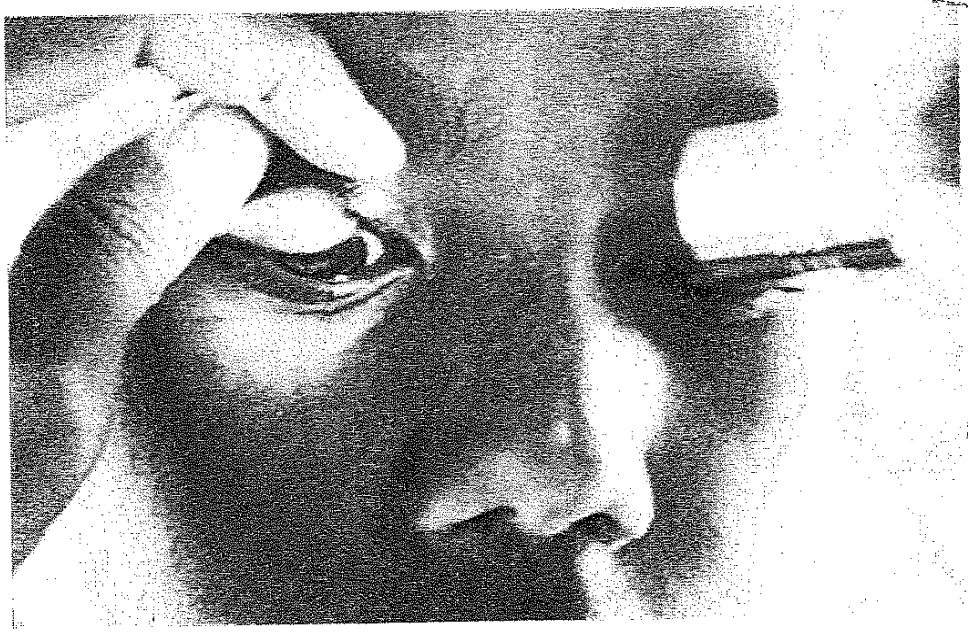
MINISTRY OF Health

Shaping Fiji's Health

TRACHOMA ACTION PLAN

2015 - 2020



PERMANENT SECRETAR
FOR HEALTH

EXECUTIVE SUMMARY

With its population of just under 1,000,000 spread across 100 inhabited islands, Fiji is one of the pacific island countries considered endemic for trachoma, with at least 15% of children under 10 years needing treatment for active trachoma. To enable Fiji to successfully eliminate trachoma by 2020, the prevalence rates of active trachoma should decrease to 5% while numbers of trachomatous trichiasis cases should be less than 1,000. This can be accomplished if efforts for Surgery Antibiotics Facial Cleanliness Environmental Improvement (SAFE) strategy are scaled up. Mass drug administration (MDA) with azithromycin over a one year period needs proper planning and implementation within the Ministry of Health (MoH) while good partnership with NGOs and other government ministries need to coordinate efforts in expanding and improving programs dealing with water and sanitation.

If nothing is done to address the elimination of trachoma, 15% of children under 10years of age needing treatment for active trachoma will double as the infection. The WHO endorsed SAFE strategy will be rolled out to eliminate trachoma in Fiji over the next five years.

The Trachoma Action Plan (TAP) has undergone consultative process with key stakeholders who were involved in the TAP workshop prior to it being introduced to the MoH at Divisional and Sub-Divisional meetings before endorsement at the Executive level.

Key stakeholders representing wider public health sectors will also be encouraged to use the TAP to provide additional support and information into their existing programs and to ascertain how the SAFE components can be integrated and utilized effectively, in particular, the F and E components.

The additional benefit of this plan is to highlight the planning process required for the MDA of Azithromycin as well as to effectively monitor the activities for implementation and provide the groundwork for yearly evaluation. It also provides information for the impact study in the post-MDA phase to measure the prevalence levels of trachoma , for instance in determining if it has decreased to 5% or lower.

In addition it has been calculated that performing a simple surgery to correct entropion will cost approximately $140,000 FJD over the next three years, if it is integrated into and across existing budget lines.

Oral Azithromycin has substantial collateral benefits when compared to Tetracycline eye ointment and it is the drug of choice in the treatment of chlamydial infections and typhoid which are both prevalent in Fiji. It has been recommended to undertake MDA with Azthithromycin by the International Trachoma Initiative (ITI).

Through scaling up current efforts to improve water and sanitation, efforts will integrate with other NTDs and communicable diseases projects, addressing issues of poverty and basic human rights. This will address the Millennium Development Goals (MDG) and issues in children’s and women’s health, while aligning to the Fiji National Strategic Eye Care Plan Objective by reducing the burden of blindness from communicable diseases.

ABBREVIATIONS

ACP	Annual Corporate Plan
CMNHS	College of Medicine, Nursing & Health Sciences
CWMH	Colonial War Memorial Hospital
FHFNZ	Fred Hollows Foundation New Zealand
GET2020	Global Elimination of Trachoma by 2020
HPS	Health Promoting Schools
IAPB	International Agency for the Prevention of Blindness
ICTC	International Coalition for Trachoma Control
IEC materials	Information Education and Communication materials
ITI	International Trachoma Initiative
JICA	Japan International Cooperation Agency
LF	Lymphatic Filariasis
MCH	Maternal Child Health
MDA	Mass drug administration
MDG	Millennium Development Goals
MoE	Ministry of Education
MoHMS	Ministry of Health and Medical Services
NGO	Non-Governmental Organization
NTC	National Trachoma Coordinator
NTD	Neglected Tropical Diseases
PacELF	Pacific Programme for Elimination of Lymphatic Filariasis
PBPS	Population Based Prevalence Survey
PEI	Pacific Eye Institute
Project HEAVEN	Project Hearing And Vision Enhancement
RAAB	Rapid Assessment of Avoidable Blindness
SAFE	Surgery, Antibiotic, Facial Cleanliness, Environmental Improvements
SPC	Secretariat of the Pacific Community
STI	Sexually Transmitted Infections
TAP	Trachoma Action Plan
TF	*Trachomatous (Inflammation) Follicular*
TRA	Trachoma Rapid Assessment
TT	*Trachomatous trichiasis*
TTF	Trachoma Task Force
UNICEF	United Nations International Children's Emergency Fund
WASH	Water and Sanitation Hygiene
WHO	World Health Organization

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INTRODUCTION

Fiji is a Melanesian country in the South Pacific that has a population of more than 870,000 people distributed into fourteen provinces including Rotuma. It is one of the most developed Pacific Island countries with more than 100 inhabited islands covering over 18 000 square kilometers in the South Pacific Ocean. Fiji's major economic activities include tourism, sugar, mining, fishing and forestry. The global economic performance of Fiji has been fairly weak over the past seven years, with average growth of 3.2% per year since 2007. In 2010, the leading causes of death in Fiji were diseases of the circulatory system accounting to 44% followed by endocrine, nutritional or metabolic and neoplasms diseases respectively. An estimate of 38.8% of tertiary health-care costs were attributed to non-communicable disease treatment and 18.5% to treat communicable diseases. The morbidity cases of infectious diseases have been under control for more than a decade with exceptions of a few cases including a neglected tropical disease (NTD) – dengue. Besides dengue, there are five other diseases associated with poverty and is classified by WHO as a NTD that are endemic in Fiji of which one is trachoma.

Globally, trachoma is responsible for 3% of the world's blindness. It is caused by *Chlamydia trachomatis* – an ocular strain of the organism that also causes sexually transmitted infections (STI). Increased risks to acquiring the disease include poor personal hygiene, poor waste management, proximity to animals and unclean or unsafe use of latrine. Overcrowding households and communities are more likely to spread the disease faster among each other.

The active infection is more common in children. With repeated infections over a period of time, the upper tarsal conjunctiva gets scarred resulting in the turning in of the upper eye lid (entropion) and the misdirected (in turning) eye lashes (*trichiasis*) which rub on the eye clouding what was initially clear cornea. This eventually results in corneal opacity which markedly reduces vision, hence the blinding complications of trachoma which is found in adults. In 2007, a TRA survey conducted in Fiji and four other Pacific island countries by the University of Melbourne and partners showed trachoma to be of possible endemic proportions.

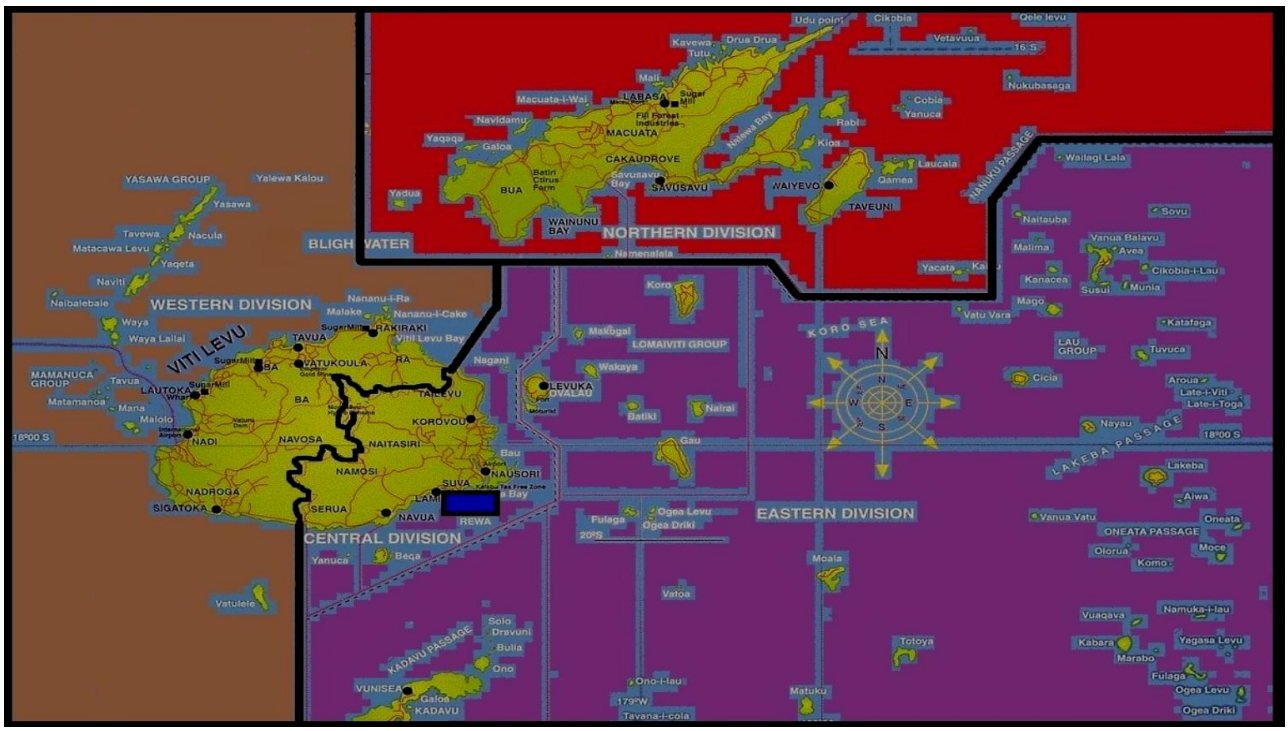
The WHO, in its effort to control and eliminate trachoma, endorsed the SAFE Strategy for the management of trachoma in its launched GET2020 (Global Elimination of Trachoma by the year 2020) in 1999. SAFE is an acronym standing for; **S**urgery for the eye lid complication of trichiasis, **A**ntibiotic for the active phase treatment and can either be oral or topical, **F**acial cleanliness to improve hygiene and less spread by flies and **E**nvironmental improvements to ensure adequate water and sanitation.

In early 2013, the Population Based Prevalence Surveys' (PBPS) results showed that trachoma is endemic in Fiji and therefore because it is mandated under the WHO guideline, MoH will need to plan and implement the SAFE strategy. Thus to succeed in the strategy implementation, there needs to be in-depth planning and design completed prior to implementation.

Current Status of Trachoma

Surveys in Fiji were conducted in the four divisions; Northern, Western, and Central-Eastern division including the Suva Medical area as a separate district. The PBPS conducted from June to December 2012 managed to complete the mapping of trachoma for the whole of Fiji.

Figure 1: Mapping of the Prevalence of Trachoma in Fiji



The results showed that the Western and Northern division had the highest prevalence of active trachoma whilst Lakeba and Serua/Namosi sub-divisions had the highest rates in the Central-Eastern division. For children between 1 to 9 years, the prevalence rate was an average of 15.4% in all four divisions making that above the 10% threshold to commence MDA in Fiji according to the WHO guideline.

In a related enigma project looking at the apparent disparity between relatively high prevalence of active trachoma but a low relative prevalence of trichiasis in some Pacific countries including Fiji conducted by the London School of Health and Tropical Medicine, results showed some positive samples of which was indicative of the presence of active but almost insignificant blinding trachoma. However, if these active cases are not treated at its primary stage, there was the potential of developing future infections.

NTD and Eye Care Plan

Since trachoma is classified as NTD, it is addressed in its plan through the combined effort to eliminate or control these diseases by 2020. Such effort includes:

(1) preventative chemotherapy, which is aimed at optimizing the large scale use of safe, single-dose medicine and offering the best means of reducing the extensive morbidity associated to these diseases;

(2) intensified case-detection and case management – including three key processes: (i) making the diagnosis as early as possible, (ii) providing treatment to reduce infection and morbidity, and (iii) managing complications;

(3) provision of safe water, sanitation and hygiene –including Water Sanitation and Hygiene (WASH) programmes; and

(4) strengthening capacity to control NTD i.e. providing conditions for the development of essential skills for NTD management.

Currently, these efforts are addressed in this plan which will be used for the NTD strategic plan which is still under review for endorsement in 2015.

The National Eye Care Strategic Plan (NECSP) is the guideline document for the deliverance of better eye care services to the people of Fiji. The goals and outcomes of the NECSP incorporates important issues of primary and preventative eye services, clinical and rehabilitation eye services, human resources, infrastructures and technologies, policies, surveillance and partnerships. The NECSP outlines the challenges faced by eye care providers at the divisional, sub-divisional hospitals and NGOs servicing the rural and urban communities. These are some areas that need to be strengthened in the plan to ensure adequate service deliverance. Recommendations raised by the eye care providers (nurses and doctors) helps to formulate ways of improving the delivery of eye care services to the communities.

The Trachoma Action Plan (TAP) will assist in the planning and implementation of prevention, control and elimination of communicable diseases.

The draft NECSP 2015 - 2019 is currently being reviewed and will be launched in the first quarter of 2015.

TRACHOMA IN FIJI

The Ministry of Health and Medical Services are divided into two structures, Public Health and Clinical Services. The Public Health service is headed by the Deputy Secretary for Public Health and clinical services are headed by the Deputy Secretary for Hospital Services. Effective primary health care services are delivered to the communities through the four main divisions, 20 subdivisions, 82 Health centers, and 98 nursing stations and one national program.

Accessibility to proper health care is a challenge to many families and individuals therefore the medical services in Fiji are spread throughout the country from the highlands to the maritime islands. National programs being conducted at community level raise awareness on the main issues facing the health systems which include the burden of non-communicable disease on the population, the increase in maternal mortality rate, the slow progress in achieving international targets for under five mortality rates, the immunization rate hovering around 95% and the lack of multi-sectoral approach in addressing social determinants of health.

The Ministry of Health and Medical Service continues to work closely with government departments, development partners, private and non-government organization, faith-based and professional groups to improve the quality of health care services provided to the people of Fiji.

Current SAFE strategy

SAFE intervention programs are already in existence across Fiji by various ministries and NGOs. The MoHMS are responsible for supplying the antibiotics, tetracycline eye ointment – to all health facilities down to the nursing station level. Although Azithromycin is available at the health centers, these are only given for treatment of STI cases.

Surgery for the trachoma complication of entropion is provided at the three divisional hospitals, while outer sub-divisional hospitals are covered in an ad hoc manner by visiting eye surgical teams. The Pacific Eye Institute (PEI) in Suva provides specialist training for eye care doctors and nurses in the postgraduate diploma in Ophthalmology to be competent in performing Bilamellar Tarsal Rotation – surgical treatment for entropion.

The Ministry of Education has a Hand Washing Program in primary and secondary schools which will be upscaled to MoHMS's "Brush, Wash and Splash"- a new initiative to improve hygiene habits in children to be implemented in 2015. UNICEF has also stepped up these efforts by providing clean water and soap in primary schools. Screening for trachoma in children is conducted at schools by both Project HEAVEN and MoHMS school health teams, though treatment of active trachoma cases identified is left with the local area medical officer.

Trachoma plan

This five year plan will be used as a tool to better facilitate the strategies identified in the roadmap to eliminate Trachoma by 2020. It will be a guiding document for national leaders both at the governmental and non-governmental groups working directly and indirectly with trachoma activities.

It will not be identified as a stand-alone document but as integrated plan with the NTD and Eye care plan where necessary.

Leadership and decision making

The organizational structure for the Fiji Trachoma Elimination Program is highlighted below.

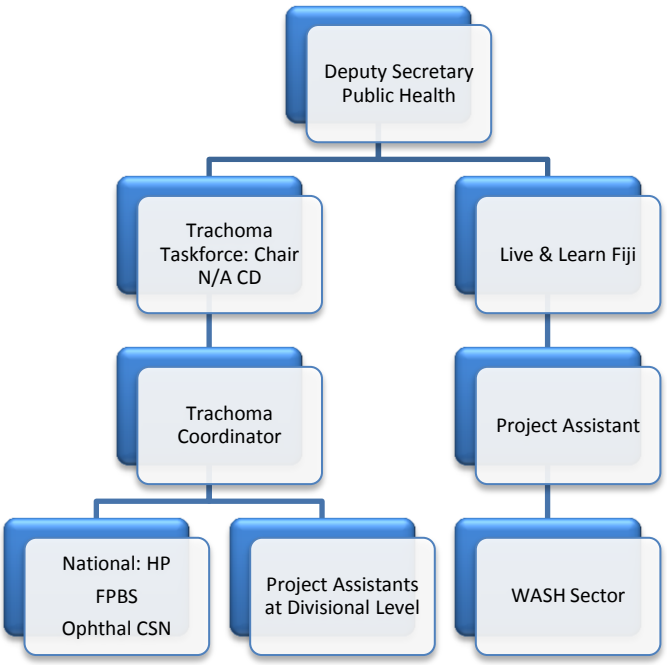


Figure 2: Organizational structure for the TAP

The Trachoma Program will sit under the NTD Unit of the Fiji Centre for Communicable Diseases and will be led by the National Advisor Communicable Diseases, who will report directly to the Deputy Secretary Public Health. The National Trachoma Taskforce will be the steering committee that overlooks all activities of the program.

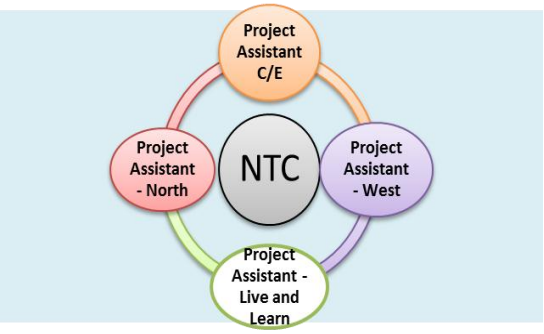
The National Trachoma Coordinator is the key person who will coordinate all activities rolled out, be the secretariat to the taskforce and Fiji's link to the international trachoma stakeholders. He will also be responsible for financial management of the funds received.

Project Assistants will be the persons working at Divisional Level and coordinating activities at that level, and be the link between the NTC and Divisions.

Funding for this program from the Queen Elizabeth Diamond Jubilee Trust Find will be channeled through Live & Learn Fiji – an NGO familiar with and working in the area of water, hygiene and sanitation. Funds will then be transferred to MoHMS Centre for Communicable Diseases for implementation activities.

Program Coordination

Given the enormous task and goals of the program, its coordination will require the development of new posts within the coordination team, that is, four Project Assistants (PA) within MoHMS at the three major divisions, and a fourth PA within the WASH sector based at the Live and Learn Fiji office. These PA's will work closely with the distribution point supervisors – SDHSs, and report directly to the NTC. These PA's will be employed for a 24 month period only that is from January 2016 to December 2017.



Finance Management

Live and Learn Fiji,as Sub Grantee- will be responsible for receiving the funds from the Trust grant manager and transferring the money to the MoHMS for implementation activities. As such, the NTC will be responsible and accountable for the spending of these funds and will have strict financial processes via the taskforce to ensure that funds are well budgeted and payments are fully vetted prior to approval.

To successfully carry out activities in thee TAP, Fiji will need total funding of **FJ$1,197421 million** which is approximately **FJ$1.38** per person. Appended in annex 3.0 is the budget for each different allocation, however, the budget breakdown is tabulated in each respective section, by coordination processes and by the three phases planning, implementing and evaluation phase.

Other support (technical) will be provided by IAPB and WHO.

Tables 1 & 2: Budget for trachoma coordination

Post	PAYE	FNPF		SALARIES				
		Employer	Employee	Fortnightly	Monthly	Yearly	2 years	5years
NTC	$140.00	$1,440.00	$1,440.00	$692.31	$1,500.00	$18,000.00	$42,040.00	$105,100.00
PA	-	$800.00	$800.00	$384.62	$833.33	$10,000.00	$92,800.00	-
TOTAL								**$197,900.00**

*The Trust will be supporting the NTC role for 5years whilst the PA's will be for the MDA period only.

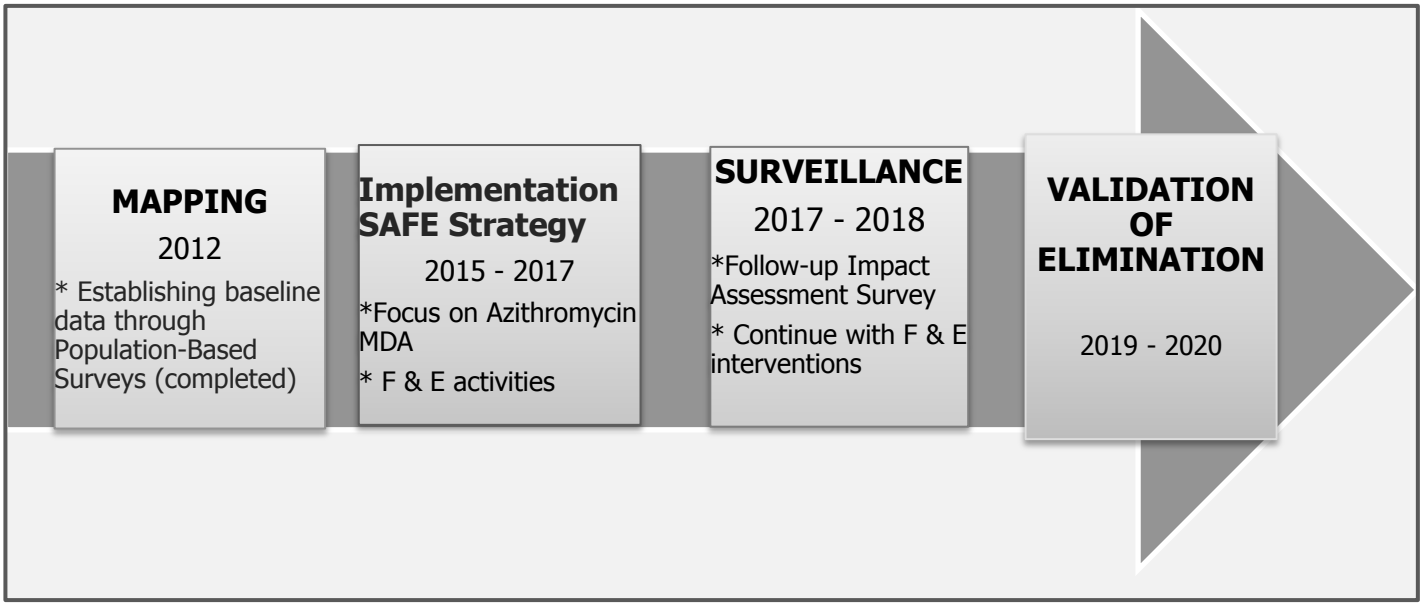
Logistics and Office equipment	COST FJD
NTT meetings and other related activity at national or divisional level	$2,000.00
Computers – 2 laptops and 3 Desktops	$3,000.00 and $5,000.00
Printer	MoHMS/ L&L
Software and communications (traveling purposes)	$300/year $600x2years
Stationeries	$1,200.00 per year
Office furniture and bills (telephone)	MoHMS – ongoing cost
TOTAL	**$13,000.00**

PATH TO ELIMINATION

In order to eliminate trachoma in Fiji by 2020, Fiji will be carrying into action the WHO recommended SAFE strategy, which consists of performing TT surgery, mass distribution of Azithromycin antibiotics, water and sanitation hygiene by having clean faces and an improving environmental conditions. These strategies will allow Fiji to achieve the following specific objectives which have been adopted from the WHO GET2020 elimination goals:

i. reduce the number of people with *trichiasis* to fewer than one per 1,000 people in a division
ii. reduce the number of cases of active trachoma (TF) in children <10yrs to less than 5% of the population of children in any division
iii. conduct hygiene promotion and environmental improvement such that 80 percent of children in the community will have clean faces

Road map towards elimination:



The roadmap towards elimination denotes the plan that Fiji will need to take in order to achieve these goals by 2020. Since the mapping stage was completed in 2012, the implementation and surveillance stages will basically be the core activity of this TAP. The implementation of the SAFE strategy will require three different phases – planning, implementation and the evaluation phase.

PHASE 1: PLANNING PHASE

The planning phase involves all the planning for implementing the SAFE strategies the major activities are outline in its specific strategy:

SURGERY

For Fiji, even though there are no significant evidence of blinding trachoma, preparation for surgical intervention will be employed. These include strengthening primary health care approach of early identification of cases and referral to specialist centres.

Activities for the four divisions		**Timeline**	**Responsibility**	**COSTS FJD**
Training	Organizing primary eye care workshops	Q1 2015/Q1 2016	NTC, PA	Coordination cost
	Development of training materials			
	Logistics for training			
Surveillance	Development of survey materials – protocols	Q1 2015	NTC	
Equipment	Procurement of Diagnostic kits – 134set @$25 each	One-time purchase	MoHMS, FPBS	$3350.00
	Surgical equipment including:			$30,000FJD
	- 1x complete TT surgery kits per Eye clinic – external ocular surgical kit (such as BP handle, tooth and non-tooth forceps, and assorted clamp forceps)			
	- Other consumables			MoHMS
TOTAL				**$33,350.00**

ANTIBIOTICS

This part of the process begins with collecting vital information from every nursing zones right to divisional population target for the MDA. Collection of the information will be coordinated through each project assistants. Planning for MDA will commence in 2015 with applications to ITI targeted for March 2015, and distribution launch planned for June 2016.

Distribution sites from FPBS will be at the Sub Divisional Hospitals, therefore the PAs will work closely with the Sub Divisional Health Sisters

The planning session during the revised TAP workshop was compiled into the following activities, timeline

and costs.

Activities for the four divisions		**Timeline**		**COSTS FJD**
Population Data	Updating of Census (its updated every 6months from sub-division)	June 2015 – January 2016	Health Information Unit/ Stats by SDs – DHS, DMOs – MoHMS/ NTC	(Incorporated in IWPs)
Drug logistics – procurement, storage and distribution.	Drug Application and Drug information	March 2015	NTC, Taskforce	Coordination cost
	Custom clearance	Jan – Mar 2016	FPBS / NTC	$500.00
	Packing of drugs (labour)	Apr-16	NTC, FPBS, PA	$9,000.00
	Distribution schedule and route	Jan 2016	Sub-divisional pharmacy	
	Distribution of drugs	May 2016	NTC, Subdivision, pharmacy, PA	
	Stationery (documentation and distribution)	May 2016	NTC, pharmacy, Sub divisional	
	Transportations for distributions / Boat vessels land transport, courier services and air freight.	1month before MDA (May 2016)	FPBS, NTC, divisional and sub-divisional heads, Nursing stations, PA	
Human resources	Micro-planning processes	Jan-16	NTC/ SDHS/SDMO's, PA	$20,000.00
	• Packing list			
	• Number of volunteers/ nurses training			
	- Training of Trainers – national level conducted in Suva	Apr-16	NTC, PA (FPBS – training on antibiotic practice guideline)/ Regional Coordinator	$2,000.00 (excludes Regional coordinator costs)
	Training of Field Supervisors – nurses and health staff	May-16	PA training nurses and health staff at sub-divisional level	$40,000.00
	Volunteers - Training of volunteers(stationeries, refreshments and reimbursements of fares)	1st week June 2016	Training conducted by nurses in the nursing zones	$8,000.00
Logistics and Contingency costs	- Travel expenses	May-16	NTC and project assistants	$27,200.00
	- Volunteer package (1360)			
	- Booklets and protocols – development and printing			
	- Stationeries			

Social mobilization	-Development of COMBI strategies Community sensitization - Awareness/ educational campaign / Community leaders/ Flyers and posters / Banners	February - May 2016	NTC and Communications department, MoHMS	$50,000.00
	o Media – Television/ Radio advertisements and talk shows/ Newspaper			
	- Other stakeholders' sensitization - Local authority/ Faith based organization/ Other ministries – Commissioners, District officers, educations offices, etc.			
TOTAL				**$156,200.00**

FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT

Interventions for facial cleanliness and environmental improvements involve both government bodies and NGOs working in the areas of water and sanitation.

Activities for the four divisions		**Timeline**	**Responsibility**	**COSTS FJD**
F & E profiling	Follow up of community profiling from EH unit	Q2, 2015	NTC, WASH	Ongoing cost
Education program – Partner with MoHMS, Colgate Palmolive, UNICEF, MoE	Wash, Brush and Splash		WASH Coordinator, TNTC	WASH sector
	Training of trainers - planning	Q1/ 2015		Ongoing cost (coordination cost)
Policy	MoE – school health policy	2015/2016	MoE, MoHMS	Ongoing cost
	MoHMS – Public Health Act enforcement		MoHMS and stakeholders	
Health Promotion Planning	Development of COMBI strategies and KAP survey materials			Coordination cost (costs will be for implementation)
	Development of promotional materials			
	Development of media materials			
Joint collaboration with other sectors – government, non-government and international communities				Ongoing costs
TOTAL				**Nil**

PHASE 2: IMPLEMENTATION PHASE

SURGERY

The surgery component will be implemented by conducting training and awareness workshops at different levels in the MoHMS as well as for surgeons who will be performing TT surgeries in divisional hospital in Fiji. Costs for implementation are outline below.

Activity		**Timeline**	**Responsibility**	**Budget (FJD)**
Training	Training for entropion surgeons and nurses to assist in surgery	ongoing	CSN, MoHMS	PEI/ FHFNZ
	- Training for bilamellar tarsal rotation procedure			
	- Additional nurses and doctors to be recruited for eye specialization		MoHMS	MoHMS
	Training for primary eye care workers	Q3 2015 & 2016	CSN, MoHMS, PEI	$50,000.00 per year => $100,000FJD for the 2years sessions
	- Training for screening and identifying cases			
	- Training for awareness purposes in the community			
TOTAL				**$100,000.00**

ANTIBIOTICS

The planned MDA of Azithromycin for Fiji will be conducted in June 2016 following the completion of LF MDA in October 2015. Trachoma MDA will follow a similar method of distribution such as engaging volunteers as distributors using the directly observed treatment strategy. All residents aged six months and over will receive the one dose of azithromycin.

Activity		**Timeline**	**Responsibility**	**Budget (FJD)**
Launch	Launching of program	Day/ week of azithromycin MDA – June 2016	NTC, PA	$2,000.00
	Banner, refreshments and stationeries			
Transportation	Fuel costs for boat hire per island/village		NTC, PA	$20,000.00
	Fuel costs for land transports/ vehicle hire		NTC, PA	$85,000.00
Allowances	Volunteers		PA, Zone nurses	$189,000.00
	Health workers Health staff – hospitals, health centers, and nursing stations		PA, SDHS	$51,871.00
TOTAL				**$347,871.00**

FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT

Implementation phases included proper coordination of WASH activities to avoid duplication of work as well ensuring that a wide range of coverage is achieved. Awareness through media coverage and social marketing with the health promotion and wellness units within MoHMS will consolidate all stakeholders' efforts regarding F&E. Although a joint collaboration effort is identified in this phase, the MoHMS will take the lead role in ensuring that activities are well coordinated.

Activity		**Timeline**	**Responsibility**	**Budget (FJD)**
Education program –	2. Piloting 5 school in Suva area	Q2/2015	Partner with MoHMS, Colgate Palmolive, UNICEF, MoE	WASH sector
	3. Launch and roll out to HP schools	Q4/2015		$20,000.00
Health Promotion	COMBI strategies –	2016	Wellness unit – Communications, NTC, PA	MDA social mobilization budget
	1. Media – radio, TV, newspapers			
	2. IEC and promotional materials	Q3/2015		$50,000.00
	3. Community awareness			MoHMS – ongoing costs
Sanitation and Hygiene	NGO's WASH sector assistance under the MoHMS WASH supervision.	2015 – 2017	WASH, NTC	$100,000.00
Joint collaboration with other sectors – government, non-government and international communities				Ongoing costs
TOTAL				**$170,000.00**

PHASE 3: EVALUATION

SURGERY

Surgery monitoring will be hospital-based with monthly reporting to the HOD Ophthalmologist in each divisional hospital. This report will then be sent to the NTC for compilation of data for national submission of quarterly and yearly report

Activity		Timeline	Responsibility	Budget (FJD)
Surveillance	Using the monitoring indicators to monitor the surgery component of SAFE.	ongoing - monthly, quarterly and annual reports	CSN, Hospitals	Coordination cost
	Data entry by Project Assistants	August 2015 to August 2017	PA	
	Periodic outreach sessions in communities to detect cases		DMO/DHS/Eye dept.	MoHMS
TOTAL				**Nil**

Monitoring Indicators for Surgery

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MI 1: Number of people who received TT surgery desegregated by area, gender, ethnicity per sub division

MI 2: Number of recurrence of TT

MI 3: Number of TT and active cases diagnosed during outreach and hospital clinics

MI 4: Number of referrals received in regards to TT or active cases of trachoma

ANTIBIOTICS

Antibiotic monitoring will be conducted at the different divisional level with a national MDA coverage report submitted by the NTC to the stakeholders of Trachoma taskforce.as well as for the year report.

Activity		**Timeline**	**Responsibility**	**Costs (FJD)**
Collection of Booklets/ Volunteer package/ drugs	Freight – Eastern islands	After mop-up MDA	PA/NTC	$2,000.00
	Fuel - Land transport		PA/NTC	$2,000.00
	Fuel – boat hire/		PA/NTC	$2,000.00
Reporting	Data entry	Q3/2016	PA	$2,400.00
	Cleaning and Analyzing	Q3/2016	NTC	
	Report	Q3/2016	NTC	
MDA Coverage survey Following the MDA activity conducted nationally, there is a need to conduct a mass drug administration coverage survey by an independent stakeholder such as the Fiji National University or Pacific Eye Institute. The coverage survey will need to be conducted within three months post-MDA with the following objectives: • To estimate national coverage (i.e. the proportion of the eligible				**$50,000.00**

population who swallowed the tablets) of the 2016 MDA and rule out any reporting biases by distributors. • To determine which medical areas in Fiji targeted by the campaign have achieved at least 80% MDA coverage; • To evaluate the MDA campaign strategy by determining the reasons for not taking the tablets, the knowledge of the population with regards to LF, and the penetration of the social mobilization messages	
Impact Assessment Survey (IAS) After the planned MDA activity in 2016, the taskforce committee, following the expert advice of WHO in regards to the ENIGMA result, has decided to conduct an Impact Assessment at national level to determine the accuracy of the endemic status of Fiji.	**$60,000.00**
TOTAL	**$118,400.00**

Monitoring Indicators:

M1: Number of primary eye care workers trained
M2: Average population coverage of >85% national coverage of MDA DOTS

FACIAL CLEANLINESS & ENVIRONMENTAL IMPROVEMENT

Evaluations for F & E are an ongoing process with indicators being monitored by the NTC and the WASH sector at MoHMS. These following indicators will be reported by nursing zones, sub divisional reports as well as the partners in the non-government sectors

Pre & Post KAP(Knowledge, Attitude and Practice) Survey This component will be tasked to the Communication department at the Wellness Unit (MoHMS) under direct supervision of the Chief Advisor Health Promotion (CAHP) and the NTC. Strategies that will be implemented during this survey will be using the same questions that were distributed during the pre-KAP survey in 2012. Changes in responses will be used as an evaluation of the SAFE strategies through awareness campaigns.	**$60,000.00**

Monitoring Indicators for Surgery

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MI 1: Number of communities that received health promotion in that year
MI 2: Number of new household latrines constructed in that year
MI 3: Number of new water sources installed in that year
MI 4: Geographic programme coverage for 'A' and 'F': proportion of known divisions indicated for inclusion in an 'AFE' programme in which at least the 'A' and 'F' components are being done

Appended in annex 3.1 is the budget breakdown for the major evaluation costs for the SAFE strategies.

ANNEX

ANNEX 1.0 AGENDA AND PARTICIPANT OF THE REVISION OF T.A.P WORKSHOP

ANNEX 1.1 Day 1 AGENDA

Time	Session	Speaker
0800	Registration	
0830 - 1000	**Session 1 - Introduction**	**Dr Luisa Rauto**
0830 - 0845	Opening Remarks	Dr Luisa R
0845 - 0900	Purpose of the Day – what is a Trachoma Action Plan Queen Elizabeth Diamond Jubilee Trust Fund Inception Phase 2014	Komal Gautam Fred Hollows Foundation
0900 - 0930	PacELF – MDA Experience	Dr Padmasiri, WHO
0930 - 0945	MDA – FPBS Issues/Requirements From Supplier to FPBS From FPBS to Fiji	Mr Jerry Mataika
0945 - 1000	Fiji Trachoma Updates & way forward (mapping data, SAFE Strategy, NTC, Taskforce)	Dr Kama
Outcome to achieve: Introduce the day and outline all the outcomes for the day; learning issues from previous MDA Programs		
1000 - 1030	**Morning Tea**	
1030 - 1100	**Session 2 - Surgery**	**Dr Luisa Rauto**
1030 – 1145am	**Round Table Discussion: Current situation and areas to strengthen** - Training, Surveillance, Equipment	
Outcome to achieve: Specifics of Strengthening S component over next 5 yrs, including annual surgical targets, strategies for achieving targets, training and equipment requirements and budget –		
1145 - 1300	**Session 3 - Mass Drug Administration of Azithromycin**	**Jerry Mataika**
	MDA – Divisional Level (CWM experience)MDA Phase Approach	Emi Ratulomai,
Outcome to achieve - MDA Detailed Plan – Timeline & Cost		
1315 - 1415	**Lunch**	
1415 - 1530	**Session 3 – MDA discussion continues**	Komal Gautam
	Group Discussion & Presentation: MDA (Divisional Groups) Logistics (travel, fuel, planning, storage, distribution timeline, Costing) Staff remuneration and motivation (MHMS Standards) Quality assurance (training for dispensing).costs associated Role and responsibilities	
1530	**Afternoon Tea**	
1545 - 1630	**Session 4 – Monitoring & Evaluation**	**Merelesita Rainima-Qaniuci, WHO**
1545 – 1620	Round Table Discussion: Indicators for elimination of trachoma M & E Framework Surveillance, Coordination & Monitoring Mid Term Evaluation & Impact Survey Coverage and data collection	
Outcome to achieve: main indicators and milestones for Trachoma elimination in Fiji over 5 yrs		
1620	Concluding Remarks	Dr Luisa R

ANNEX 1.2 Day 1: PARTICIPANT'S LIST

	Name	Department	Email
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ANNEX 1.3 Day 2: AGENDA

Time	Presentation	Presenter	Topics
8.30-8.45	Introduction to Workshop	Komal Ram	- Peer introductions - Key objectives of workshop
8.45-9.15	Reflections on previous day	Komal Ram	- Summary of discussions, activities and outcomes from previous day relating to S and A
9.15 – 9.30	WASH and trachoma	The Fred Hollows Foundation	- Link/evidence between WASH and trachoma - Effective WASH methodologies for trachoma elimination
9.30-10.00	MOH - WASH Summary	MOH Fiji	- Fiji data for WASH indicators - National Policy/Strategy (current and future) - WASH activities implemented/supported by MOH - Challenges in delivering WASH - Gaps in delivering WASH - Opportunities for trachoma integration
10.00 – 10.30	**MORNING TEA**		
10.30 – 11.15	Health Promotion Campaign	Ana Silatolu	- National Policy/Strategy (current and future) - National HP program - Challenges in delivering HP - Gaps in delivering HP - Round Table Discussion - Opportunities for trachoma integration
11.15 – 12.00	Heat Map – who is doing what and where?	The Fred Hollows Foundation	Develop Heat Map to consolidate - Where organisations are working in WASH and HP? - What they are doing? - What are the gaps?
12.15 – 12.30	Discussion	All	- Coordination mechanisms - Challenges in delivering HP and WASH - Gaps in delivering HP and WASH
12.30 – 1.30	**LUNCH**		
1.30 – 1.45	Trachoma Elimination Program	The Fred Hollows Foundation	- What are the outcomes of the program with regards to F and E? - What is the budget for F and E?
1.45 – 2.45	How do we integrate F and E into existing WASH activities?	All	- Discuss how organisations could integrate F and E into current and future activities? - What will the key activities be for the trachoma program?
2.45 – 3.00	**AFTERNOON TEA**		
3.00 – 3.30pm	Continue from last session – Presentation.		
3.30 - 4.00	Monitoring and Evaluation of the F&E component	WHO – Merelesita Rainima-Qaniuci	<u>Round Table Discussion:</u> Indicators for elimination of trachoma M & E Framework Surveillance, Coordination & Monitoring
4.00 – 4.15	Reflections and Wrap Up	Komal Ram	- Next steps - Feedback from participants

ANNEX 1.4 Day 2: PARTICIPANT

	Name	Organisation	Position	Email Address
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ANNEX 2.0 CURRENT SAFE STRATEGIES IMPLEMENTED IN FIJI

Below is a table outlining the current trachoma activities in SAFE by various partners:

SAFE	ORGANISATION	ACTIVITIES
Surgery	PEI	Training of eye specialist and nurses with a PGD in Ophthalmology
	MoHMS	Screening and treatment of cases in health facilities Screening and referrals during school health visits Ad hoc treatments at primary health settings or with local or international eye surgical teams
Antibiotic	MoHMS	Treatment of cases in association with chlamydial/typhoid cases Treatment of cases at hospitals and primary health settings
Facial cleanliness	NGO's	WASH program
	Live and Learn	Provision of soaps and face towels during disasters
	MoHMS	WASH program – in schools, health facilities, projects, communities and celebrations on observation days.
Environmental improvement	NGOs	Latrine and water projects in communities
	ADHRA, Live and Learn, Red Cross	Provision of water testing training Disaster responses to environmental needs such as water Awareness programs
	MoHMS	Assist with building of latrines Water testing Awareness programs

ANNEX 3.0 COSTS FOR FIJI TRACHOMA PLAN

ACTIVITIES		COSTS (FJD)	TOTAL (FJD)
Coordination Cost	Human resources	$197,900.00	$210,900.00
	Office Costs	$13,000.00	
Planning Phase	Surgery	$33,350.00	$190,250.00
	Antibiotic	$156,900.00	
	F & E component	Nil	
Implementation Phase	Surgery	$100,000.00	$617,871.00
	Antibiotic	$347,871.00	
	F & E	$170,000.00	
Evaluation Phase	Surgery	Nil	$178,400.00
	Antibiotic	118,400.00	
	F& E	$60,000.00	
TOTAL			**$1,197,421.00**
PER PERSON	**Population**	**~870,000**	**$1.38**

ANNEX 3.1 BUDGET COST FOR EVALUATION SURVEYS

KAP and Impact Assessment Survey			
Activities	**Timeline**	**Responsibility**	**COSTS (FJD)**
Training for the survey	Q2, 2017	NTC, WHO (NTD)	**$120,000.00**
Survey – 2 teams of 1 eye doctor, 1 nurse, 1 PA – per team	Q2, 2017	NTC	
Travel, accommodation and allowance	Q2, 2017	NTC	
Other Logistics		NTC, PA	
MDA Coverage Survey – FNU/PEI			
Training for the survey	Q3,2016	NTC, WHO (NTD), PEI/FNU	**$50,000.00**
Survey – 2 teams of 1 eye doctor, 1 nurse, 1 PA – per team	Q3,2016	PEI/FNU	
Travel, accommodation and allowance	Q3,2016	PEI,FNU	
Other Logistics		NTC, PA, FNU/PEI	
TOTAL			**$50,000.00**

ANNEX 4.0 DIVISIONAL PLANNING FROM THE TAP REVIEW WORKSHOP

Division	Activity	Timeline	Responsible unit	Budget
Northern	**Phase1:** Census	January- June 2015	Health Information Unit (Divisional)	$0.00
	Phase 2: Transportation from medical health centre to nursing station	April – May 2016	Medical officer	Boat: $ 5,000.00 Vehicle: $ 3,000.00
	Phase 3: Household distribution: a) training (subdivisional meeting) b.) DOTS	June- July 2016	SDMO/SDHS/NTC	a.) per diem (30 people) Catering- $3150.00 Accommodation: $6,000 Travel expenses (bus): $ 600 b.) Per diem, accommodation, meals $120,000 85% coverage: 4 teams of 3 people= 123 people.
	Phase 4: Stationery a.) training/ DOTS	June- July 2016	SDMO/DMO	a.) $500.00 b.) $1000.00
	Phase 5: Communication a.) Reporting b.) M&E	Jan 2016- Dec 2016	TBC	a.) $1,000.00 Total:$ 140,250.00 ($1 per head)
Western Target date: June- August 2016 Total population: 350,000 6 subdivisions/ maritime zone 4/15 zones/ subdivisions Structure National> Divisional> Subdivisional Medical areas- Zones and districts.	Human Resources Volunteer- 50 per sub division Nurses (Zone) Driver Subdivisional H/S Divisional			$ 100,500.00 $ 12,150.00 (3 meals) $ 810.00 $810.00 $1270.00
	2. Training (Volunteers and nurses)			$11,000.00

	3. Stationary (training and distribution)			$ 5,000.00
	4. Transport Vehicle (rental deposit) Fuel Boat			$ $37,000 per sub division
	5. Pharmacy Storage Handling Procurement Packing Distribution		FPBS	
	6. Health Promotion • Media (TV, radio, Mobile)			
	7. Reporting RESP – medical area Subdivisional Division National Daily reporting to identify challenges/ strategies to rectify to achieve target.		Medical officers, zone nurses and district nurses SDHS/ SDMO DHS, Consultant Ophthalmology, Snr. Sister eye department, DMO, MS Project Team/ funders	
	8. Independent coverage assessment			
	9. Impact assessment	1 year		Total estimated costs: $ 340,000 (equivalent - $1.00 per head)
Central	**Phase 1:** MDA Pre Distribution • Updated census • Custom clearance • Transportation • Storage of drugs • Distribution of drugs • Stationary (documentation and distribution)	July 2014 from MoH • 3 months before MDA • 1 month before MDA • 1 month	• FPBS • Subdivisional pharmacy • Health centre	

		before MDA	• Nursing station	
	Phase 2: Mobilisation of Resources <u>Training:</u> Divisional training- ToT Subdivisional training and micro planning for 5 subdivisions Identify and training of volunteers and NGOs	• 3 months before the MDA(March) • 2 months before MDA (April)	• SDHS, Pharmacists, Senior Nurse (PGDEC)	
	Phase 3: Health Promotion Material/ posters/Fact sheets Media coverage/Radio Newspapers/TV Church/ FBO/Schools National launch/Implementation period	3 months before MDA Launch on Friday before the MDA week June- July 2016		
	Phase 4: Feedback and Reporting • Daily stock update at distribution centres • Reporting • Final report from National coordinator • Impact survey	End of August to the National Coordinator December 2016 2017 (August-September)		
	<u>Cost summary</u> Fuel cost from FPBS to SD: Fuel cost from SD Pharmacy to Health Centre and Nursing Station (20 health centres and 21 nursing stations- zone nurses: 20) Training • Stationary • Catering • Subsistence allowance • Accommodation			

	• Transport: bus fare/ taxi/boat/ carrier • Venue Implementation • Transport (fuel/hire taxi/ boat) • Allowance- meal/ subsistence • Accommodation • Volunteer allowance • ID cards for volunteers			
Eastern	**Phase 1:** • Update census from subdivisional level 5 subdivisions (population: 40,000) • Procurement of drugs • Packaging (labour) • Meal $9.00 • OT: $ 11.00 • Distribution • Fuel 4 subdivisions	• January – February 2016 • April 2016 • May 2016 (Mid)	• Stats by Subdivisions – DHS, DMOs • NTC, FPBS, MHMS • NTC, FPBS	N/ A (incorporated in IWP) • Labour costs:$1260.00 • Transport: $1,000.00 Fuels: 4 sub divisions • Kadavu: $4960.00 • Lakeba: $2,200 • Lomaloma:$2680.00 • Ovalau :$2010.00 Total: $ 36,150.00 Freight: 5 sub division • Rotuma: $ 200.00 • Kadavu:$200.00 • Lakeba:$200.00 • Ovalau:$200.00 • Lomaloma:$200.00 Total: $1,000.00 (1 year)

				$ 3,000.00(3 years)

	• Volunteer Package
	- Booklet- 400= $ $6,000
	- Printing (t/shirts and books) – 400= $3,000
	- Bags – 400 =$6,000
	- Medicine cups- 400 =$200
	- Stationery $1000
	- Edible $2000
	
	• Micro planning
	  • Travel
	  • Accommodation (5 subdivisions)
	• ToT:
	  • Allowance
	  • Training materials
	  • Refreshment
	• Volunteer training
		• May 2016
		
		• May 2016 (early)
		
		• June (1st week)
				Subtotal:$ 18,200.00
				
				3 years:$ 54,600.00
				
				Subtotal:$ 15,000.00
				
				3 years: $45,000.00
				
				Phase 1
				Total budget: 1 year $ 46,250
				3 years $138,750

	Phase 2: Transportation from medical health centre to nursing station			Phase 2 Total budget: 1 year $ 14,000 3 years $ 33,000

	Phase 3: Health Promotion
	• IEC material
	Freight (transported with booklets)
	• Media
	  • Radio advertisement (talkback show)
	  • TV
	  • Newspaper
	• National launch
		• April 2016
		
		• 2-3 months prior to MDA date
		
		• First day of MDA
				$500.00 (1 year)
				
				$1,500 (3 years)
				
				$600.00 (1 year)
				
				$18,000 (3 years)
				
				$ 1,000.00 (1 year)

	• Interpersonal awareness • External taskforce meeting with other stakeholders			$3,000.00 (3 years) $2,000.00 (1 year) $ 6,000.00 (3 years) Phase 3 Total budget (3 years): $ 28,500.00
	Phase 4: MDA Week • Distribution of drugs • Use of identification markers • Fuel		• Volunteers • Supervisors	$150/ week x 400= $60,000 3 years: $ 180,000 Meal claim- 97 x $18 = $1746 3 years: $ 5238.00 $ 6,000.00 3 years:$ 18,000.00
	Post MDA • Transport of booklets back to NTC • Data compilation • Hire data clerks • Annual Report • Coverage Assessment (1 month after MDA) independent body (FNU)			$2,000.00 3 years: $ 6,000.00 $6.00 x 5 person x 148 hours= $4,440.00 3 years:$ 13,320.00 $40,000 3 years: $120,000.00 Phase 4 Total budget: 1 year: $114,186.00 3 years: $ 222,558.00 (including coverage assessment for 1 year).