



MENTORING COMMUNITY CASE FINDERS TO INCREASE VOLUME OF EYE SURGERY IN RURAL TANZANIA

SAFE PROJECT, IMA WORLD HEALTH, TANZANIA

PROGRAM OVERVIEW

Trachomatous Trichiasis (TT) is a neglected tropical disease which can cause irreversible sight loss from the in-turned eyelashes scratching the cornea. IMA World Health's SAFE (surgery, antibiotics, facial cleanliness, and environmental improvements) Project provides eye surgeries to those with TT in order to preserve their sight. Our intervention of mentoring community case finders and engaging with community leadership has been successful in increasing the number of TT patients who present for surgery.

MENTORING CASE FINDERS

SAFE Project staff prepare community case finders to be deployed through close mentoring using the WHO-endorsed International Coalition for Trachoma Control (ICTC) training manual. From July 2014 through April 2017, case finders were able to screen and refer an average of 6 to 10 TT cases per day to the surgical outreach camp. When cases referrals curiously declined in 2017, IMA began deploying one additional case finder per village to reduce the workload and improve case finding. Community leaders were also recruited to support case finding in their villages.





The case finders and community leaders were trained together on accurate case detection and referral of patients by program surgeon and screener mentors, who accompany the case finder team on several home visits. Following the mentorship period, the number of newly confirmed TT cases from previously intervened areas rose from the 3 TT cases per case finder (in September 2017) to 7 or more patients per case finder (in April 2018). The program mentors helped the case finder team detect over 3,000 previously missed cases over the course of this intervention (August 2017 to date), out of a total 7,000 surgeries. With this increased case load, surgeons were performing between 8 to 10 TT procedures on average per day, which is considered an appropriate number of surgeries per ICTC guidelines.

ENGAGING COMMUNITY LEADERSHIP

The SAFE Project has trained nearly 3,000 community leaders through March 2019 to support TT community case finders. These leaders play the crucial role of trust building between the community and health workers. They actively clear up misconceptions and convince those who are suspicious of the procedure that it is safe and helpful for them. They also help explain that recovery typically takes just a few days and only requires follow-ups one day, one week, and 3 months after surgery. Since many patients cannot afford to be away from work for more than a few days, this brief recovery period factors heavily into their decision to seek treatment.

As they have gained knowledge and experience in accurate TT case detection and referral, case finders and community leaders have grown more confident in case finding, resulting in an increased sense of local ownership of the program. By engaging over 5,000 community case finders and village leaders as part of SAFE implementing teams, the communities' perception towards vertical programs has dramatically changed. Now they see the SAFE Project as an opportunity for everyone in the community to play a role in addressing these health problems that afflict their neighbors, friends, and family. This community adoption of program tasks brings the added benefit of expanding the program's reach while decreasing implementation costs.

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