
These are generally men with low levels of education, engaged in farming or herding as a means of earning some income, may own a bicycle and radio. They include Local Council (LC) officials, religious leaders, traditional leaders, manyatta heads (in Karamoja), and VHTs.

3) Health Workers
Mostly involved in health education and treatment of trachoma. They give out drugs during MDAs.

OVERALL OBJECTIVES FOR THE RADIO PROGRAMS

The radio programs will contribute to an increase in the number of household heads, caretakers and community leaders who:

1) Are empowered and knowledgeable about facts on trachoma (transmission and prevention) and are able to discuss these issues with other community members and within their own household.
2) Can have open discussions about trachoma with family members and community members.
3) Know the importance of facial cleanliness, hand washing and maintaining a clean environment and its relationship to blinding trachoma.
4) Spearhead family/community discussion about adopting good personal hygiene (hand and face washing, latrine use, and keeping a clean homestead environment in order to prevent blinding trachoma.

NUMBER OF PROGRAMS

The proposed number of programs will be 7 and this Design Document covers content for all the programs. NOTE: The 8th program will be a question and answer session to wrap up the programs.

DURATION OF EACH PROGRAM

Each program will last one hour (at least 20 minutes to be spent on question and answer session).
FORMAT OF THE RADIO PROGRAMS

The programs will be live talk shows to allow the audience to participate. A technical resource person will be present at every show to educate the target audience about prevention of trachoma through facial cleanliness and environmental improvement. Testimonies of people who have been affected by trachoma should be included in each program. Recorded spot messages should also be played within the program (at the start, middle and after the program).

**Note:**
People who recovered from the disease will be invited to the talk shows together with the technical person to share their own experiences, give testimony and alert the community about signs, transmission, prevention and treatment.
## PROPOSED MAIN TOPICS AND SEQUENCE FOR THE RADIO PROGRAMS

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PROGRAM NO. 1

TOPIC OF DISCUSSION

What is Trachoma?
Definition of trachoma
Signs and symptoms of trachoma, relationship between trachoma and blindness

Measurable Objectives: After this program, the audience will:

Know:
   a) That trachoma is a contagious eye disease that is caused by a germ and is widespread in communities that:
      i) have poor sanitation; and
      ii) have poor hygiene.
   b) The signs and symptoms of trachoma.
   c) That trachoma can cause blindness if not treated
   d) That trachoma can be prevented and it can be cured.

Do:
   a) Discuss with family members, neighbors and the community at large about the signs and symptoms of trachoma and how to prevent it.
   b) Seek medical advice and/or treatment from a health care worker at the nearest health centre if you present with or see signs of trachoma among your family members.

Feel
   c) Confident that with the knowledge they have about causes and transmission of trachoma, they can prevent it;
   d) Motivated to seek medical advice and/or treatment from a health care worker at a health centre;
   e) Concerned about trachoma because it can lead to blindness.

Purpose:
   • Create awareness about trachoma and its consequences leading to blindness.
   • Educate the public about the cause, signs and symptoms of trachoma.

Content

NOTE:
A person from Karamoja/Busoga who suffered from trachoma explains what signs she/he got and the expert complements the information.

   • Trachoma is a contagious eye disease that is caused by a germ/bacteria. Untreated trachoma or repeated infections can lead to blindness. Trachoma is the leading cause of preventable blindness.
   • Trachoma can be prevented and it can be treated.
   • Trachoma is widespread in communities that:
      o lack adequate sanitation/ have poor sanitation;
      o have a lot of flies; and
      o have poor hygiene.
• The disease mostly affects children under 10 years of age and women who care for the children.
• The likelihood of contracting trachoma in Karamoja/Busoga is very high because the prevalence of the disease in the region is high; there is also the common practice of not washing childrens’ faces who have nasal and/or ocular discharge, keeping cattle in close proximity and the practice of open defecation.
• The signs and symptoms of trachoma are:
  o Red sticky and sometimes painful eyes;
  o Infection of the conjunctiva which makes the white part of the eye appear red;
  o Watery discharge from the eyes;
  o Itchy eyes;
  o Repeated infections change the shape of the eyelid forcing the eyelashes down toward the eyeball. The eyelashes rub the eyeball and this causes irritation.
• A person with the above signs and symptoms should seek medical advice and treatment from a health care worker at the nearest health centre for proper diagnosis and appropriate treatment.

PROGRAM NO. 2

TOPIC OF DISCUSSION

Transmission of trachoma:
Modes of trachoma transmission, focus on flies, fingers, fomites and feaces (open defecation). Linkage between hand and facial cleanliness and trachoma; linkage between proper use of latrines and trachoma

Measurable Objectives: After this program, the audience will:

Know:
How trachoma is transmitted and the factors that are responsible for transmission of trachoma

Do:
a) Discuss with family and community members the different ways in which trachoma is transmitted
b) Take measures to prevent further spread of trachoma in the home and the community

Feel
a) Confident that with the knowledge they have, every individual can make a contribution towards eliminating trachoma in their home and community;
b) Motivated to seek treatment and or advice from a healthcare worker at the nearest health centre in order to stop further spread of trachoma.

Purpose:
To educate the audience about the various ways in which trachoma is transmitted.

Content
NOTE:
A person who suffered from trachoma explains how she/he or their child got trachoma. Would be good to use an example where another member also got the disease to emphasize linkage between facial & hand cleanliness and open defecation to the spread of trachoma. It is recommended to also have a health worker who can explain how trachoma is transmitted/spread.

1. Trachoma is a contagious eye disease that is caused by a germ/bacteria. If left untreated, it can lead to permanent blindness.
2. Trachoma can be transmitted in the following ways:
   i) Open defecation in and around households attracts and breeds flies which carry the trachoma germ and spread trachoma. Flies are attracted to the discharge on the eyes and nose of children and carry the trachoma germs to other people’s eyes. The flies that breed in feaces are the ones that spread trachoma. A dirty latrine attracts flies that transmit trachoma from one person to another. Here is how you can prevent trachoma:
      o Using the latrine and keeping it clean helps to reduce the number of flies carrying the trachoma germ.
      o Anyone can safely use a latrine, even pregnant women. It is extremely unlikely that a woman will lose her baby while using the latrine.
      o If you have no latrine, you should defecate in a hole well away from the homestead and cover it well with soil. Animal dung should also be disposed of in this same manner.
      o The head of the household must ensure that family members avoid open defecation, wash their hands after using the latrine using water and soap and keep the homestead free of animal dung.
      o Keeping the latrine clean, smoking it daily and covered with a lid helps to keep flies that spread trachoma away.
      o Every member of the family and community should ensure that their home and homestead is kept clean.
   ii) Sharing a piece of cloth that may have the trachoma germ, to wipe your face or clean children’s faces puts one in direct contact with the germ that spreads trachoma.
   iii) Rubbing your eyes with dirty hands puts one in direct contact with the trachoma germ if the hands are contaminated.
      o Dirty faces attract flies that carry the trachoma germ and contribute to repeated infections of trachoma.
      o Women and child caretakers are especially vulnerable to trachoma because they spend more time with the children infected with trachoma.
      o Washing faces properly with soap and water (at least twice daily in the morning and in the evening and whenever the face is dirty) will help control and prevent the spread of trachoma.
      o Proper face washing with clean water and soap kills germs and bacteria that spread trachoma.
      o Washing hands with soap or ash and clean water kills germs and bacteria that transmit trachoma. It is critical to wash hands with soap and water before feeding/eating and after cleaning a baby as well as and after using the latrine.
      o Within the homestead, people should avoid sharing the use of the same piece of cloth/towel to wash or dry the face and sharing it with children to prevent the transmission of trachoma.
o Maintaining good personal hygiene by washing hands and face with clean water and soap and use of latrine and proper disposal of feaces and other waster that attract flies will help to control and eliminate trachoma.

PROGRAM NO. 3

TOPIC OF DISCUSSION

Complications and effects of untreated trachoma:
The complications and undesirable consequences of untreated trachoma – blindness, poverty, lack of productivity etc...(testimonies from people who have been affected due to trachoma)

Measurable Objectives: After this program, the audience will:

Know:
  a) The complications and consequences associated with trachoma.
  b) That untreated trachoma can lead to permanent blindness.

Do:
  • Seek treatment and/or advice from a healthcare worker at the nearest health centre to prevent and avoid the complications of trachoma so that they are able to work and be helpful to the family and society.
  • Seek surgery if their eyelids are already turned in, causing irritation to their eyes.

Feel
Concerned that untreated trachoma can lead to permanent blindness that will disrupt individual, family and society’s normal way of life, make them unproductive thus leading them to become poor.

Purpose:
Educate the audience about the undesired effects of untreated trachoma and motivate them to seek prompt advice and or treatment for a trachoma free life.

Content

NOTE:
A person who suffered from trachoma and got blinded (could be both eyes or one) explains what she/he went through.

• Trachoma is a contagious eye disease that is caused by a germ/bacteria and if left untreated can lead to permanent blindness.
• Untreated trachoma after several years can cause:
  o In-turning of the eye lids so that the eyelashes rub against the eyeball, causing irritation. Overtime, this irritation causes scarring of the eyeball, which makes the eye cloudy. Once the eye is cloudy, the person can no longer see, and there is no way of restoring his/her sight.
  o When a person’s eyelids turn in, before the eyeball becomes cloudy, a doctor can repair the eyelid so that it no longer turns in. The Ministry of Health is
starting a massive program to provide such surgery to thousands of people who would otherwise go blind.

- For people who have trachoma that has not yet caused their eyelids to turn in, there are antibiotics/medicine that health workers can provide. This medicine cures trachoma before it causes blindness.

- Herbal medicines should not be used to treat trachoma - cow urine does not treat trachoma. Untreated trachoma can lead to blindness.

- A person with signs and symptoms of trachoma should seek treatment and/or advice from a healthcare worker at the nearest health center to prevent complications associated with the disease, and to have surgery for those who have scarred eyelids and are in danger of becoming blind.

- Trachoma has many terrible effects on families:
  i) It can lead to blindness.
  ii) There is increased risk of transmission to other family members and neighbors in the community.
  iii) Blinding trachoma strains family resources because family members may have to stop any form of gainful employment to look after relative at home.
  iv) The inability to productively engage in society may result in the disruption of family life.
  v) Repeated infections can disrupt a child’s schooling because of frequent absenteeism.
  vi) Repeated infections and blinding trachoma can lead to isolation by the community.
  vii) There is probability for increased drop-out rates of children from school because they have to take on household responsibilities that may include looking after blind relatives.

A person with trachoma should complete treatment and follow the advice that has been provided by the health worker. In addition, the person should make sure she/he washes hands and face with water and soap and also avoids open defecation (uses the latrine) to prevent re-infection with trachoma.

**PROGRAM NO. 4**

**TOPIC OF DISCUSSION**

Dispeling myths, misconceptions and cultural practices associated with the spread of trachoma.

**Measurable Objectives:** After this program, the audience will:

**Know:**

- That some of the information is/and beliefs they have about trachoma within the community are not true.
- Some cultural practices put people at risk of trachoma and subsequent blindness.

**Do:**

Discuss and dispel myths, cultural practices associated with trachoma.
• Confident that they have the right knowledge and information about how trachoma is spread.
• Motivated to dispel myths, misconceptions about trachoma and some of the cultural practices that can put people at risk of getting trachoma.

Purpose
a) To dispel the myths, misconceptions and cultural practices associated with spread of trachoma.
b) To motivate community members to seek correct information about trachoma in order to prevent it.

Content
• Trachoma is a contagious eye disease that is caused by a germ/bacteria and if left untreated can lead to permanent blindness.
• Trachoma is not caused by:
  i) Witchcraft
  ii) God’s will
  iii) Hereditary (from parents)
  iv) It is not found in the air/dust.
• It is not hereditary: you will not get trachoma because your father, mother, family member has the disease. However, if you do not keep your face and hands clean, and do not avoid sharing towels and cloths with others in your family who have trachoma, you can get it.
• Every human being has the power to prevent trachoma by keeping their face and hands clean, and avoiding open defecation.
• You are likely to get trachoma if you come into direct contact with discharge produced from the eyes of an infected person, or through contact with contaminated objects such as towels and clothes or from flies that land on your face.
• The best way to avoid being misinformed is to get proper information from a health worker at the nearest health centre.
• Trachoma is a contagious eye disease caused by a germ. It is spread by flies, dirty hands or cloths.
• Trachoma can be transmitted in the following ways:
  i) Flies are attracted to the discharge on the eyes and nose and carry the trachoma germs from a person who has trachoma to other people’s eyes. Open defecation provides a breeding ground for flies which transmit the germ that causes trachoma to other people’s eyes.
  ii) Sharing a piece of cloth that may have germs to wipe your face or clean children’s faces puts you in direct contact with the germ that spreads trachoma.
  iii) Rubbing your eyes with dirty hands can put you in direct contact with trachoma germs from your hands.
• A dirty environment attracts flies which carry the germ that spreads trachoma from one person to another. Open defecation provides breeding ground for flies (reasons for open defecation include: not using the same pit latrine with in-laws as a sign of respect; fear that pregnant women who use latrines risk dropping their unborn babies into the latrine or becoming barren). NOTE: These reasons should be discussed at length in order to tackle the cultural issues.
• Clean hands, faces and clean environment around the home contribute to efforts to eliminate trachoma.
• Health workers are equipped with information about how to prevent trachoma.

PROGRAM NO. 5

TOPIC OF DISCUSSION

Prevention: How Trachoma can be prevented and controlled in your home and your community

Measurable Objectives: After this program, the audience will:

Know:
• How trachoma can be controlled and eliminated in the community.
• That everyone has a role to play in the control and elimination of trachoma in the home and community.

Do:
• Discuss with family and community members about how trachoma can be controlled and eliminated in the community.
• Promote actions at family level aimed at preventing trachoma.

Feel:
  a) Concerned about trachoma, an eye disease that can present problems in the family and in the community.
  b) Motivated and confident that they can do something to control and eliminate trachoma in the family and community.

Purpose:
• To educate the audience about how trachoma can be prevented and controlled.
• To motivate the audience to take measures to prevent trachoma.

Content

NOTE:
Testimony of a person from a family that practices the promoted behaviours: facial & hand cleanliness and using pit latrines to prevent trachoma. This person should be from a community that has other families who have had trachoma.

c) Trachoma is a contagious eye disease that is caused by a germ/bacteria. If not treated, it can lead to permanent blindness.

d) The Ministry of Health implements the SAFE (Surgery; Antibiotics; Facial Cleaning & Environmental Improvement) strategy to control and eliminate trachoma. The strategy was endorsed by the World Health Organisation to eliminate trachoma worldwide by 2020. NOTE: emphasis of this radio program should be on the “F” and “E” components of the SAFE strategy.

e) Components of SAFE strategy:
  i) ‘S’ represents Surgery:
• The surgery is a minor operation performed on the eyelid to restore eye lashes to their normal position.
• Surgery is performed on individuals at immediate risk of blindness.
• Normal eyelashes do not slant and rub into your eye which causes irritation, pain and discomfort.
• Turned-in eye lashes lead to blindness. All persons with turned-in eye lashes are advised to seek medical advice and/or treatment from a health care worker at the nearest health centre.
• Treatment relieves pain and can stop one from becoming blind.
• If the eye is damaged because of turned in lashes, surgery does not restore sight.
• After surgery, every patient is advised to report for post operational treatment to ensure proper healing.
• People who have had surgery can get trachoma again if they and their family do not take care to wash their faces and hands, and avoid open defecation.

ii) ‘A’ Antibiotics:
• The commonly used form of antibiotic treatment in Uganda is Azithromycin tablets.
• All drugs should be prescribed by authorised medical personnel.
• A person at risk of infection or infected should complete the dose as prescribed by the health care worker.
• Medicines for the prevention and treatment of trachoma are available and safe.
• The Ministry of Health distributes free antibiotics to everyone living in districts where there is a lot of trachoma. Because there are so many people affected, they treat everyone once a year for five years. After five years, it is possible that trachoma will be eliminated.

iii) ‘F’ Face washing:
• Clean faces reduce the spread of trachoma in the community - flies which transmit trachoma are not attracted to clean faces.
• Facial cleanliness reduces the risk of eye infection.
• Ensuring children have clean faces reduces the transmission of eye infections to others.
• Face washing and environmental cleanliness are known to reduce the transmission of trachoma.
• 10,000 people in Uganda are blind from repeated trachoma infections and 250,000 are at risk of becoming blind. A clean face reduces repeated trachoma infections that lead to blindness.
• Parents/care takers should wash children’s faces at least twice a day with soap and clean water in the morning and evening, and should clean their faces with water and soap whenever they are dirty.
• You do not need to use a lot of water to wash your children’s faces. Even a cup of water is enough.

iv) ‘E’ Environmental Cleanliness:
• A clean environment free of open defecation helps to control and eliminate trachoma in the community.
• A clean environment prevents the spread of diseases in the community.
Clean environment promotes good eye health.

To control trachoma, the following should be followed:
- Proper hand and face washing using clean water and soap.
- Using the latrine properly (open defecation provides breeding grounds for flies; it is the flies that breed in human faeces that spread trachoma).

The actions to prevent trachoma are doable by all members of the community.

PROGRAM NO. 6

TOPIC OF DISCUSSION

Role of community leaders and VHTs in promoting F & E components of the SAFE strategy.

Intended Audience

Community Leaders, VHTs

Measurable Objectives: After this program, the audience will:

Know:

That they have an active role to play in promoting good personal hygiene and environmental cleanliness to eliminate trachoma from their community.

Do:

a) Discuss and provide community members with information about the linkage between hygiene, sanitation and trachoma.

b) Encourage community members to maintain good personal hygiene and a clean environment to contribute to the control and elimination of trachoma in the community.

c) Encourage community members to use latrines and avoid open defecation.

d) Encourage community members to seek prompt medical advice and/or treatment from a health care worker at the nearest health center when they experience the signs and/or symptoms of trachoma.

Feel:

Empowered and confident that they can play an active role in reducing trachoma in their communities.

Purpose

To mobilise community leaders to play an active role in ensuring that community members maintain good personal hygiene and a clean environment to help prevent the spread of trachoma.

Content
NOTE:
Experience sharing of a VHT/community leader describing their role in environmental improvement in their community and their role in mobilizing the community for eye surgeries as well as for MDAs.

- Leaders are trusted by community members. They can be good advocates for environmental cleanliness in order to eliminate trachoma.
- In order to prevent trachoma, leaders should promote the following:
  i) Washing hands and faces with soap and clean water to avoid diseases. Washing face with clean water and soap kills germs and bacteria that spread trachoma.
  ii) Cleaning and smoking of latrines daily to keep flies that spread trachoma away.
  ii) Using latrines (avoid open defecation) to keep a clean environment (open defecation attracts flies that spread trachoma).
- Actions to prevent trachoma are doable. Washing hands and faces and keeping them clean and avoiding open defecation are doable actions for all members of the community.
- Every individual has the ability to prevent trachoma.
- Involvement of leaders is critical towards elimination of blinding trachoma. Leaders can help to model the change they want to see in order to eliminate trachoma.
- Leaders should encourage community members to seek medical advice and/or treatment if they have any of the following symptoms:
  i) Red, sticky, weepy eyes;
  ii) Itchy eyes;
  iii) Eyelashes that face down toward the eyeball, causing irritation.
- Leaders should discuss and talk about the modes of transmission of trachoma with community members. Leaders should educate community members to wash hands and faces with soap and water and use latrines to prevent spread of trachoma.
- Leaders should discuss and talk about the modes of transmission of trachoma with community members (NOTE: leaders will be provided materials with key messages for reference).
- Leaders should be role models themselves so that the community members listen and believe in what they are saying.

PROGRAM NO.7

TOPIC OF DISCUSSION
Role of schools in promoting good hygiene practices (face washing, hands washing, environmental sanitation, proper latrine use etc.).

Intended Audience

School Administrators

Measurable Objectives: After this program, the audience will:
**Know:**
- They can play an active role in eliminating trachoma.
- That encouraging latrine use, and hand and face washing among pupils can help prevent the spread of trachoma in the community.

**Do:**
- Discuss with pupils the linkage between environmental cleanliness and trachoma.
- Promote environmental cleanliness among students and encourage them to practice the same at home to control and eliminate trachoma.

**Feel:**

Proud that they have contributed to prevention of trachoma among the pupils as well as the community.

**Purpose**

Mobilize school administrators to play an active role in ensuring pupils use latrines, keep their faces and hands clean by washing with soap and water.

**Content**

**NOTE:**

*A teacher involved in WASH activities should explain the role of schools in promoting proper hygiene.*

- Pupils will be less likely to spread trachoma, jiggers, etc. among themselves and teachers if they practice proper hand washing with soap, have clean faces, and use latrines at all times.
- Pupils with clean faces and who also keep their environment clean (especially the latrines) will be healthier and less frequently absent from school, and more likely to perform better.
- Pupils are good ambassadors for healthy practices. Those who adopt these practices can help improve practices in the entire community, thereby improving the overall health of the community.
- School children should be motivated to find pride in keeping clean hands and faces. Clean faces make one look beautiful and they do not attract flies that spread trachoma. Hand washing with soap and clean water helps to kill germs that spread diseases.
- According to Ministry of Education and Sports policy, teachers are supposed to conduct health parades daily to ensure clean faces and hands and bodies.
- UPE funds have a provision in school budgets for hand washing facilities/supplies. This needs to be prioritized. Schools should have tippy taps to encourage proper hand washing with soap before eating and after using the latrine.
- “Demonstration” of proper hand and face washing using soap and clean water.
- Basic facts about trachoma modes of transmission and prevention (*same content as for households and communities - refer to earlier programs).*
• Using pit latrines properly does not harm anyone. It helps to keep the environment clean and keep flies away - it is the flies which breed in feces that are responsible for the spread of trachoma.
• Examples of communities that have dramatically reduced trachoma, showing how the schools contributed to this reduction.
• Children can “take back” good practices to their homes to prevent trachoma.
• Teachers should involve students in keeping latrines and compounds clean.