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

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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 practically 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

<table>
<thead>
<tr>
<th></th>
<th>Key informants</th>
<th>Health workers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number trained</td>
<td>197</td>
<td>63</td>
<td>260</td>
</tr>
<tr>
<td>Number kids collected by screener</td>
<td>549</td>
<td>22</td>
<td>571</td>
</tr>
<tr>
<td>Productivity (kids/screener)</td>
<td>2.78</td>
<td>0.03</td>
<td></td>
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</tbody>
</table>

Key informants were more productive than health workers
Most had significant eye problems, many required treatment.

<table>
<thead>
<tr>
<th>Eye Condition</th>
<th>Pie Chart</th>
<th>Description</th>
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<tbody>
<tr>
<td>Retinal trauma, strabismus, refractive</td>
<td>Missing diagnoses</td>
<td></td>
</tr>
<tr>
<td>Corneal scars</td>
<td></td>
<td></td>
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<tr>
<td>Conjunctivitis, chronic and acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract</td>
<td>Normal</td>
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</tbody>
</table>
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