

KCCO



Kilimanjaro Centre for
Community Ophthalmology

Experience using Key Informants in Tanzania to identify children with blindness and low vision

Sylvia Shirima
& Fortunate Shija

*Supported by A2Z: The USAID Micronutrient and Child
Blindness Project*

Key Informant

- Key Informants are people who live in and know their community very well through their occupational and/or social roles,
- Who are likely to know about children with blindness or visual impairment
- Who are likely to be reliable informants
- Who are willing to contribute their time to identify children (Muhit, 2003)

KI IN OTHER SETTINGS

- BANGLADESH

 - More effective than CBR, Health workers
 - Particularly good for identifying girls

- MALAWI

 - 75% of school age kids are not in school
 - Male KI more effective than female

Primary Purpose of the A2Z/USAID project

- Improve early identification of children needing eye surgery and treatment
- Assess practicality of using KI to reach areas far from tertiary facilities
- Compare to training of health workers

Key Informant Method

- Primarily aimed for 'backlog' cases
- Uses community representatives to find children with visual impairment
- Fast, accepted, inexpensive
- Disadvantages
 - Not capturing incident cases,
 - High drop out rate
 - Could become expensive

Mara and Singida Regions of Tanzania

Selected because:

- V2020 regional programs in place
- Comprehensive eye services
- Infrastructure was in place for referral



Planning

- Mara & Singida mapped
- Logistic by MoH staff
- Training of KI by KCCO staffs
- Training of HW by KCCO staff
- Screening by MoH staff

Training

KI

- 1 day
- Letters sent to village leaders to select Key Informants
- Training in venue near to villages

HC WORKERS

- 1 day
- Notified by MoH
- Training at district hospital

Training topics

- Recognition of a child with visual problems
- “White pupil” (generally cataract) recognition
- Information about “cataract”
- Strategies to raise awareness
- Steps to make sure a child receives eye care
- Follow up and rehabilitation procedures

AFTER TRAINING

- Arrangement for date and location for screening
- Location close to villages of trainees
- Avoid long distance to bring children
- Based on pilot
- Screening three weeks after training

Incentives

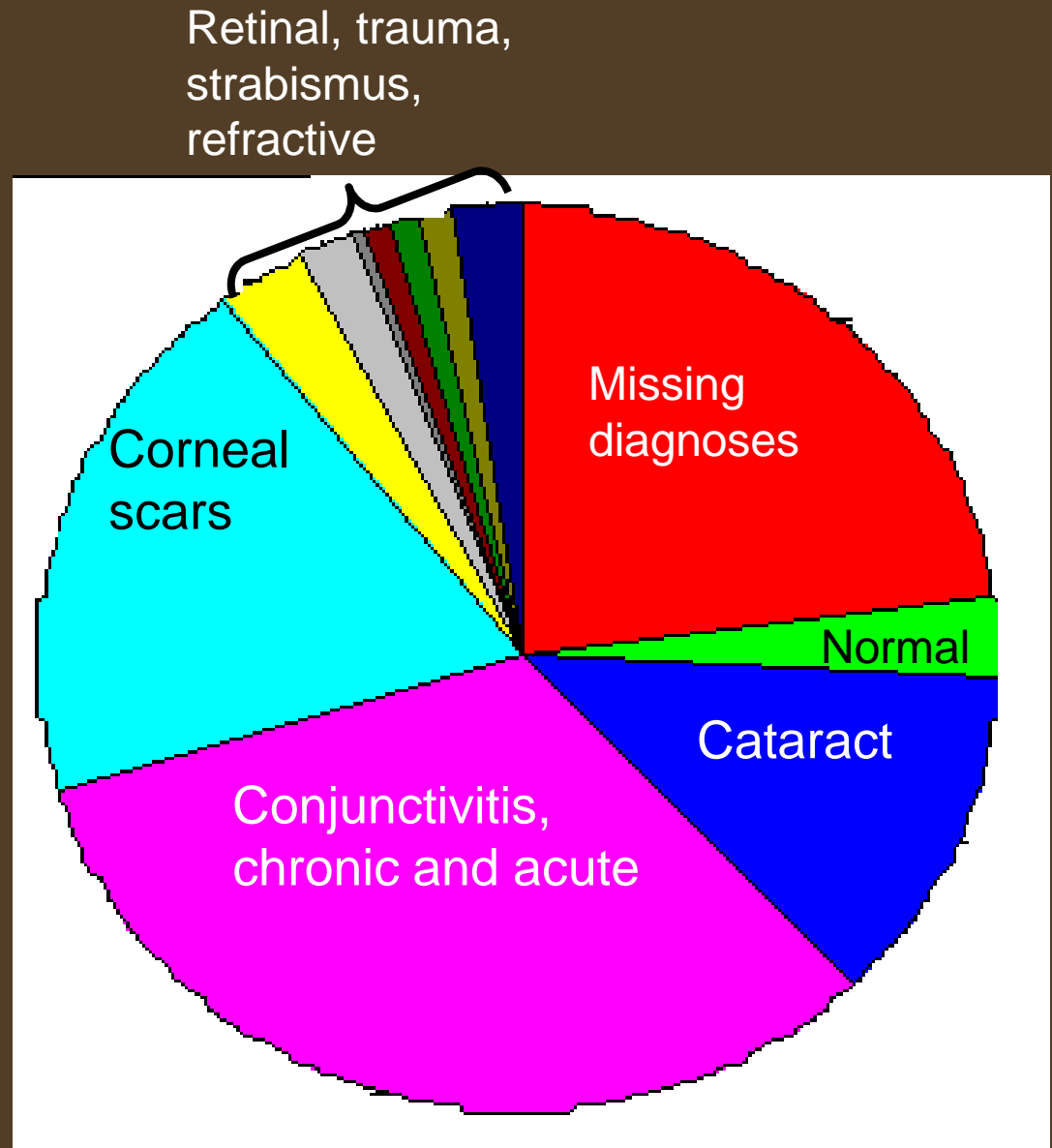
- T shirts
 - After training
 - At screening
- Certificates
 - After training

Results after 2 years

	Key informants	Health workers	Total
Number trained	197	63	260
Number kids collected by screener	549	22	571
Productivity (kids/screener)	2.78	0.03	

Key informants were more productive than health workers

Most had significant eye problems, many required treatment



LESSONS LEARNED

- Community key informants more productive than health workers
- Cell phones key to communication
- Older KI more productive
- Requires good management structurally
 - good follow up

- Incentives needed



OTHER ACTIVITIES

- Training manual developed
- Assessment of cost of childhood cataract surgery

NEW PROJECT (2008-2010)

- Project areas: Madagascar-
Vakinankaratra
Tanzania- Karatu, Lushoto, Babati
- Now using field assistants for training

RATIONALE FOR USE OF FIELD ASSISTANTS

- Close contact person for the key informants
- Introduce new training methods and reduce loss of data
- Reduce costs
- Field assistants trained for three days at KCCO on training skills and simple computer skills

LESSONS LEARNED

- Strong follow up needed
 - monthly evaluation reports/meeting with FA
- More coverage by Field Assistants