TRACHOMA SAFE STRATEGY SERIES:
Surgery

Training curriculum for trichiasis case finders

A preferred practice for program managers

ICTC International Coalition for Trachoma Control

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Front cover: Front cover: *Trichiasis case finders must be able to recognize trichiasis. Samori, a case finder in Pelundo, Guinea Bissau, checks Jaqueline's eyes for signs of trichiasis. Samori identified that Jaqueline has trichiasis in both eyes and will likely require surgery to prevent her from further damage to the cornea and possibly going blind. Photo: © Sightsavers/Alyssa Marriner*

Acknowledgements

This is a second edition of the ICTC preferred practice on the Training Curriculum for Trichiasis Case Identifiers, updated in 2025.

This update was led by Paul Courtright (KCCO) with additional contributions from a review team of ICTC members including Steven Reid (Helen Keller International), Michaela Kelly (Sightsavers)*, Chad MacArthur, Begashaw Hailemariam (The Carter Center) and Robert Geneau (KCCO).

This second edition took into consideration several practical changes to the training curriculum for trichiasis case identifiers, based on nine years of implementation of this preferred practice technical resource. It captures new learnings to help improve the training curriculum for future continued use within trachoma programs and training workshops.

The original preferred practice was published in 2015, thanks to the contributions of The Fred Hollows Foundation, Lions Clubs International Foundation, RTI International and Sightsavers for funding the development of this resource, prepared by the Kilimanjaro Centre for Community Ophthalmology (KCCO). Primary authors for this preferred practice include Paul Courtright (KCCO), Esmael Habtamu (The Carter Center), Jen Harding (Helen Keller International Tanzania), Susan Lewallen (KCCO), Chad MacArthur (KCCO), and Fortunate Shija (KCCO).

Review of the original document was provided by ICTC's trichiasis management practices and capacity strengthening working group members: Agatha Aboe (Sightsavers), Wondu Alemayehu (The Fred Hollows Foundation), Amir Bedri Kello (Light for the World), Matthew Burton (London School of Hygiene & Tropical Medicine), Phil Hoare (International Agency for the Prevention of Blindness), Martin Kollmann (CBM), Susan Lewallen (KCCO), Saul Rajak (London School of Hygiene & Tropical Medicine) and Sheila West (Johns Hopkins University). This working group was chaired by Amir Bedri Kello (Light for the World) and Emily Gower (Wake Forest School of Medicine). Thanks also to Anthony Solomon (WHO) and Danny Haddad (Emory University) for their inputs on the 2015 version of this preferred practice.

Views represented are the preferred practices of the coalition and not necessarily the official views of individual member organizations or agencies.

**Additional review was provided by Grace Ajege (Sightsavers Nigeria), Ibrahim Mallam Sali (Sightsavers Cameroon), Michael Kirumba (Sightsavers), Samuel Eshitemi Omukuba (Sightsavers Kenya), Samantha Nyathi (Sightsavers Zimbabawe) and Sarah Irema (Sightsavers Uganda).*

Foreword

Countries, partners, and donors are committed to the global elimination of trachoma as a public health problem by 2030. Achieving this public health milestone requires more than funding; it requires health personnel with the right mix of skills, and well supported and managed health systems.

A key component of elimination is to reduce the number of unmanaged trachomatous trichiasis cases to less than 2 per 1,000 adults (<0.2%) in affected districts. Management of trichiasis may include surgery, epilation or referral depending on the individual case and the individual's choice. Case finding is the foundation for all trichiasis management services. The identification of all trichiasis cases in communities and their referral to services bridges communities to health care providers. In this context, raising awareness of trichiasis and the availability of services to correct trichiasis alone will not suffice. Concerted efforts to seek out and find cases are essential.

The goal of this preferred practice manual is to provide a framework for how to plan and conduct effective training of trichiasis case finders. It addresses all aspects of preparing for, and undertaking, the training, from who can be trainers, who to train as case finders and their roles and responsibilities as well as the training objectives, components, and sessions.

Community-based trichiasis case finding that focuses on reaching every adult in every community in a trichiasis-endemic district followed by outreach enables health authorities to be confident that all suspected cases have been identified and offered management.

We know that trichiasis case finding will likely not be perfect. Some cases might be missed and over diagnosis will take place, too. This reinforces the need for robust supervision as well as the provision of basic eye treatment and referral for other conditions.

This document is not prescriptive. Context varies by country and in large countries there are likely to be differences noted across regions that influence how training for trichiasis case finders should be carried out. This preferred practice deliberately does not identify any particular group of people to prioritize – health workers in each setting, instead, should aim to identify which groups or individuals are most in need, considering relevant barriers and opportunities to outreach and management. That said, experience strongly suggests that case finders should be community-based. We hope you will adapt these tools to your environment. It is essential that those who use this preferred practice also have access to other trichiasis management material **(Box 1**). We refer to different manuals whenever appropriate, rather than repeating information.

BOX 1

Reference material manuals

- **Trichiasis outreach manual**
- **Women and trachoma manual**
- **WHO trichiasis surgery for trachoma** (yellow manual)
- **Trichiasis counseling training manual**
- **Training trichiasis surgeons for trachoma elimination programs** (includes use of HEAD START)
- **Supervision guidelines for trichiasis surgery** (including surgeon audit)

Table of contents

Trachoma is an infectious disease caused by a bacterium that thrives in settings with inadequate hygiene. After years of repeated infections in childhood, adults can develop scarring of the inner eyelid, which results in painful inturned eyelashes that rub the eye and can lead to blindness. Simple eyelid surgery can prevent blindness. Photo: © Ellen Crystal photography

SECTION ONE

Background

Trichiasis case finding, necessary for conducting an efficient and effective trichiasis outreach activity, has two steps: [1] creating broad-based awareness of trichiasis and the availability of services to correct trichiasis, and [2] community-based identification of people suspected to have trichiasis.

Community Health Workers (CHWs) already present in the communities in which you will be working may be good candidates for trichiasis case finders. Nurses and clinical officers at the local health center/ dispensary, may be able to tell you the names of the CHWs who are very dedicated to the work and trusted by the community. Photo: © Ellen Crystal photography

However, this may not lead to significant surgical uptake on its own for many reasons, including fear of surgical outcome, a belief that a long recovery is required after surgery, and lack of social support. This training curriculum addresses the training of community-based individuals to be **trichiasis case finders**, including their role to reduce the barriers to use of services. The curriculum is based on experiences in many countries. Some districts, with active trachoma (TF) <5% following a surveillance survey, will likely need to rely on implementation and robust documentation of documented full geographic coverage (FGC) to demonstrate that trichiasis has been eliminated as a public health problem. FGC can be defined as: in a district/evaluation unit all trichiasis cases have been identified and offered management. Indices used to monitor FGC are found in **Box 2** on the following page. An example of the flow of FGC documentation is provided in the annex.

SECTION TWO

Aim

It is essential to devise a method to identify suspected trichiasis patients and address their primary needs and concerns. It also is critical to create an opportunity for patients and relatives to discuss management, so they accept it in a timely manner. It is essential to ensure that FGC has been achieved and robust documentation of FGC will assist all involved in the programme to be confident that the elimination of trichiasis as a public health problem has been achieved.

BOX 2

Documentation of full geographic coverage (at district level)

#	Description	Where located	Responsible
CASE FINDING			
1	Every community has had case finding	• Community list • Districts maps (electronic or paper) showing all communities	Programme / district /regional MoH staff
2	Every household (in every community) has had case finding	• TT stats sheet • Case finder register	Programme / state staff & case finder
3	Every adult (in every household) has been seen by a case finder	Case finder register	Case finder
OUTREACH			
4	Every suspected trichiasis case has been screened (at outreach or in community)	Case finder register	Surgeon
5	Every confirmed trichiasis case has been offered management	All patient register (Patient Surgical records)	Surgeon
6	Every child under 15 years of age has been referred to a tertiary facility for surgery under general anaesthesia	Facility Register / Patient record card	Surgeon

SECTION THREE

Roles and responsibilities of case finders

Trainers should clearly know the roles and responsibility of case finders, which are to:

- Search for suspected trichiasis cases
- Escort suspected trichiasis patients from household level to the trichiasis outreach for verification and services. In some cases, verification is done prior to outreach
- Complete the trichiasis community register (**see Annex C**)
- Counsel trichiasis client and family members so the client seeks care at the trichiasis outreach
- Assist the programme to meet the needs of suspected cases not attending outreach.
- Provide follow-up to confirmed TT patients that have elected not to have surgery.
- Remind trichiasis post-op clients to return for follow-up
- Advocate for trichiasis surgeries
- Conduct social mobilization to enhance community engagement

A health worker checks the bandage of a patent who had trichiasis surgery to prevent blindness. Bandages protect the eye from infection and usually can be removed the day after surgery. Photo: Paul Courtright

SECTION FOUR

Who to train?

Experience suggests that trichiasis case finders should be people from the community who are trusted by the community and have good interpersonal communication skills.

The trainees should:

- Be able to read and write the local language
- Be influential and respected within the community
- Be residents with good knowledge of the topography of their community
- Have no health and physical problem to travel house-to-house for the examinations.

In many cases trainees are selected by the community or members of the village administration team. See **Box 3** regarding examples of gender-related issues in selection of community-based case finders.

It should be remembered that some people, referred by trichiasis case finders, will not actually have trichiasis, and that some case finders (particularly in areas with a low prevalence of trichiasis) will find no trichiasis cases.

There often are Community Health Workers (CHWs) already present in the communities in which you will be working. Nurses and clinical officers at the local health center/dispensary, may be able to tell you the names of the CHWs who are very dedicated to the work and trusted by the community or of pre-existing community groups to engage with. Select case finders who have good eyesight and who will be able to examine a patient and recognize a trichiasis case. If a case finder does not have good eyesight, they may struggle to see eyelashes touching the eye of potential patients, which means their work will not be effective. Providing a case finder with a torch has been shown to improve the quality of case finding.

Depending upon the context, the programme or community may wish to provide an incentive to trichiasis case finders; this can be a set amount for each case finder for a particular period of time.

BOX 3

Gender-related issues in trichiasis case finding

The selection of trichiasis case finders is best undertaken at the community level. Individuals are selected for many reasons, including knowledge of households, ability to move around the community easily, being a village leader, or being a community implementer of other health programmes etc. Programmes would benefit from considering gender-related issues that may impact the quality of interactions between case finders and suspected trichiasis cases and barriers that limit access to services by women.

Some considerations:

- Will male case finders be allowed to examine women in the community and to enter a house? Would an examination be allowed if a male member of the household is not present?
- Which case finders (male or female) will be able to accompany suspected cases to outreach? Which case finders are more likely to support surgical cases following surgery?
- Is it safe for female case finders to travel alone to isolated households in the community or should they be accompanied by a male case finder?
- What time should case finding start and end?
- Which case finders have the time to visit households in the community to examine for trichiasis?
- Which case finders (male or female) are likely to be better at counseling and convincing a suspect patient to attend the outreach?
- Will the husband of a female case finder allow her to conduct house to house case finding?
- How does the case finding activity affect household responsibilities for both women and men?

SECTION FIVE

Who are the trainers?

Those responsible for training case finders can be from the eye care field (eye nurses, trichiasis surgeons) or from the general health care field, if they have experience with trichiasis and are good instructors.

Do not assume that all eye care workers are good trainers; selection of trainers should be based upon ability to impart information in an engaging and participatory manner.

Trichiasis is diagnosed by examination of the upper eyelids to determine if there are any eyelashes that are touching the eyeball. To prevent blindness, a simple eyelid surgery, which takes 15 to 20 minutes per eye, can be done at a local eye health centre. Photo: © International Trachoma Initiative

SECTION SIX

Objectives of the training

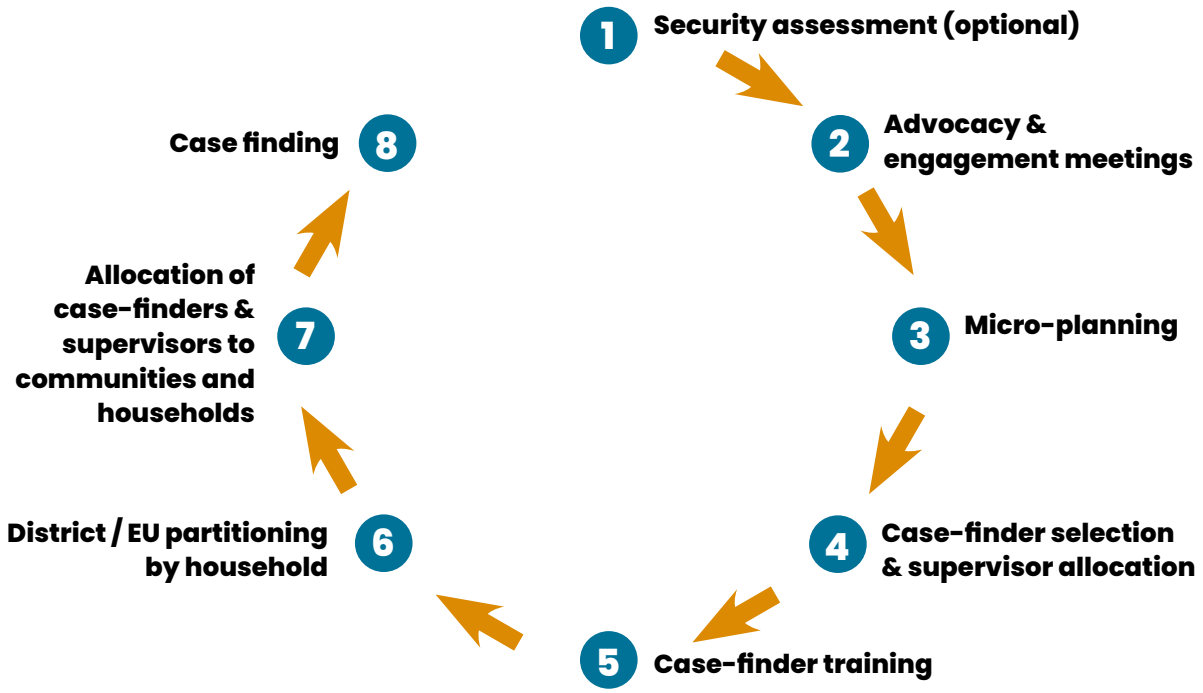
By the end of the training the trainees should be able to:

1. Explain what trachoma is, and how it is spread, prevented, treated, and eliminated as a public health problem.
2. Use equipment and methodologies to identify trichiasis patients.
3. Identify gender and equity related barriers and provide counselling to suspected trichiasis patients and their family members.
4. Know how to refer them for screening and treatment at the respective centres.
5. Record and complete all required data in the case finder register

It is not recommended to train more than 20 trichiasis case finders per session. This will ensure that the skills are learned properly, and they are ready to undertake the tasks.

The steps for planning training & implementation are included in **Figure 1**.

Figure 1



SECTION SEVEN

Training components

A one-day theoretical and practical training should be provided on the following components.

A. Theoretical training

1. Explain trachoma.
2. Describe how trachoma is spread.
3. Describe the control measures to prevent trachoma (SAFE).
4. Describe trichiasis management (including how the outreach will be organized).
5. Show pictures of trichiasis (compared to a normal eyelid).
6. Teach how to examine eyes to identify trichiasis.
7. Describe and discuss the messages to deliver during house-to-house visits.
8. Demonstrate form completion and reporting.
9. Describe counselling of trichiasis cases and family members.

B. Practical Training

1. With clean hands, demonstrate to the trainees the examination technique to identify trichiasis (using thumb and torch).
2. Demonstrate to the trainees the counselling techniques that should be used when counselling patients and family members.
3. Have trainees practice the examination technique.
4. If possible, bring in several trichiasis patients and people without trichiasis to the training room and let the trainees practice examination. In low prevalence areas, this may be impractical.
5. Let the trainees practice counselling on actual trichiasis patients or each other.
6. Let the trainees practice completing the case finder register.

Material

If available, a laptop and LCD projector with screen can be used for showing images of trichiasis. If not available, or electricity power is a challenge, a flip chart with content like the power point presentations and/or printed laminated images of trichiasis (and normal eyelids) can be used. Trichiasis case finders should be given a small, bright torch. All trichiasis case finders also should be given a register to enter information on suspected trichiasis cases identified. If the national program does not have a standard register, an example is found in the annex.

Agenda for training

The agenda for the training programme is in the annex. The format for the training programme, provided below, should be adapted to the context of the setting. Refer to the trichiasis Counselling Manual for details on counselling procedures.

SECTION EIGHT

Training sessions

Session 1: Introductions

Session summary

This introductory session is critical as it sets the tone for the workshop. This workshop is designed to be participatory, so use an interactive approach requiring the participants to get up and move about, as this reinforces the concepts of accountability and active participation. There are many such "ice-breaking" activities. The one below is only a suggestion.

Objectives

1. To demonstrate that this is a participatory workshop and full participation from each learner is expected.
2. To demonstrate that the participants are responsible for their learning and the facilitator is there to facilitate, but not impose it.
3. To allow the participants and facilitator to interact and to get to know one another creating a sense of community and safety within the learning environment.

Duration

20 minutes

Materials

- None

Handouts

- None

Training Procedure

1. Ask participants to form a circle that includes the facilitator.
2. The facilitator tells the participants that each person will start by announcing their name accompanied by a gesture. (Hands raised above head, a dance step, a jump, etc.).
3. The next person must say the name of the first person, replicate the gesture, state his/her own name accompanied by a different gesture.
4. The third person must say the names and replicate the gestures of each of the people before and then add his/her name and unique gesture.
5. This is continued all the way around to the last person who needs to remember everyone's names and gestures.
6. Following this activity, the facilitator asks the participants to comment on the value of such an activity, writing their responses on a flip chart.
7. Some responses to bring up are: allow participants to become acquainted; to develop a sense of community; help relax people; set a climate of participation and "instant involvement" of all; to demonstrate that the facilitator is part of the group and not a leader or lecturer; to provide the facilitator with a sense of the group dynamics that will help as the workshop proceeds; helps reduce anxiety of the facilitator.

Session 2: Agenda and learning objectives

Session summary

In this session the facilitator presents the learning objectives and leads a discussion about whether there are any expectations that stray from the design of the workshop; if so, how can they be met, or, if not, explain why.

Objectives

1. To present the intentions of the workshop design and the objectives it hopes to achieve.
2. To ensure that participants' expectations are managed within the parameters of the workshop (either incorporated or explained why they cannot be)

Duration

20 minutes

Materials

- Handout or PowerPoint presentation of agenda and learning objectives

Handouts

- Agendas with objectives listed

Training Procedure

1. Present the learning objectives for the workshop acknowledging those expectations that do not conform. The objectives are as follows:

   By the end of the workshop, participants will be able to:

   a. Explain what trachoma is, its common clinical features and how it is spread, treated, and eliminated.

   b. Identify trichiasis patients and know about its management.

   c. Provide counselling to trichiasis patients and their family members.

   d. Refer them for screening and treatment at the respective centres.

   e. Record and report trichiasis patients identified to the relevant team leaders.
2. Present the agenda to illustrate the steps that will be taken to achieve the objectives.
3. If there are expectations that cannot be met, indicate what they are and explain why.
4. Ask the participants if they have any questions.

Session 3: Overview of trachoma and the SAFE strategy

Session summary

This session presents the basic facts of trachoma and the WHO endorsed SAFE strategy (Surgery, Antibiotics, Facial Cleanliness, Environmental Improvement) to provide further context for the training workshop.

Objectives

1. To provide the participants with basic information concerning trachoma and SAFE.
2. To provide the overall context for the trichiasis case identification.

Duration

20 minutes

Materials

- PowerPoint presentation and/or large laminated pictures of people with trichiasis, pictures of poor hygiene, flies on faces, antibiotic distribution, etc.

Handouts

- Laminated handouts

Training Procedure

1. Present the PowerPoint or hand out the pictures and have people discuss each picture and how it reflects trachoma.
2. During and after the presentation invite questions from participants.

Session 4: Overview of trichiasis and its management

Session summary

This session presents information on the diagnosis of trichiasis and information on trichiasis management.

Objectives

1. To provide participants with the knowledge and skills to diagnose trichiasis.
2. To ensure that participants understand the options for managing trichiasis.

Duration

30 minutes

Materials

- Multiple large, laminated pictures of people with trichiasis (some with a few eyelashes, some with many eyelashes), without trichiasis, and with other (recognizable) eye condition
- Video of trichiasis surgery

Handouts

- None

Training Procedure

1. Hand out the pictures and have people discuss each picture to reach a decision whether the person has trichiasis or not.
2. Make sure that all participants reach the correct consensus.
3. If possible, hand out a second set of pictures to use as a test of each participant's ability to correctly identify trichiasis.
4. Show part of the video on trichiasis surgery and describe, as the video is playing the different steps in operation. Tell participants to ask questions if they are unclear about something.
5. Remind the participants that surgery is not indicated for all trichiasis cases. The surgeon will make the decision on the best management.

Session 5: Overview of how to examine for trichiasis

Session summary

This session describes the equipment and methodologies needed to correctly identify trichiasis cases and teaches how to examine somebody's eyes to determine if they have trichiasis.

Objectives

1. To provide participants with the equipment needed to identify cases of trichiasis.
2. To ensure that participants understand how to look at a person's eyes to check for trichiasis.

Duration

30 minutes

Materials

- If practical, a small, bright torch should be provided for each participant (pen-torch or similar)
- Flip chart paper and markers
- Laminated photo of eye/eyelid without trichiasis

Handouts

- None

Training Procedure

1. Hand out torches and ask participants to pair up and look at each other's eyes. Ask if they understand how to recognize whether their partner has trichiasis. Many participants may say that they do not yet understand.
2. Using flip chart paper and markers, draw a very large eye. Draw the "pink line of flesh" that is between the eyeball and the eyelashes for a person without trichiasis. Show the laminated photo of the eye/eyelid without trichiasis and ask them to point out the pink line of flesh.
3. Tell participants that it is not always easy to see eyelashes. Then tell them there are a few very important steps to follow that will help them to examine the patient:
   - Look at the person's eyes using a torch with strong batteries. They should have spare batteries when they are examining patients.
   - Look at the person's eyes using their torch in shaded places, for example inside a room or under a tree. They will not see eyelashes easily in bright sun.
   - Make sure they are at the patient's level or below the patient. If they are above the patient's head, they will not be able to see eyelashes easily. (Ask volunteers to demonstrate various ways to stand/sit so that they can see the person's eyes well).
   - Ask the patient to look up using their eyes, without angling their head up. Sometimes it is helpful for the examiner to put a hand on top of the patient's head to hold it straight. Alternatively, they might find it helpful to hold a hand over their own head and to ask the patient to look at their hand. (Demonstrate these methods with a participant).
   - Once the patient's head is in the right position and they are looking up with their eyes, the examiner should hold his/her torch below the eye and angle the torch up into the eyelid so he/she can see the pink line of flesh on the eyelid between the eyeball and the eyelashes.
   - Ask the patient if they have been removing eyelashes (epilating)

Session 5: Overview of how to examine for trichiasis (continued)

4. Ask participants to turn back to their partners and demonstrate the key points they have been taught:
   - Stand or sit at the same level as the patient, or slightly below.
   - Ask the patient to keep head straight but look up with eyes.
   - Hold torch low down, but angled up at eyelid, about 20 cm from the eye.
   - Look very carefully for any eyelashes crossing the pink line and touching the eyeball.
5. Remind participants the following key points about trichiasis:
   - For the person to have trichiasis, they must have at least one lash touching the eyeball. Any patient with even one lash touching their eyeball who wants treatment should be referred to an outreach camp for examination by trained personnel.
   - If the case finder can see no eyelashes touching, but the individual says that they have been pulling out their eyelashes (epilating), then they also might have trichiasis and therefore should be referred to an outreach camp for further examination.
   - An individual with red or itchy eyes, or with white scars on their eye, does not have trichiasis unless there are eyelashes touching the eyeball.

Session 6: Overview of barriers to trichiasis surgery

Session summary

This session is for participants to list all the possible reasons that people do not get surgery for trichiasis. It provides the foundation for the next session, on counselling.

Objectives

1. To identify potential reasons people do not get trichiasis surgery before they go blind.
2. To start to identify approaches to addressing each reason.

Duration

40 minutes

Materials

- None

Handouts

- None

Training Procedure

1. Put people into small groups and ask them to list the reasons why people do not get trichiasis surgery. Tell them to list as many reasons as possible within 15 minutes. Have them make two identical lists.
2. After 15 minutes, ask them to give one list to the facilitator. They should use the other list and identify possible solutions to the barriers.
3. While this is going on, the facilitator should combine the different groups' lists of barriers to come up with one overall list.
4. At the end of the session, the facilitator presents each item on the combined list and the groups offer solutions.

Session 7: Key messages: counselling patients with trichiasis (and their families)

Session summary

This session, building on the previous session, is to identify the key messages for trichiasis patients and their families and learn how to counsel and support them to receive surgery or other management.

Objectives

1. To understand the key messages that trichiasis patients and their family members need to hear to assist them in making an informed decision regarding trichiasis surgery or other management.
2. To understand how to counsel (how to listen).

Duration

40 minutes

Materials

- None

Handouts

- List of key messages (see annex)

Training Procedure

1. Hand out the list of key messages. Ask participants if they want to revise or add other key messages they think are important. Remind the participants that a big part of counselling is listening to the needs of the patient and family members. Active listening is an essential part of counselling.
2. Put people into groups of four and ask them to role play (one person is the trichiasis patient, two other people are family members, and one person is the trichiasis case finder). Have them practice providing the key messages and listening, changing roles to ensure everyone has an opportunity to practice.

Session 8: Recording and reporting

Session summary

During this session the participants will review the case finder register and learn how to link with the surgical team/organizer regarding an outreach visit to the area.

Objectives

1. To understand why FGC is important and the critical role of their register in documenting FGC.
2. To understand how to record patients with trichiasis in their register.
3. To understand how to communicate with the trichiasis outreach organizer regarding their work and patients needing screening for management.

Duration

30 minutes

Materials

- None

Handouts

- Register (see annex)

Training Procedure

1. Hand out the trichiasis community register. Review each column so that each participant understands how to use it.
2. Discuss how the different components of the register are used to demonstrate FGC.
3. Discuss how the screening and counselling process fits into organizing an outreach and providing services to those in need. Highlight the importance of adequate case volume and the need for accurate identification of trichiasis cases (not to send people with cataract) in having an effective outreach campaign. Also, highlight the importance of quality communication between trichiasis case finders and the outreach team regarding the outcome of their case identification.

Session 9: Managing "Lost to outreach"

Session summary

Participants will learn about and discuss solutions to the problem of lost to outreach.

Objectives

1. Understand why lost to outreach needs to be addressed.
2. Identify potential strategies to prevent lost to outreach.
3. Decide on strategies to reduce lost to outreach.

Duration

30 minutes

Materials

- None

Handouts

- None

Training Procedure

1. Instructors will describe lost to outreach and why it needs to be avoided. There are significant cost implications of tracing cases lost to outreach, including the human and financial resources needed to trace lost to outreach.
2. Participants will brainstorm potential reasons they may encounter "lost to outreach" and ways in which it can be prevented.
3. Participants and trainers will decide on actions that they will each undertake to manage any cases of lost to outreach.
4. Participants and trainers will map strategies to search for cases lost to outreach.

Session 10: Field practice with trichiasis cases

Session summary

This is the final session of the training and is a field practice with people with trichiasis. Participants are expected to carry out all aspects of the programme including recognition, counselling, and recording. Ideally, this should be done in the field, such as during a trichiasis outreach, where there are patients with trichiasis or in a nearby community. It is always important to ensure that those people participating during the field practice are provided trichiasis management after the training session. As the number of trichiasis cases decrease, it may not be possible to have 3-4 cases for this session. Practice may have to be in-class with each other.

Objective

To practice all aspects of their work (recognition, counselling, and recording)

Duration

1 hour 15 minutes

Materials

- None

Handouts

- None

Training Procedure

1. If using a nearby community for field practice, have the case finders divide into groups and go through the steps of case finding throughout the community. Supervisors will need to observe and provide input.
2. If using an outreach or doing the practice in a classroom setting, have 3-4 trichiasis patients willing to be part of the training. Brief them about the training.
3. Divide the participants among the trichiasis patients and ask them to carry out their examination, counselling, and recording.
4. Have the other participants observe and comment.

Session 11: Closing, certificates, and material distribution

Session summary

The closing should focus on ensuring that the participants are ready to carry out trichiasis case identification. This is also the time to hand out certificates and any material to be provided to the case finders.

Objective

To distribute certificates, registers, and torches.

Duration

20 minutes

Materials

- None

Handouts

- Certificates
- Logbooks
- Torches

Trichiasis counsellors can work with groups of people, explaining trachoma, trichiasis and treatment options. Meeting in a comfortable setting can be helpful. Here, Village Health Team member Salia Mudenda is visiting trichiasis patient Belita Mwembe, pictured here with her daughter Cecilia Mwembe, at their home in Binga district, Zimbabwe. Photo: © Sightsavers/Jason Mulikita

ANNEX A

Sample agenda for training

This sample agenda combines the training sessions from the Case Finders Training Manual and the Counselling Manual. This should be a full-day training.

Ideally, 3-4 trichiasis patients should be present, as well as 5-10 other individuals for examination (some with other eye conditions and others with no eye conditions). You may find it works to bring a surgeon to the field so that the patients present can have surgery performed after being examined for the training.

Session #	Time	Topic	Facilitator
1	08:30-09:00	Introductions	
2	09:00-09:15	Agenda & objectives	
3	09:15-09:30	Overview of trachoma & SAFE strategy	
4	09:30-10:00	Trichiasis and trichiasis surgery	
	10:00-10:15	Break	
5	10:15-10:45	Overview of how to examine for trichiasis	
	10:45-11:15	Practice in pairs examining for trichiasis; practice with any trichiasis patients / other individuals present	
6	11:15-11:45	Barriers to trichiasis surgery	
	11:45-12:15	Principles of counselling (from Counselling Manual)	
7	12:15-12:45	Key messages when counselling for trichiasis	
	12:45-13:15	Lunch	
	13:15-13:45	How to use counselling cards	
8	13:45-14:15	Recording and reporting (practice using community register)	
9	14:15-14:45	Managing loss to outreach	
10	14:45-16:00	Full field practice in small groups (examining patient, counselling patient and family, and filling in logbook; each participant should practice several times)	
11	16:00-16:10	Closing	

ANNEX B

List of key messages

What is trichiasis?

Trichiasis is the inturning of eyelashes that rub the cornea and can lead to blindness.

What are the causes of trichiasis?

Trachoma is an infectious disease caused by bacteria that thrive in settings with inadequate hygiene. After years of repeated infections in childhood, adults can develop scarring of the inner eyelid, which results in painful inturned eyelashes that rub the eye and can lead to blindness. This condition is known as trachomatous trichiasis.

What are the signs and symptoms of trichiasis?

- Eyelashes touching the eye
- An irritating sensation that something is in your eye
- Redness
- Tearing
- Sensitivity to bright light
- Reduced vision if the cornea (front of the eye) damaged

How is trichiasis diagnosed?

Trichiasis is diagnosed by examination of the upper eyelids to determine if there are any eyelashes that are touching the eyeball. A torch, shining upward from below, is used to illuminate the upper eyelid to detect if one or more eyelashes is scratching the front of the eye. Sometimes, the eyelid is so scarred that inturned eyelashes may not be visible during the first examination. In these cases, the eyelid should be gently rolled to see the eyelashes. Additionally, people with trichiasis may pull out (epilate) the inturned eyelashes, in which case trichiasis is diagnosed by evidence of epilation.

How is trichiasis treated?

In many, but not all, cases, trichiasis is managed surgically. Specific important points people with trichiasis and their family members need to know about treatment of trichiasis are listed above. Surgery is the preferred method of treatment of trachomatous trichiasis (entropion present), however some patients (without entropion and just a few eyelashes in the periphery) can be managed with epilation (pulling out eyelashes).

What do trichiasis patients and their families need to know about trichiasis?

There are considerable misunderstandings about trichiasis and its management, and these must be addressed. The list below includes some of the most common messages that people with trichiasis and their family members need to know; however, it may be necessary to add messages to this list based upon the local context.

1. Trichiasis can lead to blindness if not treated.
2. Trichiasis can be very painful, making it difficult for a person to work or take care of family members.
3. Surgery is often provided free of charge at outreach centres.
4. Surgery to correct trichiasis takes about 15 to 20 minutes per eye.
5. Surgery does not require general anesthaesia; you will not be "put to sleep."
6. Surgery can be somewhat painful but it is much less painful compared to the daily pain of eyelashes scratching the eye.
7. Surgery is only on the eyelid, not the rest of the eye. The eye will not be harmed or removed.
8. Within an hour or two after surgery you can go home.
9. You can return to work a day or so after surgery.
10. You should protect your eyelid from infection by using an eye patch the first day. The patch can be removed the morning after surgery.
11. In most instances, sutures must be removed. This should be done approximately 1-2 weeks after surgery, depending on the local policy.
12. If you have any problems after surgery, contact the appropriate eye care worker.
13. Sometimes trichiasis can return; if it does, seek help immediately.
14. A follow-up with a health worker between 3-6 months after surgery to check the condition of your eye after surgery must and will be provided.

Sample register design

Registration logbook of trichiasis patients identified during house to house visits

District:_____ Village:_____

Ward:_____ Subvillage:_____

S.N.	Date of visit	Name of individual	Household name	Age	Sex	Contact details	Comments (e.g. occupation, disability)	Confirmed as having TT by TT surgeon?		Patient accepted TT case management?	
								Yes	No	Yes	No (Refused)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

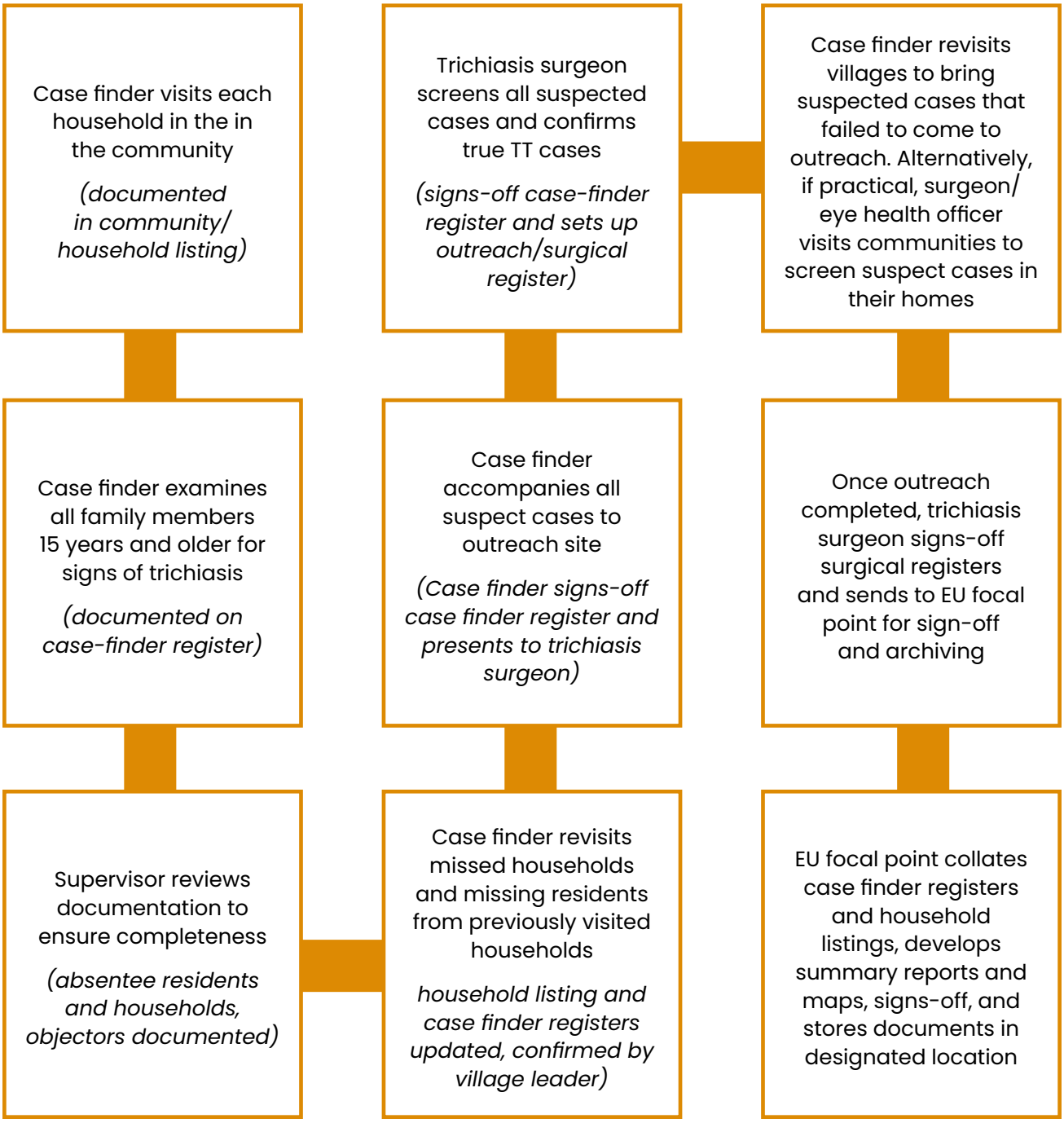
Total no. days case finding	Total no. cases found	Total no. HH in settlement	Total no. HH covered	Total no. HH remaining		Total no. screened (M/F)		Total no. suspected / referred (M/F)		Total no. confirmed TT (M/F)	

Name of case finder:_____ Contact details:_____ Sign:_____ Date:_____

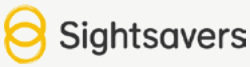
Name of supervisor:_____ Contact details:_____ Sign:_____ Date:_____

ANNEX D

Example of data flow for documented full geographic coverage



ICTC Members



ICTC Observers

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