

ACHIEVING COMMUNITY SUPPORT FOR TRACHOMA CONTROL

A guide for district health work

Victoria Francis

*Consultant in Primary Health Care Education and Training
for*

Helen Keller International, New York
The International Centre for Eye Health, London, U.K.

Virginia Turner

Trachoma Task Force Coordinator
Helen Keller International, New York

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INTRODUCTION TO THE MANUAL

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1.2	The purpose of this manual
1.3	How to use the manual
1.4	How the manual fits with others in the series

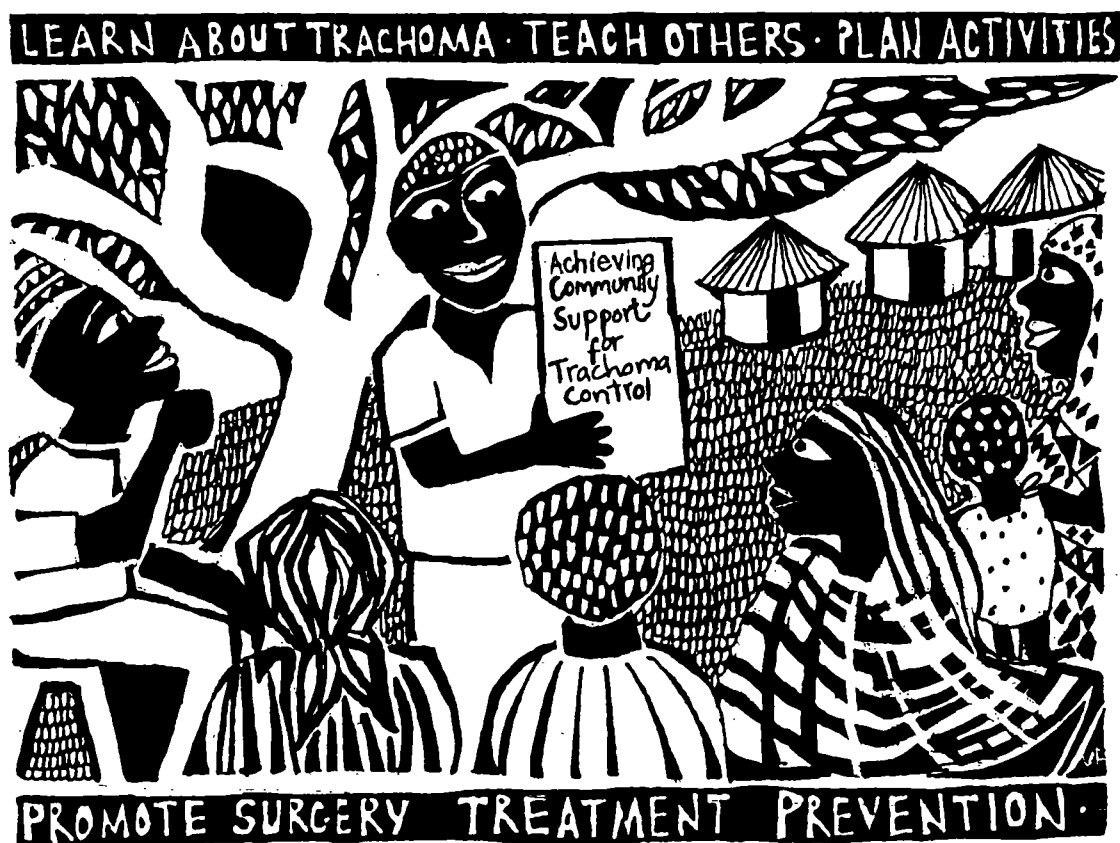


fig. 1 Using the manual for training and stimulating community interest

1.1 Introduction

Trachoma is often referred to as "a community disease". Scientists study the germ that causes the disease (*Chlamydia trachomatis*); epidemiologists monitor its prevalence. But, **the best place to control trachoma is in the community.** How can this be achieved? How can communities who are often burdened by other problems be encouraged to support activities to reduce blindness from trachoma? Those who live and work in the area are usually the best people to answer these questions and to promote trachoma control with the community.

1.2 The purpose of this manual

The purpose of this manual is to provide district health workers with guidelines for achieving community support for trachoma control activities. If you know or suspect trachoma to be a problem in your area, this manual will give you some ideas on how to detect, treat and prevent the disease. Material from it can be adapted for training and involving others in trachoma control.

In some countries, trained eye nurses or ophthalmic clinical officers may be in a position to act as leaders in the fight against trachoma. However, the activities described in this book can be done by all health workers experienced in community work.

1.3 How to use the manual

The manual can be used in a number of ways:

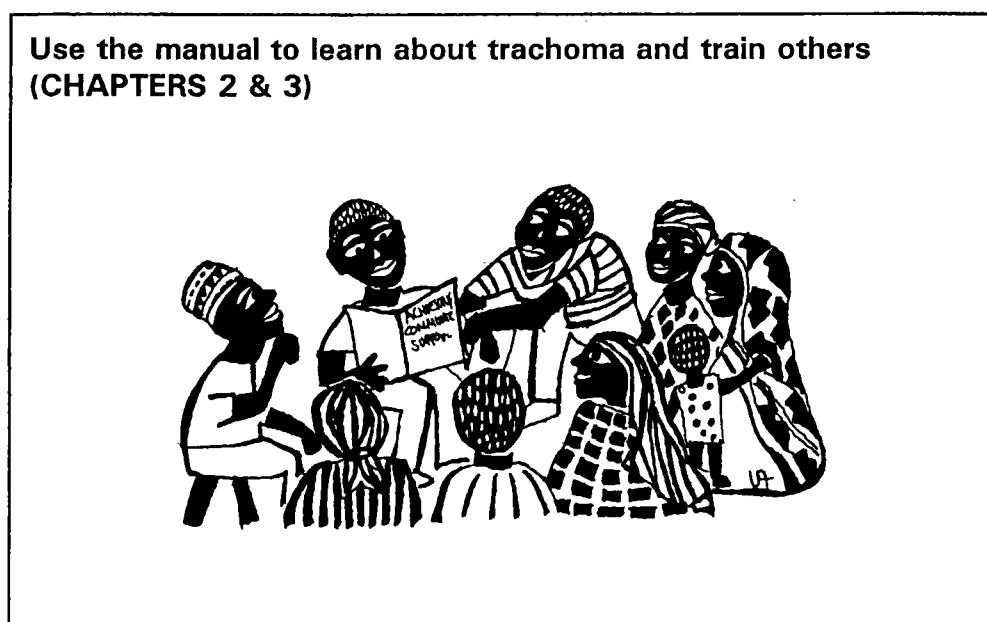


fig.2

Use the manual to find out about trachoma in your community:
follow the simple four step guide (CHAPTER 4)



fig.3

Use the manual to get practical ideas on how to achieve
community support for trachoma control (CHAPTER 5)

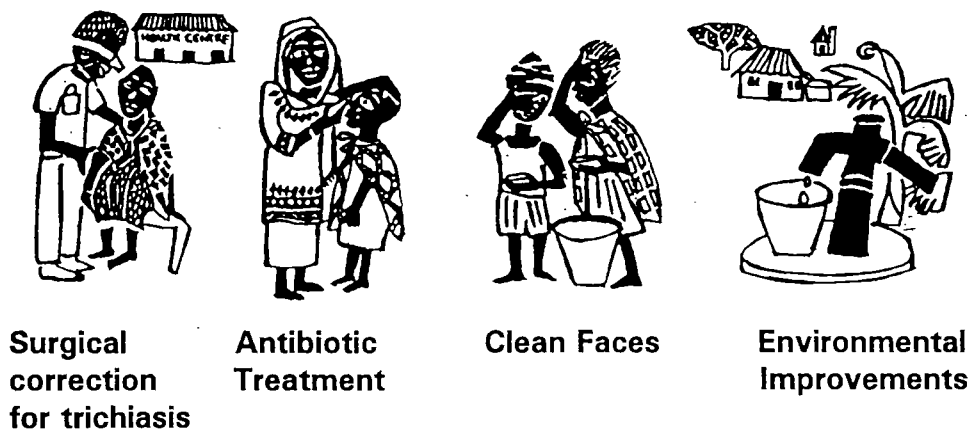


fig.4

1.4 How the manual fits with others in the series

There are three manuals in this series. Each concentrates on different levels of expertise needed to understand the problem and prevent blindness from trachoma.

THREE MANUALS ABOUT TRACHOMA

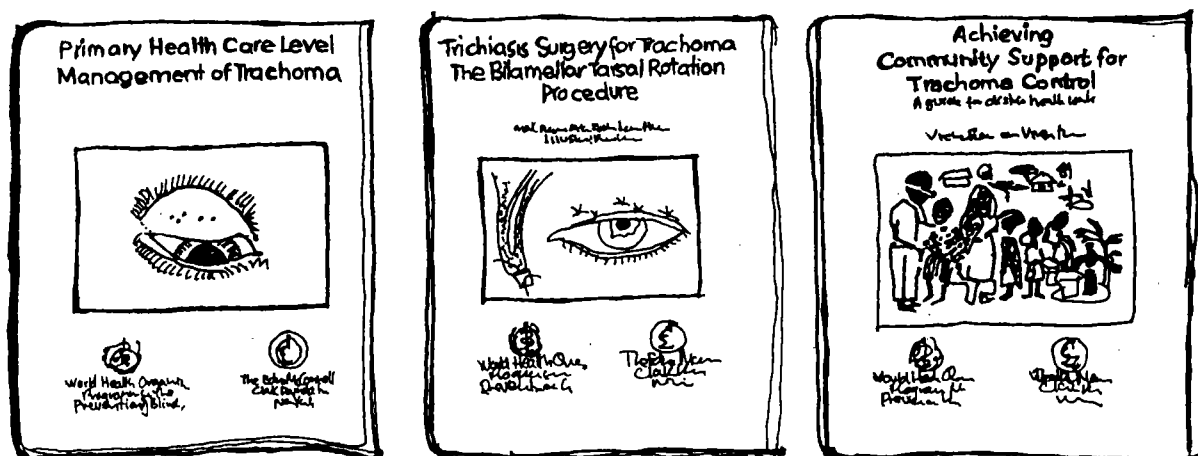


fig.5

THE BLUE MANUAL WHO/PBL/93.33

This manual is for those who want to conduct an epidemiological assessment in order to find out how big the problem is and what is needed for primary level management. It is for health personnel and planners.

THE YELLOW MANUAL WHO/PBL/93.29

This manual is for teaching the surgical technique which can prevent blindness from the late stage of the disease. It is for those who train doctors, eye nurses and general nurses how to do the surgery.

THE GREEN MANUAL WHO/PBL/93.36

This manual is for district health workers to encourage community action to control trachoma. It can be used as a guide for training and stimulating community interest in preventing blindness from trachoma.

WHAT IS TRACHOMA?

- 2.1 What is the disease?
- 2.2 How is trachoma recognised?
- 2.3 How is trachoma spread from person to person?
- 2.4 Where is trachoma likely to be a problem?

TRACHOMA IS A MAJOR CAUSE OF BLINDNESS •



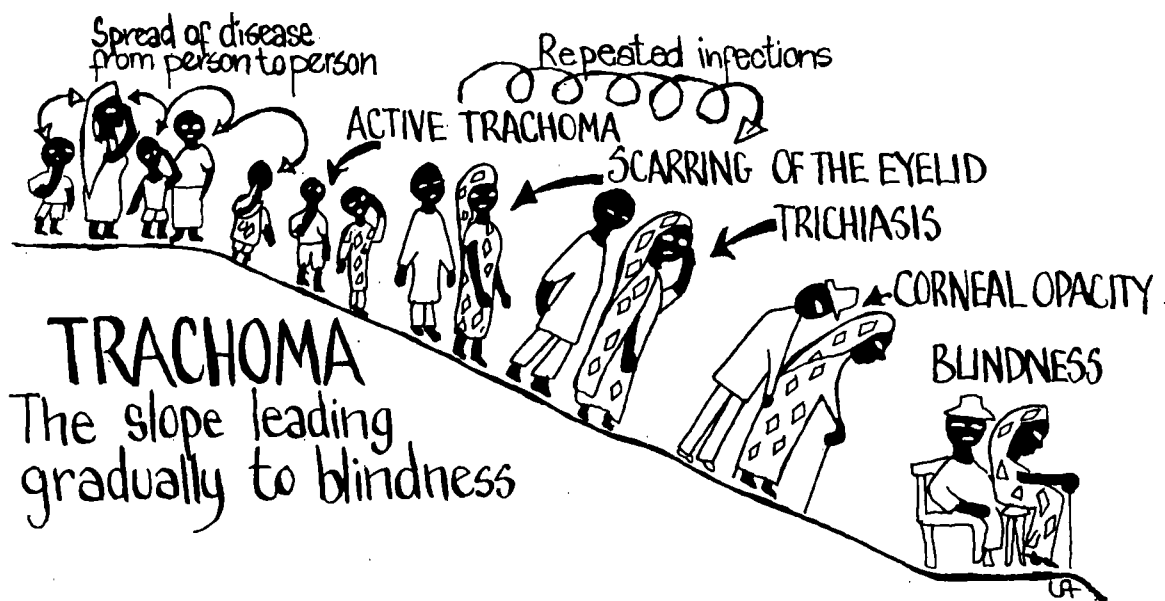
TRACHOMA CAN BE PREVENTED & TREATED

fig. 6 Trachoma is a major cause of blindness around the world.

2.1 What is the disease?

Trachoma is an infectious disease of the eye. It is caused by the micro-organism *Chlamydia trachomatis*. The infection gives rise to inflammation which can be seen as redness, discharge, follicles and swelling of the inner lining of the eyelids. After repeated infection, usually for several years in childhood, the inflammation causes scarring of the inner lining of the eyelid. If the scarring is severe, over time the eyelashes turn in, a condition called trichiasis. The inturned eyelashes rub on the eye, especially the cornea. The constant rubbing of the eyelashes on the cornea causes white scarring to appear. The white scarring of the cornea produces loss of vision and blindness.

In communities where trachoma is a problem, infection starts early in childhood. Trachomatous inflammation (TI) from repeated trachoma infection becomes intense in preschool and school-age children. Inflammation is seen in a small percentage of adults and scarring is common. However, if the community has a severe trachoma problem, scarring is also seen in young children.



Note: Use the trachoma grading card to recognise these signs

Does trachoma always lead to blindness?

Repeated infections are necessary for blindness, so it is important to treat and prevent even if people already have trachoma. Blindness from trachoma can be prevented. At each stage it is possible to prevent "sliding down the slope". Figure 8 shows what can be done to prevent the disease leading to blindness. The final goal of trachoma control is to enable people to live safely, far from the slope.

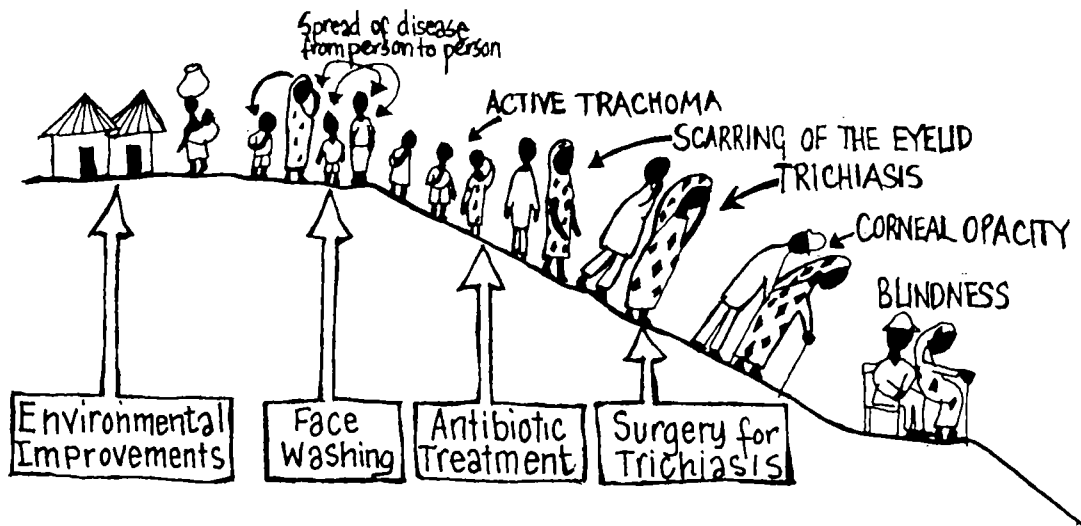


fig. 8 Blindness from trachoma can be prevented.

2.2 How is trachoma recognised?

There are five main signs of trachoma. A person with trachoma can have more than one sign at the same time. WHO has developed a simplified grading system for recognising and naming these signs. This system is described in detail in the [BLUE Manual: Primary Health Care Level Management of Trachoma](#). A summary of this grading system is provided on the following page.

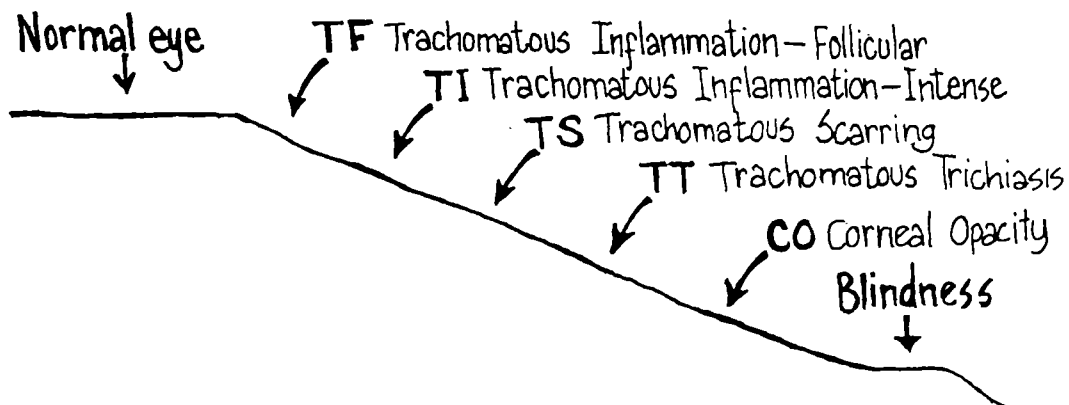


fig. 9 Where WHO grading categories occur on the 'slope' leading to blindness

The WHO grading system for trachoma

TF Trachomatous Inflammation - Follicular

The first sign of trachoma (TF) is seen mostly in children. Children who have red sticky eyes and complain of itchy, painful eyes could have trachoma. This is confirmed by looking at the inner lining of the upper eyelid. (You need to turn the eyelid over to see this.) In active trachoma, the inner lining of the eyelid has small white dots which are called follicles. This is called TF or Trachomatous Inflammation - Follicular.

Definition: The presence of five or more follicles (0.5mm or greater in diameter) in the central upper tarsal conjunctiva.

TI Trachomatous Inflammation - Intense

The second sign (TI) is recognised when the inner surface of the upper eyelids becomes so inflamed it is difficult to see the blood vessels. This is called TI or Trachomatous Inflammation - Intense.

Definition: Pronounced inflammatory thickening of the upper tarsal conjunctiva that obscures more than half of the normal deep tarsal vessels.

TS Trachomatous Scarring

The third sign (TS) is seen after repeated infections when the inner lining of the eyelid becomes scarred. People suffering from this sometimes complain that it feels like there is sand or insects in the eyes. You may or may not be able to see red, sticky eyes; however, if you look at the inner surface of the eyelid, you will see signs of the scarring - it looks like white streaks. This is called TS or Trachomatous Scarring.

Definition: The presence of easily visible scarring in the upper tarsal conjunctiva.

TT Trachomatous Trichiasis

The fourth sign (TT) occurs when the scarring causes the inner lining of the eyelid to thicken and the shape of the eyelid to change. This pulls the eyelashes down towards the eyeballs. The eyelashes then rub on the eyeball. This condition is called trichiasis. This stage of the disease is well recognised in communities where trachoma is a significant problem, and many communities have developed their own ways of dealing with it, such as removing irritating eyelashes using locally made tweezers. This is called TT or Trachomatous Trichiasis.

Definition: At least one eyelash rubs on the eyeball, or evidence of eyelash removal.

CO Corneal Opacity

The fifth sign (CO) can be easily seen. The eye looks white where it should be clear. If the eyelashes continue to rub on the cornea, scarring will cause loss of vision. This is called CO or Corneal Opacity.

Definition: Easily visible corneal opacity over the pupil.

2.3 How is trachoma spread from person to person?

Trachoma is easily spread, especially among children. There are a number of ways that the germs can move from person to person:

- ◆ Children with trachoma usually have red and sticky eyes and sometimes runny noses. If the discharge contains the trachoma germ it can be easily passed onto fingers and cloths.
- ◆ Flies are attracted to the discharge on eyes and carry the trachoma germs to other people's eyes.
- ◆ When children sleep close to each other, the germ is easily spread from child-to-child, child-to-cloths and cloths-to-child.
- ◆ Women are especially vulnerable to trachoma because they spend so much time with children.



fig. 10 How trachoma is spread

2.4 Where is trachoma likely to be a problem?

Trachoma is usually found in rural areas where there is a severe lack of water and good hygiene is hard to keep up, especially where the climate is dry and the environment is dusty.

Conditions which contribute to severe trachoma vary from place to place. The important ones are:

There is a lack of water

Water is a great distance from the home and all of it must be carried. This takes time. Most of this time is women's time. Face washing for children is only one of the many demands on a limited supply of water.

There are a lot of flies

Where animals are kept near the home, flies may breed in the dung. They fly to the eyes for water and food and carry the eye discharge (with trachoma germs) from person to person.

There is overcrowding where children sleep

Children are the main source of infection. Re-infection and severe disease are more common where a lot of children are living and sleeping close together.

Other contributing factors

Eye irritants

Kohl (an eye cosmetic), smoke from a cooking fire, dust, traditional treatments and other irritants or eye infections cause the eye to be red and sore so the child rubs and further irritates and infects the eye.

An arid or semi-arid climate produces dust and dust storms at the driest times of the year. This causes further irritation to the eyes.

Poverty

The above factors are typical of communities with many infectious diseases. Where there is poverty (having poor land, few animals, low-paying work, little education) there is more likelihood that people will be at risk from blindness from trachoma.

HOW CAN TRACHOMA BE CONTROLLED?

- 3.1 Four components for trachoma control: **S A F E**
- 3.2 Specific activities for **S A F E**
- 3.3 People who can be involved in trachoma control
- 3.4 Summary guide to trachoma control



fig. 11 What can be done to control trachoma?

3.1 Four components for trachoma control: S A F E

Effective control should include all of the following:

- S** Surgical correction for trichiasis
- A** Antibiotic treatment of cases of active trachoma (tetracycline 1% ointment applied to the eyes)
- F** Clean faces to prevent the disease from spreading from one child to another
- E** Environmental improvement (water and sanitation) to get rid of the disease altogether



fig. 12

Surgical correction for trichiasis



This is the "last chance" and the most urgently needed action to prevent blindness from trachoma.

A simple operation can turn out lashes which are scratching the cornea. Patients can be operated on in a local dispensary or health centre. The procedure can be performed by those who have had surgical training: eye doctors, eye nurses or eye care assistants. (See Trichiasis Surgery for Trachoma - The Bilamellar Tarsal Rotation Procedure - YELLOW MANUAL.)

Antibiotic treatment of people with active trachoma infection



Regular detection and treatment of people with active trachoma is important.

Recommended treatment is as follows:

- i) wash the face and clean the eyes,
- ii) apply Tetracycline 1% eye ointment to both eyes two times daily for six weeks.

The ointment is sticky and may, for a few minutes, blur vision. Explain that this will last for only a few minutes. It may be practical to apply the ointment at night before sleep. If there is enough tetracycline eye ointment, treat all the children in the family. (See THE BLUE MANUAL.)

Clean Faces



Families and individuals can do something to protect themselves from infection. Increasing the number of times a child washes her face is effective. It removes discharge so that flies are not attracted to faces. It does not require great quantities of water: one litre of water held in a tin can with a small hole in the bottom - 'a leaky tin' - can be used to wash discharges from the eyes of as many as 30 children. (See Chapter 5.)

Environmental improvement



Changes at the community level

Improved water supply, sanitation and housing could prevent trachoma altogether. This is the most difficult and long-term part of trachoma control and should be part of other community development efforts.

Changes at the household level

Construct and use latrines; dispose of rubbish. This will reduce the number of flies and therefore the transmission of infection. Separate and ventilate sleeping areas.

3.2 Specific activities for SAFE



S



A






F




E

To implement any of the SAFE components, there could be a number of activities. There is no single prescription. Each team needs to consider for themselves what is possible and appropriate in their community.

<p>S Lid Rotation Surgery for Trichiasis</p> 	<p>What it is:</p> <ul style="list-style-type: none"> ◆ This surgery is effective and will prevent further loss of vision from lashes rubbing on the cornea. ◆ Nurses, clinical officers or medical assistants can be trained to perform this operation. ◆ It can be performed in a local dispensary or clinic - there is no need to do it in a hospital. ◆ Patients should be seen between 6 months to one year after the operation to make sure the eyelashes have not turned in again. <p>What is needed?</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Personnel</td> <td>• Trained to perform lid rotation surgery</td> </tr> <tr> <td>Training</td> <td>• 2-4 week training in eye surgery</td> </tr> <tr> <td>Administration</td> <td>• Record books</td> </tr> <tr> <td>Equipment</td> <td>• Sets of instruments</td> </tr> <tr> <td>Supplies</td> <td>• Sutures</td> </tr> <tr> <td></td> <td>• Medicines</td> </tr> <tr> <td></td> <td>• Anaesthetic</td> </tr> <tr> <td>Transport</td> <td>• As available or shared with other primary health care (PHC) services</td> </tr> </table> <p style="text-align: right; margin-top: 10px;">(REFER TO THE <u>YELLOW</u> MANUAL)</p>	Personnel	• Trained to perform lid rotation surgery	Training	• 2-4 week training in eye surgery	Administration	• Record books	Equipment	• Sets of instruments	Supplies	• Sutures		• Medicines		• Anaesthetic	Transport	• As available or shared with other primary health care (PHC) services
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	• Medicines																
	• Anaesthetic																
Transport	• As available or shared with other primary health care (PHC) services																

<p>A Tetracycline Eye Ointment 1% to treat individuals/families</p> 	<p>What it is:</p> <ul style="list-style-type: none"> ◆ Individuals with moderate or severe active trachoma (TF or TI) should be treated. So should other children in the family. Recommended treatment of individuals is tetracycline eye ointment 1% twice a day for 6 weeks. ◆ Treatment with tetracycline alone without any change in behaviour (face washing) will only reduce the severity of disease for a period of one or two months, and then it is likely to return again. ◆ Another option is to treat the whole community. Treatment schedules depend on local considerations. One schedule is 5 consecutive days per month for 6 consecutive months in the year. As with individual and family treatment, "mass treatment" alone is unlikely to eliminate trachoma infection. <p>What is needed?</p> <p>Personnel • Mothers, teachers, volunteers Village health workers</p> <p>Administration • Stock cards and record books</p> <p>Equipment • Stock cupboard with lock</p> <p>Supplies • Tetracycline eye ointment</p> <p>Transport • A means for distributing the medicine</p> <p style="text-align: right;">(REFER TO THE <u>BLUE</u> MANUAL)</p>
<p>F Increased Face washing to keep children's faces clean</p> 	<p>What it is:</p> <ul style="list-style-type: none"> ◆ Keeping children's faces clean. This is not simple. It involves many complex areas of community life including women's time and perceived priorities. This option, in the long run, may provide the most benefits to the individual, the family and the community. ◆ Child to Child. Teach older siblings to increase face washing of younger brothers and sisters. ◆ Encourage pre-primary and primary schools to promote face washing. ◆ Involve men in supporting all efforts to keep children's faces clean. <p>What is needed?</p> <p>Personnel • Groups of women, mothers, men, community health workers, school teachers</p> <p>Administration • Minimal</p> <p>Equipment • Leaky tins, gourds or pitchers</p> <p>Supplies • Materials for school teachers to use</p> <p>Transport • Minimal</p>

<p>E Environmental improvement</p> 	<p>What it is:</p> <ul style="list-style-type: none"> ◆ Local health workers and communities identify village development priorities and work for change. ◆ Links are established with people and organisations who can help plan water and sanitation projects. ◆ Families construct water tanks and water jars to improve their own water supply. ◆ Families construct and use Ventilated Improved Pit latrines (VIPs) to reduce the number of flies. ◆ Rubbish is disposed of so that flies do not breed. ◆ Local health workers and communities identify what, if anything, can diminish flies breeding in cow dung. <p>What is needed?</p> <p>Personnel</p> <ul style="list-style-type: none"> • Functional and active committees or groups working in the area • Families, individuals, health workers, water engineers, village volunteers, religious leaders <p>Training</p> <ul style="list-style-type: none"> • How to establish and maintain effective community committees • How to make toilets • How to construct water jars <p>Supplies</p> <ul style="list-style-type: none"> • Materials for construction (pipes, concrete, sand etc.) <p>Transport</p> <ul style="list-style-type: none"> • Vehicle to transport materials and to go to meetings
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3.3 People who can be involved in trachoma control

Community trachoma control projects should be linked to other organisations and groups working for development. Wherever possible, integrate eye care activities into existing PHC services.

- ◆ Government acceptance and support is vital for projects to operate within the health infrastructure.
- ◆ If the country has a National Prevention of Blindness Programme, be sure to participate so that experiences and lessons from different projects can be shared. This is beneficial to your own efforts, and it can also potentially help others set up community trachoma control in their own districts.
- ◆ Find out about other non-governmental organisations (NGOs) working in the area and discuss possibilities for co-operation.
- ◆ Look for opportunities to work with other projects promoting immunisation, school health and mother and child health (MCH).

Promoting the S A F E activities should involve everyone in the community. Figure 13 illustrates some of the people who could play an important part in supporting trachoma control at the community level.

WHO CAN BE INVOLVED IN TRACHOMA CONTROL ACTIVITIES?



S

To conduct surgery:

Nurses
Medical assistants
Doctors

To encourage people to come for surgery:

Patients
Relatives
Traditional healers
Community leaders



A

To treat families with antibiotics:

Village health workers
Integrated eye workers

To ensure regular treatment:

Mothers
Fathers
Grandmothers
Other relatives



F

To keep children's faces clean:

Mothers
Grandmothers
Fathers
Older brothers and sisters

To promote face washing:

Everyone
Community workers
Village health workers
School teachers and children
Traditional healers
Traditional birth attendants



E

To advocate for improved environment - water and sanitation:

Health committees
Community leaders
Public works
Politicians
NGOs


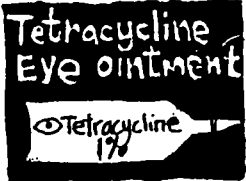
To support local community participation:

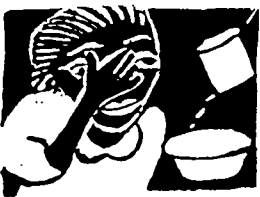

Development workers
Women's groups
Village health workers

fig. 13 People who can be involved in controlling trachoma in the community.

3.4 Summary guide to trachoma control

(REFER ALSO TO BLUE AND YELLOW MANUALS)

	 S Surgery for trichiasis	 A Antibiotics to treat active trachoma: Tetracycline eye ointment 1%
What you need to know	<p>How to recognise trichiasis (TT)</p> <p>How to perform lid surgery (<u>Yellow</u> Manual)</p> <p>How to train health workers</p>	<p>How to grade trachoma (<u>Blue</u> Manual)</p> <p>Recognize TF and TI</p> <p>Know the alternative treatment strategies</p>
What you need to do	<p>Learn how to do lid surgery</p> <p>Equip your clinic for lid surgery</p> <p>Mobilize the community to find trichiasis cases</p> <p>Perform good lid surgery</p> <p>Follow up your patients</p>	<p>Assess the community for active trachoma and trichiasis</p> <p>Explain the situation to the community</p> <p>Provide tetracycline</p> <p>Follow up 3-6 monthly</p>
What people in the community need to know	<p>Surgery is safe</p> <p>Surgery is simple</p> <p>Surgery is short (15 minutes)</p> <p>Surgery is successful</p> <p>Surgery stops blindness</p>	<p>The infection is in children</p> <p>How to put medicine in the eyes</p> <p>Medicine works but is not sufficient alone</p> <p>It must be used as recommended</p>
What people in the community need to do	<p>Come for the surgery and follow up</p> <p>Accompany elderly relatives who need surgery</p>	<p>Put ointment in the eyes daily for six weeks</p>

	 <p style="text-align: center;">F Face washing to keep children's faces clean</p>	 <p style="text-align: center;">E Environmental improvements</p>
What you need to know	<p>It is very important</p> <p>It is very difficult to increase face washing of children.</p> <p>How to train health workers</p> <p>How people become motivated to change</p>	<p>Where and what the water supplies are</p> <p>Community sanitary practices</p> <p>Who can help</p> <p>How to construct a VIP latrine</p>
What you need to do	<p>Train PHC workers</p> <p>Involve primary schools</p> <p>Work with groups of women</p>	<p>Meet with community leaders</p> <p>Find out how to integrate trachoma control with development projects</p> <p>Promote improved water and sanitation</p>
What people in the community need to know	<p>How face washing protects people against trachoma</p> <p>How to keep faces clean with little water - use the <u>leaky tin</u></p>	<p>Importance of water</p> <p>How flies transmit trachoma</p> <p>What can be done to reduce flies</p>
What people in the community need to do	<p>Keep children's faces as clean as possible throughout the day</p> <p>The clean faces message should be communicated by as many people as possible</p> <p>Use leaky tins where water is scarce</p>	<p>Construct water storage tanks</p> <p>Build toilets</p> <p>Keep home & village clean</p>

NOTES

FINDING OUT ABOUT TRACHOMA WITH THE COMMUNITY

- 4.1 Discussions and activities with the community to find out about trachoma
- 4.2 Finding out if trachoma is a problem in the village
- 4.3 Identifying how villagers can support trachoma control activities
- 4.4 Identifying how other groups can help with trachoma control activities



fig.14 Four activities to find out about trachoma with the community

4.1 Discussions and activities with the community to find out about trachoma

The first step in achieving community support for trachoma control is to involve the local health worker and the community in finding out about the disease. The district health worker can teach the local health worker and village members how to look for evidence of trachoma in the community.

This chapter suggests four simple FINDING-OUT activities:

- 1 Find out if there is likely to be trachoma in the village.
Action - discuss conditions with local health workers and leaders; look for evidence of trichiasis in adult women.
- 2 Find out if there is evidence of active trachoma (TF, TI) in children - examine children 4-7 years old.
Action - examine children.
- 3 Find out if individuals and families are willing and interested in supporting the trachoma control activities (SAFE).
Action - discuss with members of the community.
- 4 Find out if there are other groups who might support the SAFE trachoma control activities.
Action - make a map of the village.

The first two "finding-out activities" will require the district health worker to work with the local health workers. The second two "finding-out activities" can be done by the local health worker and community members on their own.

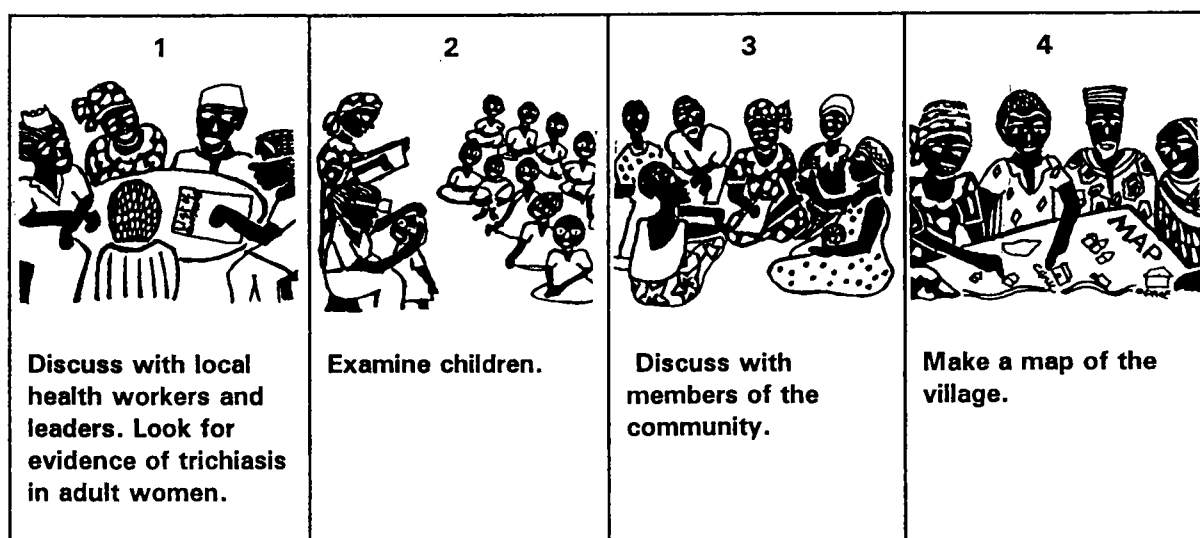


fig.15 Four activities to find out about trachoma with the community

4.2 Finding out if trachoma is a problem in the village

A full assessment of trachoma prevalence requires survey methods. These are described in detail in the Blue Manual of this series - *Primary Health Care Level Management of Trachoma*. If a full assessment using trachoma grading is not possible, or if you want to get a *rough* idea if a community is at risk of blindness from trachoma, two activities may be useful to you. The first involves talking to local health workers and village leaders, and looking for evidence of trichiasis in adult women. The second involves examining children's eyes for signs of active trachoma.

FINDING-OUT ACTIVITY 1: Talk with local health workers and leaders

As explained in chapter 2, there are a number of conditions that contribute to blinding trachoma: lack of water, many flies and overcrowding. Talk to the local health worker and village authorities to find out if these conditions are found in the village. Also find out if there is evidence of trichiasis in adult women. The following list of questions will help focus your discussions and observations.



fig.16

List of questions		Yes	No
Question 1	Is there a lack of water?		
Question 2	Are there a lot of flies, especially around children's faces?		
Question 3	Is there overcrowding? Do many children sleep in the same bed?		
Question 4	Is there a local word for trichiasis (inturned eyelashes)?		
Question 5	Are there adults (or children) in the village with trichiasis? If yes, ask if you can meet some of them to confirm the presence of trichiasis.		
Question 6	Did you see someone with trichiasis?		

FINDING-OUT ACTIVITY 2: *Look for evidence of active trachoma in children*

Examine the eyes of children. Find out if at least 10 out of 50 children aged 4-7 years have signs of active trachoma (TF and/or TI).

How to do it

- ◆ Teach the local health worker how to evert the eyelid and recognise TF and TI. (See trachoma grading card and other information in Blue manual.)
- ◆ Gather children aged 4 - 7 years in the village, or visit the local primary school and any pre-school group.
- ◆ With the local health worker, examine the eyes of 50 children.
- Examine both eyes. If you find trachoma in either eye, record and treat.
- ◆ A record form is provided on page 25 for you to record the findings.



fig.17 Examine the eyes of 50 children (aged 4-7) in the village or at a school

Note: Be sure that you have enough supplies of tetracycline 1% eye ointment to treat active trachoma cases and their families.

Note the names of the children with active trachoma (TF and TI) for future follow-up.

Instruct the local health worker how to provide the treatment.

If more than 10 of the 50 children have TF and/or TI, then the whole village may need treatment. You will need to discuss what needs to be done to reduce trachoma with the community leaders, parents and teachers.

Recording form

Village or school

Name of district health worker conducting the examination

Name of local health worker conducting the examination

Examine both eyes. Record your findings and treat the child and family with tetracycline eye ointment if you find TF or TI.

Child's name	TF ✓ if yes	TI ✓ if yes	X if no TF or TI	Child's name	TF ✓ if yes	TI ✓ if yes	X if no TI or TF
1				26			
2				27			
3				28			
4				29			
5				30			
6				31			
7				32			
8				33			
9				34			
10				35			
11				36			
12				37			
13				38			
14				39			
15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

Are there more than 10 of the 50 children with active trachoma? YES NO

4.3 Identifying how villagers can support trachoma control activities

Rather than telling villagers what to do to control trachoma, learn from them what they are willing and interested to do. Discuss the **SAFE** approach with the community and ask for their opinion on what is possible for them. A discussion guide is included in this section.



District health workers can take part in these discussions themselves, or they can explain the idea to the local health worker. The local health worker can then take time to discuss ideas with the community. These discussions are the first step towards involving the local community in trachoma control activities.



fig.18

FINDING-OUT ACTIVITY 3: *Discussions with the community*

How to do it

- ◆ Speak with a variety of people, not just with the men or just with the women; and not just with the educated or those who are better off.
- ◆ Speak to people who will have special insights, for example:
 - leaders of the village, community groups and church
 - senior trusted members of the community, especially older women
 - health care providers, community health workers or traditional healers.
- ◆ Ask open questions that will encourage detailed discussion, for example:
Open question: *Are there any problems with washing children's faces?*
Closed question: *Do you wash your children's faces often?* This type of question will only give you a yes or no answer.
- ◆ Record what you are told. But do not let your writing get in the way of good communication. Since some people get worried if you write down everything they say, it might be better to try to remember what you are told. Then make notes immediately after the interview or discussion.

Discussion guide

S WILL PEOPLE ACCEPT SURGERY?

- ◆ What are people already doing to remove inturned eyelashes?
- ◆ Do people think that blindness from inturned eyelashes can be prevented?
- ◆ Do people know about lid surgery?
- ◆ Would people be willing to have lid surgery if necessary to prevent blindness?
- ◆ What place is the most convenient for lid surgery?
- ◆ Who in the community can encourage people to go for surgery: traditional healers? community elders? school teachers?

A WILL PEOPLE USE ANTIBIOTIC EYE TREATMENT?

- ◆ Are there any traditional treatments for trachoma?
- ◆ Is tetracycline 1% eye ointment available locally?
- ◆ Would they be willing to buy ointment if necessary?
- ◆ Where is the most convenient place to keep supplies of tetracycline eye ointment?
- ◆ What experiences have people had with using the eye ointment?
- ◆ How long do they think they need to apply the ointment in order to treat trachoma?

F WILL PEOPLE ACCEPT FACE WASHING TO KEEP CHILDREN'S FACES CLEAN?

- ◆ What do they think they can do to keep flies away from children's faces?
- ◆ What do they do to keep children's faces clean?
- ◆ What might help them to keep children's faces more clean?
- ◆ How far do people go to fetch water?
- ◆ Who decides how water will be used?
- ◆ How much water do people think you need to keep children's faces clean?

E WILL PEOPLE MAKE ENVIRONMENTAL IMPROVEMENTS?

- ◆ What is the water supply like for this community?
- ◆ What are people's ideas about constructing and using latrines?
- ◆ Where are animals kept and why?
- ◆ Who makes decisions about changes to the home?
- ◆ Who make decisions about changes in the community?
- ◆ Do community members ever join together to improve water supply or rubbish conditions?

Discussion summary form to complete

What did you find out from discussions with the community?

S PEOPLE'S KNOWLEDGE, IDEAS AND FEARS ABOUT SURGERY



A PEOPLE'S KNOWLEDGE AND EXPERIENCE WITH USING ANTIBIOTIC OINTMENT



F HOW DIFFICULT OR EASY IT IS TO KEEP CHILDREN'S FACES CLEAN



E HOW DIFFICULT OR EASY IT IS TO ENCOURAGE THE COMMUNITY TO SUPPORT ENVIRONMENTAL IMPROVEMENTS IN THIS VILLAGE



4.4 Identifying how other groups can help with trachoma control activities

Find out what other activities, projects and organisations are working in the village. This will help you to see how to integrate trachoma control with existing health, educational, religious and social activities in the village. Maps can be a useful way of looking at and recording this information.

FINDING-OUT ACTIVITY 4: *Make a map with the community*

How to do it

Because there is a lot to record and you will need much space, you could start by drawing the map in the sand or with chalk on a concrete floor. It should then be copied onto paper so that you have a record of it for planning and evaluation later on.



fig. 19

What to include in the map

THE GENERAL LAYOUT OF THE VILLAGE

Houses
Fields
Forests
Where animals are kept
Water sources
Roads and paths
The community meeting place(s)
Total population of the village
Direction: North, South.

EDUCATIONAL FACILITIES

Schools
Where adult literacy classes take place (if any)

RELIGIOUS AND SOCIAL ACTIVITIES

Religious centres e.g. churches, mosques
Other places where religious groups meet
Common places for social gatherings

VILLAGE HEALTH FACILITIES

Clinic/dispensary/health centre
An arrow showing the direction and distance to the nearest district hospital
Where the local trained health worker lives
Where the traditional healer lives
Where the traditional birth attendant lives
If there are mobile health services, where they conduct the clinics
Days when there is a MCH Clinic

DEVELOPMENT ACTIVITIES

Local government offices
Where women's groups meet
Other development projects working in the area
Builders who can build pit latrines or water storage jars
Water and sanitation projects in the area
Forestation projects in the area
Grinding machine

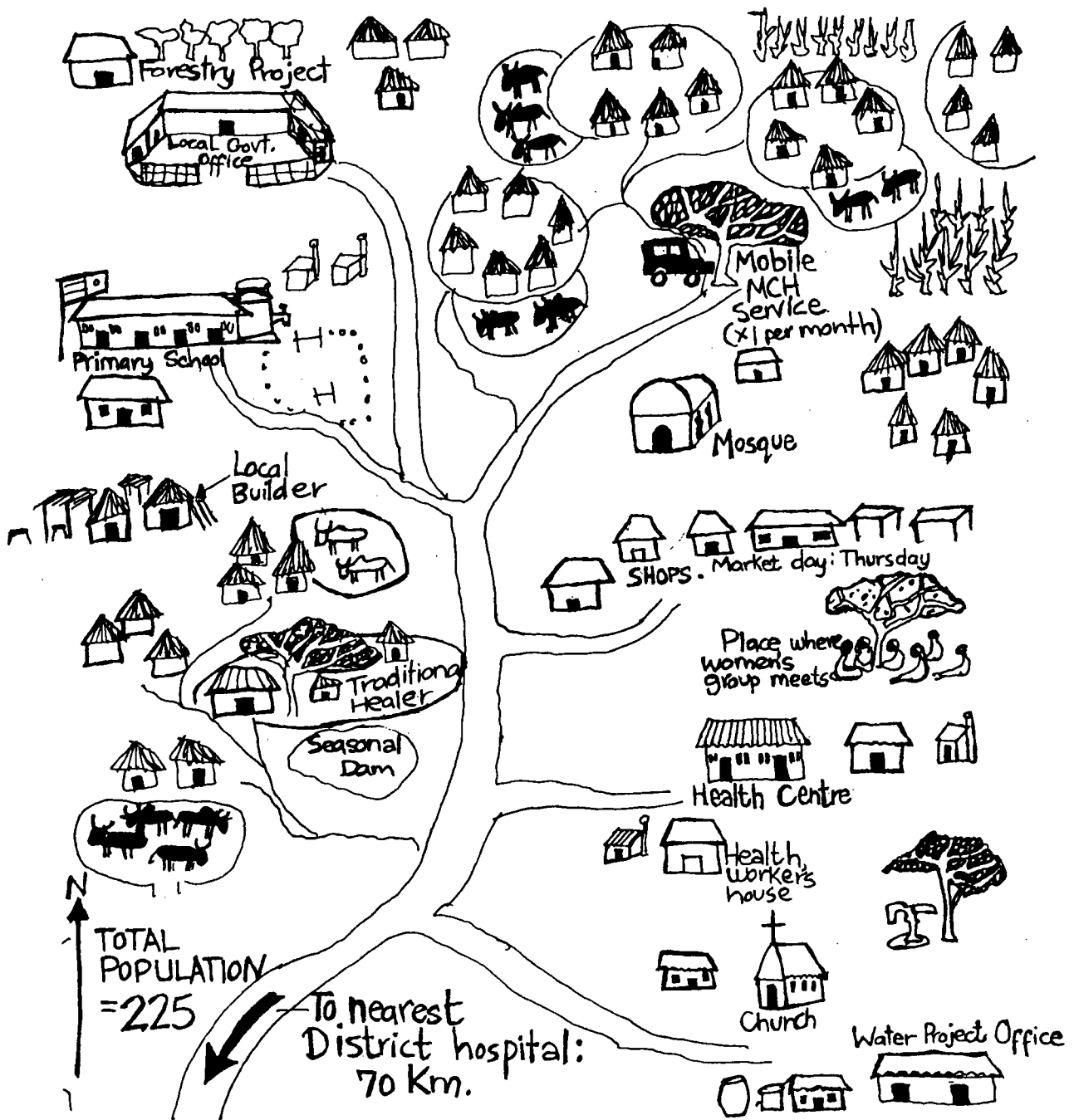


fig. 20 Example of a village map.

IDEAS FOR ACHIEVING COMMUNITY SUPPORT FOR TRACHOMA CONTROL

- 5.1 Achieving community support for Surgery
- 5.2 Achieving community support for Antibiotic treatment
- 5.3 Achieving community support for Face washing
- 5.4 Achieving community support for Environmental improvement



COMMUNITY SUPPORT FOR S.A.F.E. FREEDOM FROM TRACHOMA.

fig. 21 Community support for trachoma control is the most essential component of trachoma control projects

Introduction

Encouraging communities to participate in trachoma control activities is not always easy. This chapter is based on the experience of those who have dealt with some of the constraints and it offers suggestions on how to overcome them. However, each situation is different. This chapter should also encourage you to think of your own innovative solutions which will work in your place.

5.1 Achieving community support for Surgery



Constraints

- ◆ People are afraid of the operation.
- ◆ People do not know it is a problem which can be solved.
- ◆ There is a lack of transport to take patients to hospital.
- ◆ There is a lack of funds to take patients to hospital.
- ◆ People are suspicious of the surgery. They do not want their eyes to be cut.
- ◆ People have heard that the operation does not restore their sight in the way that cataract surgery does.
- ◆ Appointments are not always kept by the health staff.

What are the constraints to surgery in your area?

Suggested solutions

These suggestions assume that there is someone available to perform the surgery. If there is no one to perform the surgery, finding or training someone would be your first step.

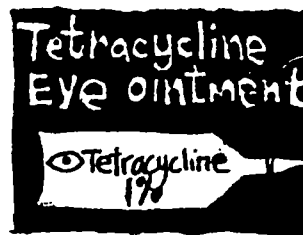
- ◆ Perform lid surgery as close to people's homes as possible. Many people have suggested that the closer the surgery is to the patient the more patients you will have.
- ◆ The first few patients need to have good results for the rest to follow. Patients who are pleased with the results of the trichiasis surgery are good "advertisements". They could be encouraged to bring other people with trichiasis for surgery.
- ◆ Traditional healers may be interested in referring patients to you. Show them what trichiasis looks like. If they see people with this condition ask them to refer them to you.
- ◆ If you are going to perform lid surgery in the village, send a message about your visit well in advance and make sure it arrives. Discuss the surgery with village leaders and local health workers so that they can talk to people before you arrive to discuss and dispel any fears.
- ◆ Make sure you keep your appointments. People are unlikely to come again if they are disappointed once.
- ◆ A successful surgical service for trichiasis may make people more interested in other trachoma control activities.

What are your suggestions for achieving community support for surgery in your area?



fig. 22

5.2 Achieving community support for Antibiotic treatment



Constraints

- ◆ The schedule for using Tetracycline 1% eye ointment is slow. The ointment needs to be put in the affected eyes twice a day for six weeks. This is often a difficult thing for people.
- ◆ Children get impatient with having the ointment put in their eyes.
- ◆ People might find the ointment painful when applied to their eyes.
- ◆ Some people complain that the ointment makes their vision blurry.
- ◆ Some people stop using it when they do not feel any immediate improvement.
- ◆ The ointment is not always available.
- ◆ It can be expensive to buy.
- ◆ People often use the ointment as partial treatment. They stop using it once they get relief after a few days.
- ◆ The ointment is sometimes wrongly applied - for example, to the eyelashes or on top of the eye.
- ◆ If reinfection occurs sometime after using the ointment, people lose faith in the treatment.
- ◆ People forget to put the cap on the tube.
- ◆ People use the same tube for all family members, with the risk of transmitting the infection.

What are the constraints to antibiotic treatment in your area?

Suggested solutions

- ◆ Take time to explain usage to those who will be instilling the medicine (mothers and village health workers). It is important that they understand why it is necessary to continue the treatment for so long. It is better to put up with the temporary pain and blurry vision than to go blind.
- ◆ Demonstrate to mothers how to put the ointment in the eye, and then ask them to do it.
- ◆ One of the best times to put the medicine in the child's eye is at night before their child goes to sleep.
- ◆ In hot climates the ointment is very runny. Try to keep it as cool as possible.
- ◆ Inform family members that treatment alone is not enough. Face washing is also needed.
- ◆ Explain why it is necessary to continue treatment for so long.

What are your suggestions for ensuring correct treatment of trachoma with antibiotics in your area?



fig. 23

5.3 Achieving community support for Face washing



Constraints

- ◆ There is a shortage of water.
- ◆ Mothers have a heavy workload and it is difficult to find time to wash children's faces often.
- ◆ People are not always aware of the benefits of keeping children's faces clean.

What are the constraints to promoting clean faces in your area?



fig. 24

Suggested solutions

- ◆ An important message to communicate is that you do not need a lot of water to keep children's faces and hands clean. Many projects promote the use of simple tools, such as a leaky tin (see fig. 25), to help keep children's faces and hands clean with minimal water.
- ◆ Promote the habit of regular face washing through as many channels as possible: mothers, women's groups, churches, primary schools, adult literacy classes, village health workers.
- ◆ Promote meetings of mothers to discuss how they would tackle increasing face washing in their families.

What are your suggestions for promoting clean faces in your area?



1. Find a small empty tin or plastic cup.
2. Make a hole near its bottom.
3. Hang it from a branch.
4. Once or twice a day mother pours one cup of water into the tin.
5. Children wash faces in the stream of water leaking through the hole.
6. Plant a tree below the tin.
7. If the young plant suffers from drought, the children's eyes may suffer from trachoma.

Fig. 25 How to make a leaky tin

5.4 Achieving community support for Environmental improvements



Constraints

- ◆ Communities are not always aware of their problems and they have different priorities.
- ◆ People are reluctant to change things which have been done in certain ways for many years.
- ◆ There is sometimes poor communication between communities and development workers.
- ◆ There may be a shortage of skills - for example, on how to construct a latrine.
- ◆ There may be a shortage of time to devote to improving the environment in the community.

What are the constraints to achieving environmental improvement in your area?

Suggested solutions

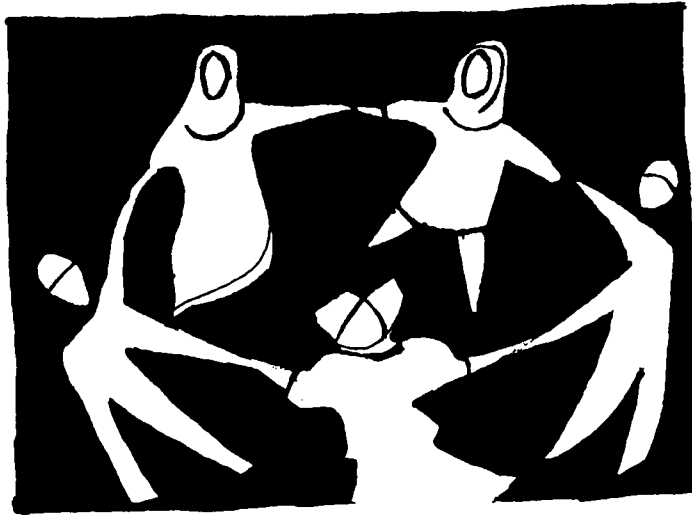
- ◆ Work with other projects to bring about environmental development, for example, water, sanitation, agriculture, education.
- ◆ Ensure that you have the support of community leaders and influential people such as religious leaders and school teachers.
- ◆ Community education about environmental changes to eradicate trachoma should build on what people already know and do and what is possible in each situation.
- ◆ Give people time to decide for themselves how best these changes can be brought about.
- ◆ Wherever possible, use local talent, local skills and local materials when constructing things for environmental improvements.
- ◆ Environmental change is the slowest and most difficult part of trachoma control. Do not become disheartened.

What are your suggestions for encouraging environmental improvements in your area?



fig.26

Freedom from Trachoma



Achieve community support for
trachoma control

THE END