

## Squeaky Clean Kids - making a difference

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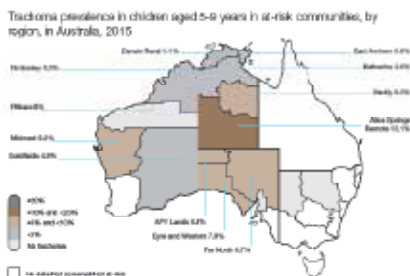
This paper describes a trachoma prevention project being run in remote Aboriginal communities in WA. Yet, the key message is that without the support and input from the Aboriginal Environmental Health Workers (AEHWs), this project would not be the success it has been.

Trachoma, an eye infection affecting both eyes, is the world's leading cause of preventable blindness (WHO 2015). It is caused by a bacterium called *Chlamydia trachomatis* and is completely preventable. Trachoma is spread through direct personal contact, shared towels and clothes, and flies that have come in contact with the eyes or nose of an infected person. Sadly, Australia is the only first-world country that still has this disease, but we are a signatory to the WHO target to eliminate trachoma by 2020.

Repeated infections can, over years, eventually lead to scarring that causes the margin of the eyelid to turn inwards. The eyelashes become inverted and rub on the clear cornea, painfully scratching it and causing damage. This eventually results in opaque, scarred corneas and distressingly uncomfortable eyes. It can cause blindness. It is also called scratchy eye, as it feels like there is sand in the eye. If trachoma progresses to this stage, the only solution is surgery.



### Trachoma prevalence in children aged 5-9 years in at-risk communities in Australia 2014



Citation: Australian Trachoma Surveillance Report 2014. The Kirby Institute for infection and immunity in society, The University of New South Wales, NSW.

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This map shows the 2014 prevalence data for trachoma in screened children throughout Australia. The grey areas indicate those with the highest incidence, which indicate that WA and NT are the states with the greatest need.

The WHO has a trachoma strategy which has four steps - the "SAFE strategy", comprising: Surgery for trachomatous trichiasis; Antibiotics to clear ocular *C. trachomatis* infection; and Facial cleanliness and Environmental improvement (particularly improved access to water and sanitation) to reduce *C. trachomatis* transmission.

In Australia, we have been vigilant at the S and the A steps, but have often neglected the F and the E steps.

The Squeaky Clean Kids (SCK) program specifically focuses on the facial cleanliness and environmental improvements in bathrooms in an effort to provide a comprehensive approach to the elimination of trachoma.

The SCK project has three main strategies:

1. The provision of soap to homes and community facilities in remote communities
2. The provision of health education and health promotion key messages to both school students and adults
3. The improvement of bathrooms in people's homes to ensure they have functioning hardware.

The soap that is being provided free to communities is donated by SoapAid, a not-for-profit organisation founded in Australia. They aim to save and improve the lives of children in disadvantaged communities through the facilitation of improved hygiene practices around the use of soap and to contribute to a reduction in environmental degradation through soap recycling.

In the SCK program, all homes in participating communities, will receive free bar soap, and community facilities such as schools or clinics, can have either bar soap or liquid soap in a dispenser.

In relation to education, the school students will receive hand and face washing education. However, to ensure they have the hardware in their homes to ensure good personal hygiene and to encourage role modelling by their carers, the SCK program also includes some key messages for the adults who live in the community.

The AEHWs' role in SCK is to be the "go to people" in communities and:

- provide advice on where the soap should be stored
- provide advice on where the soap should be distributed
- provide advice on how much soap is being provided to the community
- support the installation of soap dispensers, and
- conduct bathroom audits and provide basic maintenance.

A range of existing resources have been identified, and all regions implementing SCKs have been requested to use these. This will allow a consistent message to be disseminated to all communities and will make it easier to evaluate the education components of the program.

These include:

- The Milpa resources
- The No Germs on Me resources

We have developed a new sticker to ensure that we cover both hand and face washing within the SCK program.

Practitioners are also encouraged to use the Mister Germ activity, which uses UV light to show up germs on hands.

Some specific SCKs resources have been developed by the Aboriginal Health Council of WA. In addition, some of the regions have developed resources to suit their communities, which is great provided they stick with the key messages.

The AEHWs' role varies with the health promotion but may include:

- assisting with the school education sessions
- displaying posters and leaflets in the community
- creating home care packages, such as this one shown from Bundiyarra Aboriginal Corporation
- having conversations with adults about how and when to wash their hands and face, during the bathroom audits.

We also have some innovations within the SCK program. The figure below shows the bucket sink, which is easy to transport and allows people to wash their hands anywhere there is water provided.



## SCK Resources



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The team has also adapted local resources to use in the schools as a tool to evaluate the education sessions that the kids are receiving. As shown here, the students have to put the photographs in the correct order for washing their hands following the education session.



## EHWs Role

- Bathroom audit once every 3 months
- At that audit:
  - Give out 2 bars of soap
  - Provide & install a soap holder &/or soap sock
  - Clean wall and stick on a No Germs on Me hand and face washing sticker
  - Have a conversation about how to wash your hands & why



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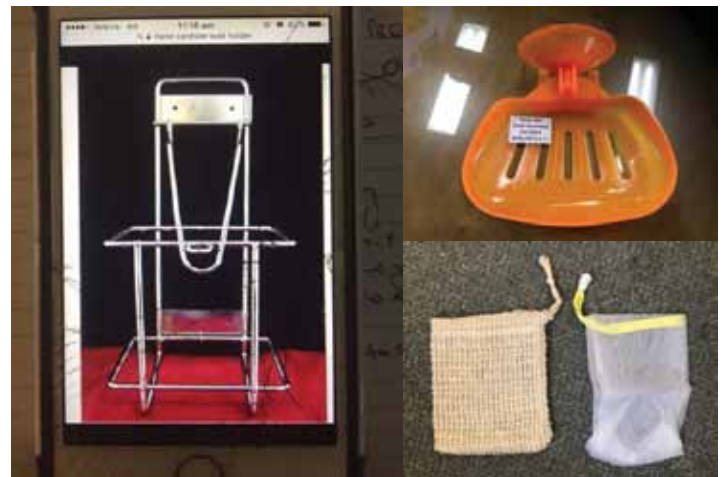
The slide above reinforces the important role of the AEHWs.

The bathroom audit is a critical component of the SCK program. The AEHWs have been asked to try to get to every home once in a 3-month period. At this audit, they will:

- Give out at least two bars of soap
- Provide and install a soap holder and/or soap sock
- Conduct any minor repairs
- Clean the wall about the wash hand basin and stick on the hand and face washing sticker
- Have a conversation with the adults about how, when and why to wash their hands and face.

Training on this process and the health promotion messages has been provided by the SCK team.

So far, we have delivered 11 remote workshops and trained over 60 AEHWs. We are yet to deliver these workshops to the Kimberley.



Liquid soap for community facilities

Soap holders = 2 per house

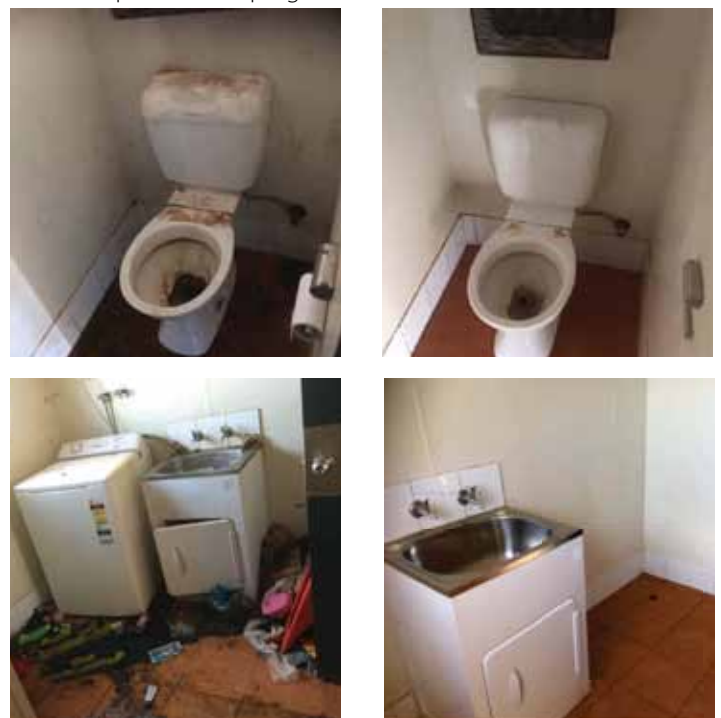
This figure shows the liquid soap dispenser and the soap dishes and soap socks available in the SCK program.

## BATHROOM AUDITS



This photo shows the state of some of the bathrooms in remote communities and reinforces the importance of the E (environmental changes) in the WHO SAFE trachoma strategy.

Below are before and after shots of some of the bathrooms already cleaned up in the SCK program.



We have developed a bathroom assessment form which will be used by all AEHWs. The data will be entered and analysed and we will be able to see changes in individual communities and (de-identified) houses over time. Another evaluation measure will be a comparison of clinic data before and after the program.



This figure demonstrates the “bathroom kit” which is being used by the AEHWs.

In conclusion, the SCK program is aiming to reduce and, if possible, eliminate trachoma from remote Aboriginal communities in WA by working in a holistic manner and integrating health promotion and bathroom audits and repairs as critical components.

#### For more information

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#### Glossary

AEHW Aboriginal Environmental Health Worker  
SAFE Surgery, antibiotics, facial cleanliness, environmental improvement  
SCK Squeaky Clean Kids  
WHO World Health Organization