

Tracking Geographic Coverage of TT Management Services

Background

The elimination threshold for trachomatous trichiasis (TT) is less than one TT case per 1,000 population (or a prevalence of TT unknown to the health system in ≥ 15 -year-olds of $< 0.2\%$). In order to achieve that objective, national programs must reach all trachoma-endemic areas and provide TT management services to those suffering from TT. Generally, areas with $TT\% \geq 0.1\%$ in the total population (or $\geq 0.2\%$ in ≥ 15 -year-olds) require enhanced outreach campaigns in addition to static-site management in order to maximize uptake of TT management services. While assuring geographic coverage is not explicitly outlined in the trachoma elimination guidelines, it has been documented that those suffering from TT are usually living in the most impoverished and difficult places to reach. Therefore, in order to assure those who need services are receiving them and to achieve the elimination threshold, it is imperative that national programs assure 100% geographic coverage of TT management services where indicated.

Information regarding the geographic coverage of services also provides important information for planning at national, regional, and district-levels. In programs with ongoing TT management activities, it can identify areas in need of first-time or additional support, where outreach campaigns have not been recently conducted and provide an evidence-base for decision making moving forward. For programs scaling-up TT services, it is an effective tool to consciously determine at what level services will be tracked and begin evaluating coverage from the onset of program activities.

Goal:

- Provide TT management services to everyone who needs it in trachoma endemic areas targeted for enhanced TT outreach

Objectives:

- Assess the geographic coverage of TT management services by the lowest-reporting administrative unit (LRAU)
- Ensure that all people in need of TT management are provided counseling and offered surgery or an alternative management strategy when surgery is refused
- Provide a tool for planning TT outreach campaigns at the national, regional, and district levels of the health system
- Identify areas that receive more or less support than would be expected based on epidemiological data to more closely examine the TT burden there (possibly through additional supervision, *Monitorage*, or a TT-only survey)

Calculating Geographic Coverage

Geographic coverage of TT management services can be calculated using a similar method to calculating coverage for other NTD activities, such as MDA. Once a national program determines a denominator to track services, a simple Excel tool can be developed to plan for and assess achievement toward 100% geographic coverage of TT management services. The following steps can be followed to develop a tracking tool that can be used to calculate geographic coverage of TT management services:

1. Determine the lowest-reporting administrative unit that TT outreach services can be tracked and reported through to the national-level.

2. Use the *Carte Sanitaire* or other government documentation to conduct a census of the LRAU to be tracked for TT management services.
3. In Excel, list all lowest-reporting health areas, grouped together and delineated by the next largest administrative unit, until the units are grouped by district.
4. For programs with ongoing TT outreach services, to the extent possible, include historical outreach campaigns by the LRAU, for each year data are available.
5. Each month (or other frequency that aligns with the activity and reporting schedules of the national program), mark the LRAU provided services since the previous update.
6. Prior to annual review and planning sessions, information regarding coverage should be aggregated to highlight:
 - a. Lowest-reporting administrative units with at least one TT outreach visit.
 - b. Lowest-reporting administrative units without at least one TT outreach visit.
 - c. Proportion of LRAU visited at least one time with TT management outreach support (number of LRAU visited at least once/total number of LRAU).
 - d. Proportion of LRAU without at least one visit with TT management outreach support (number of LRAU without at least one visit/total number of LRAU).
 - e. Lowest-reporting administrative units with a disproportionate number of visits, relative to other areas (the classification of “disproportionate” will vary depending on the country-specific context. However, any LRAU with 2 or more visits in the same year in a district with LRAU not yet visited should be examined more closely).

The resulting tool can be used as a resource for tracking progress of program outputs and planning to achieve 100% geographic coverage of TT management services in trachoma endemic areas requiring enhanced TT management outreach.