

Appendix 1

Search Strategy for Technical Feasibility Frameworks

Search number	Query	Filters	Search Details	Results
3	(technical feasibility AND (2000/1/1:2018/4/30[pdat])) AND (framework* AND (2000/1/1:2018/4/30[pdat]))	from 2000/1/1 - 2018/4/30	("technical"[All Fields] OR "technicalities"[All Fields] OR "technicality"[All Fields] OR "technically"[All Fields]) AND ("feasibilities"[All Fields] OR "feasibility"[All Fields] OR "feasible"[All Fields] OR "feasibility"[All Fields]) AND 2000/01/01:2018/04/30[Date - Publication] AND ("framework*" [All Fields] AND 2000/01/01:2018/04/30[Date - Publication])	274
2	framework*	from 2000/1/1 - 2018/4/30	"framework*" [All Fields]	192,596
1	technical feasibility	from 2000/1/1 - 2018/4/30	("technical"[All Fields] OR "technicalities"[All Fields] OR "technicality"[All Fields] OR "technically"[All Fields]) AND ("feasibilities"[All Fields] OR "feasibility"[All Fields] OR "feasible"[All Fields] OR "feasibility"[All Fields])	16,587

Search Strategy for Primary Eye Care in sub-Saharan Africa

Search number	Query	Filters	Search Details	Results
5	((("primary eye care" AND ((humans[Filter]) AND (1980/1/1:2018/4/30[pdat]) AND (english[Filter]))) OR ((eye disease) AND (primary healthcare) AND ((humans[Filter]) AND (1980/1/1:2018/4/30[pdat]) AND (english[Filter])))) OR ((eye AND (primary healthcare) AND ((humans[Filter]) AND (1980/1/1:2018/4/30[pdat]) AND (english[Filter])))) AND ((Africa OR ("sub-Saharan Africa") AND ((humans[Filter]) AND (1980/1/1:2018/4/30[pdat]) AND (english[Filter]))))	Humans, English, from 1980/1/1 - 2018/4/30	((("primary eye care"[All Fields] AND ("humans"[MeSH Terms] AND 1980/01/01:2018/04/30[Date - Publication] AND "english"[Language])) OR (("eye diseases"[MeSH Terms] OR ("eye"[All Fields] AND "diseases"[All Fields]) OR "eye diseases"[All Fields] OR ("eye"[All Fields] AND "disease"[All Fields]) OR "eye disease"[All Fields]) AND ("primary health care"[MeSH Terms] OR ("primary"[All Fields] AND "health"[All Fields] AND "care"[All Fields]) OR "primary health care"[All Fields] OR ("primary"[All Fields] AND "healthcare"[All Fields]) OR "primary healthcare"[All Fields]) AND ("humans"[MeSH Terms] AND 1980/01/01:2018/04/30[Date - Publication] AND "english"[Language])) OR (("eye"[MeSH Terms] OR "eye"[All Fields]) AND ("primary health care"[MeSH Terms] OR ("primary"[All Fields] AND "health"[All Fields] AND "care"[All Fields]) OR "primary health care"[All Fields] OR ("primary"[All Fields] AND "healthcare"[All Fields]) OR "primary healthcare"[All Fields]) AND ("humans"[MeSH Terms] AND 1980/01/01:2018/04/30[Date - Publication] AND "english"[Language])))) AND (("africa"[MeSH Terms] OR "africa"[All Fields] OR "africa s"[All Fields] OR "africas"[All Fields] OR "sub-Saharan Africa"[All Fields]) AND ("humans"[MeSH Terms] AND 1980/01/01:2018/04/30[Date - Publication] AND "english"[Language]))	217
4	(Africa OR ("sub-Saharan Africa"))	Humans, English, from 1980/1/1 - 2018/4/30	"africa"[MeSH Terms] OR "africa"[All Fields] OR "africa s"[All Fields] OR "africas"[All Fields] OR "sub-Saharan Africa"[All Fields]	194,607
3	(eye) AND (primary healthcare)	Humans, English, from 1980/1/1 - 2018/4/30	("eye"[MeSH Terms] OR "eye"[All Fields]) AND ("primary health care"[MeSH Terms] OR ("primary"[All Fields] AND "health"[All Fields] AND "care"[All Fields]) OR "primary health care"[All Fields] OR ("primary"[All Fields] AND "healthcare"[All Fields]) OR "primary healthcare"[All Fields])	2,330
2	(eye disease) AND (primary healthcare)	Humans, English, from 1980/1/1 - 2018/4/30	("eye diseases"[MeSH Terms] OR ("eye"[All Fields] AND "diseases"[All Fields]) OR "eye diseases"[All Fields] OR ("eye"[All Fields] AND "disease"[All Fields]) OR "eye disease"[All Fields]) AND ("primary health care"[MeSH Terms] OR ("primary"[All Fields] AND "health"[All Fields] AND "care"[All Fields]) OR "primary health care"[All Fields] OR ("primary"[All Fields] AND "healthcare"[All Fields]) OR "primary healthcare"[All Fields])	2,635
1	"primary eye care"	Humans, English, from 1980/1/1 - 2018/4/30	"primary eye care"[All Fields]	192

Appendix 2

Delphi Round 1 Health Promotion

Technical Complexity of community based interventions which comprises health promotion and prevention

Health promotion includes health messages for healthy people; health prevention comprises health messages for people at risk for eye diseases targeting children and their carers, those aged 40 years and above, people of all ages and those with diabetes.

Category	Criteria	Technical Complexity (Elements that need to be addressed)	Strongly Agree		Agree		Disagree		Strongly disagree	
			n	%	n	%	n	%	n	%
Intervention characteristics	Stability: usable lifetime and risk of destruction	Posters for health Prevention and promotion are needed.	7	77.8	2	22.2	0	0	0	0.0
		Posters should be made durable by lamination.	5	55.6	2	22.2	2	22.2	0	0.0
	Standardizability: the degree to which an intervention can be standardized	The Posters should be standardised by having the same message per target group.	6	66.7	3	33.3	0	0	0	0.0
		This should be translated into the language of the community as is done for other health promotion posters.	7	77.8	2	22.2	0	0	0	0.0
Basic product design	Safety profile of the intervention in terms of adverse effects, and risks associated with inappropriate use, e.g. from over-the-counter sales of prescription-only medications.	No risk of serious side effects.	5	55.6	1	11.1	2	22.2	1	11.1
		Messages should be clear, unambiguous and understandable displaying appropriate information.	8	88.9	1	11.1	0	0	0	0.0
	Ease of storage e.g. the need for refrigeration. Ease of transport	Health promotion materials do not have any specific requirements for storage and transportation.	4	44.4	4	44.4	1	11.1	0	0.0
Supplies	Need for regular supplies, and the number and types of different supplies needed. Ease of acquisition.	No requirements for regular supplies.	2	22.2	6	66.7	1	11.1	0	0.0
		Different types of posters are needed for different target groups, e.g. diabetics, the elderly, carers of young children.	7	77.8	2	22.2	0	0	0	0.0
Equipment	High-technology equipment and infrastructure needed. Ease of acquisition.	High technological equipment not required.	4	44.4	4	44.4	1	11.1	0	0.0
		Number of different types of equipment needed. Maintenance needed.	6	66.7	3	33.3	0	0	0	0.0
Delivery characteristics	Retail sector, Outreach services, First-level care, Hospital care	Health promotion materials relatively easy to acquire.	3	33.3	4	44.4	2	22.2	0	0.0
		Should be delivered in the community through outreach services for diabetics, carers of young children during maternal and child health activities.	3	33.3	4	44.4	2	22.2	0	0.0
		Should be delivered to specific groups that attend the primary health facility e.g. people over 40 years,	4	44.4	1	11.1	4	44.4	0	0.0
		Should be delivered to specific people that attend the primary health facility e.g. people over 40 years,	4	44.4	1	11.1	3	33.3	1	11.1
Facilities	Skill level required for service provision	Low skill requirement.	2	22.2	3	33.3	1	11.1	3	33.3
		Will require knowledge about community, eye diseases and where to access care.	6	66.7	2	22.2	1	11.1	0	0.0
		Village Health Workers who live in the community should be trained to deliver health promotion in the communities.	6	66.7	3	33.3	0	0	0	0.0
		Facility based workers should deliver health prevention to groups/individuals in the facility.	2	22.2	6	66.7	1	11.1	0	0.0
Human resources	Development of the health promotion materials and staff training will require professional instruction.	Development of the health promotion materials and staff training will require professional instruction.	5	55.6	4	44.4	0	0	0	0.0
		Skill level required for staff supervision. Degree of supervision required.	3	33.3	5	55.6	0	0	0	0.0
		Intensity of professional services in terms of frequency or duration e.g. on schedule/periodic or continuous to	6	66.7	3	33.3	0	0	0	0.0
		Need for managerial staff: Management and planning requirements.	7	77.8	2	22.2	0	0	0	0.0
Communication and transport	Dependence of delivery on communication and transport infrastructure: roads, telephones, need for substantial exchange of information between different sectors or levels of care.	Local transport infrastructure will be needed to visit communities.	4	44.4	3	33.3	2	22.2	0	0.0
		Communication between the communities and the Front Line Health Facilities required.	7	77.8	2	22.2	0	0	0	0.0
		Communication in local language required.	7	77.8	2	22.2	0	0	0	0.0
Government capacity requirements	Need for legislation/regulation, monitoring regulatory measures. Need for enforcement of regulation.	No special legislation required.	3	33.3	3	33.3	1	11.1	2	22.2
		A national prevention of blindness strategy will be ideal as is advocated in the Global Action Plan.	7	77.8	2	22.2	0	0	0	0.0
		No need for sophisticated management systems.	2	22.2	6	66.7	1	11.1	0	0.0
		Health Promotion logistics should be managed by managerial structure at frontline health facilities.	5	55.6	2	22.2	1	11.1	1	11.1
Management systems	Need for sophisticated management systems. Need for managerial staff. Level of management and planning requirements.	There is need for intersectoral action within government in trachoma endemic areas to implement water sanitation and hygiene programmes.	8	88.9	1	11.1	0	0	0	0.0
		Eye health promotion could be effectively done in schools.	6	66.7	3	33.3	0	0	0	0.0
		Health Promotion will require collaboration with NGOs.	4	44.4	4	44.4	1	11.1	0	0.0
Collaborative action	Need for inter-sectoral action within government. Need for partnership between government and civil society. Need for partnership between government and external funding agencies	Collaboration between communities and Front Line Health Facilities is required.	7	77.8	2	22.2	0	0	0	0.0
		Usage characteristics	Strongly Agree	Agree	Disagree	Strongly disagree				
		Information and education of the target population in the community is necessary.	7	77.8	1	11.1	1	11.1	0	0.0
Ease of use	Need for information and education	Supervision of the Village Health Workers is important.	8	88.9	1	11.1	0	0	0	0.0
		Pre-existing demand	Need for promotion	7	77.8	1	11.1	1	11.1	0
Black market risk	Need to prevent resale/counterfeiting	In some communities, itinerant couchers and traditional healers may compete with orthodox eye care practitioners for the patients. Need to limit harmful practices of traditional eye healers by engaging them in eye health prevention activities.	4	44.4	4	44.4	1	11.1	0	0.0

Delphi Round 1 Facility Case Management

Technical Complexity of facility-based intervention

Category	Criteria	Technical Complexity (elements that need to be addressed)	Strongly Agree		Agree		Disagree		Strongly disagree		
			n	%	n	%	n	%	n	%	
Intervention characteristics		Batteries for torches are not stable in hot climates. Will require frequent replacement.	1	11.1	2	22.2	5	55.6	2	22.2	
		Eye drops will require cool storage.	1	11.1	5	55.6	2	22.2	1	11.1	
		Tetanus toxoid will require cold storage (refridgeration)	6	66.7	1	11.1	1	11.1	0	0.0	
	Stability/ease of storage/ease of transport	Topical antibiotic ointment does not need cold storage	4	44.4	4	44.4	1	11.1	0	0.0	
		Injectable antibiotics for ophthalmia neonatorum will require cold storage	2	22.2	4	44.4	1	11.1	1	11.1	
Basic product design		Sterile saline solution for eye irrigation is needed and is stable	6	66.7	3	33.3	0	0	0	0.0	
		High dose vitamin A is needed and is stable	4	44.4	5	55.6	0	0	0	0.0	
		All the above consummables will be transported by pre existing PHC transport channels	8	88.9	1	11.1	0	0	0	0.0	
	Standardizability	The WHO AFROC PEC package as 5 algorithms for facility-based care with 12 protocols and 7 standards. Hence the intervention is standardized.	6	66.7	3	33.3	0	0	0	0.0	
		Safety profile	None of the products cause any harm, if delivered correctly	4	44.4	4	44.4	1	11.1	0	0.0
Supplies	Need for regular supplies	Regular supplies of eye medication are needed.	8	88.9	1	11.1	0	0	0	0.0	
	High-technology equipment and infrastructure needed	Diagnostic equipment needed: Snellen distance visual acuity chart; near visual acuity chart, torches and batteries.	6	66.7	3	33.3	0	0	0	0.0	
Equipment		Infrastructure: 6m distance to measure visual acuity.	1	11.1	4	44.4	3	33.3	1	11.1	
		Space for counselling required.	4	44.4	5	55.6	0	0	0	0.0	
	Number of different types of equipment needed	One set of diagnostic equipment per facility is needed	3	33.3	5	55.6	1	11.1	0	0.0	
	Maintenance needed	Torch batteries will need to be changed.	2	22.2	5	55.6	0	0	1	11.1	
Delivery characteristics			Strongly Agree	Agree	Disagree	Strongly disagree					
			n	%	n	%	n	%	n	%	
	Retail sector	Not applicable	0	0	1	11.1	6	66.7	2	22.2	
	Outreach services	None (see health promotion framework)	1	11.1	0	0.0	5	55.6	3	22.2	
	First-level care	Diagnoses of management of uncomplicated cases can be delivered in Primary Health Centres and Health Posts.	5	55.6	4	44.4	0	0	0	0	
	Hospital care	Hospital services are needed for referrals, severe cases and treatment failures, further investigations and management, as required.	7	77.8	2	22.2	0	0	0	0	
		Mid-level skill is required to make a diagnosis (eliciting a history; measuring visual acuity; basic eye examination)	7	77.8	1	11.1	0	0	0	0	
	Skill level required for service provision	Mid-level skill is required for management of some conditions e.g., eye irrigation, removal of foreign bodies; giving intramuscular injections (tetanus toxoid; antibiotics)	5	55.6	2	22.2	0	0	1	11.1	
		Mid-level skill is required for identifying which cases to refer and the level of urgency	5	55.6	2	22.2	0	0	0	0.0	
	Skill level required for staff supervision. Degree of supervision required.	Primary Health Care supervisors need a good level of knowledge of eye conditions and their management and be skilled in the above. activity needed.	5	55.6	3	33.3	0	0	1	11.1	
	Human resources		Regular supervision of PEC required.	8	88.9	1	11.1	0	0	0	0
		Intensity of professional services in terms of frequency or duration, e.g. on schedule /periodic or continuous to accommodate emergencies.	Primary Health Care workers trained in eye care should be available continuously to manage emergencies	7	77.8	2	22.2	0	0	0	0
Managerial staff needed to manage supplies of consumables and plan purchasing			3	33.3	5	55.6	1	11.1	0	0	
Management and planning requirements. Need for managerial staff		Managerial staff needed to establish and maintain referral and feedback mechanisms between the PH centre and eye department/clinic.	4	44.4	2	22.2	3	33.3	0	0	
	Managerial systems to coordinate staff rotations to ensure daily facility coverage by trained PEC staff.	5	55.6	3	33.3	1	11.1	0	0		
Communication and Transport	Depends on delivery of communication and transport infrastructure	Depends on communication to establish and maintain referral and feedback mechanisms between PH centres and eye department/clinic. Respond to feedback from referrals.	7	77.8	2	22.2	0	0	0	0	
		Transportation between PH Centre and referral centre imperative.	6	66.7	2	22.2	1	11.1	0	0	
Government capacity requirements			Strongly Agree	Agree	Disagree	Strongly disagree					
			n	%	n	%	n	%	n	%	
	Need for regulation.	Appropriate medication & equipment need to be on the national essential drug list to facilitate availability.	8	88.9	1	11.1	0	0	0	0	
		Need for monitoring regulatory measures. Need for enforcement of regulation.	7	77.8	2	22.2	0	0	0	0	
	Regulation/legislation	Measles is a notifiable condition and should be reported to appropriate regulatory authorities.	8	88.9	0	0.0	1	11.1	0	0	
Ophthalmia neonatorum is a notifiable condition and should be reported		6	66.7	1	11.1	2	22.2	0	0		
Management systems	Need for sophisticated management systems	No need for sophisticated management systems	2	22.2	5	55.6	2	22.2	0	0	
	Need for inter-sectoral action within government. Need for partnership between government and civil society.	Intersectoral action withingovernment or partnerships between government and civil society are desirable but not mandatory.	4	44.4	4	44.4	1	11.1	0	0	
Collaborative action	Need for partnership between government and external funding agencies	Need for partnerships between governments and NGOs.	4	44.4	5	55.6	0	0	0	0	
		NGOs are responsible for the bulk of eye care in LMICs.	2	22.2	5	55.6	2	22.2	0	0	
Usage characteristics			Strongly Agree	Agree	Disagree	Strongly disagree					
			n	%	n	%	n	%	n	%	
Ease of use	Need for supervision	Outcomes of consultation at the PH Centre will be reassurance, treatment (and) or referral. At this level, prescribed treatments may not require supervision at home.	3	33.3	3	33.3	3	33.3	0	0	
		Referrals to secondary centres may require supervision to ensure compliance and may have to be supported.	7	77.8	2	22.2	0	0	0	0	
Pre-existing demand	Need for promotion	The burden of ocular morbidity/BLVI has been established in many setting in LMICs but the demand for eye care services is low. Significant level of health promotion needed.	7	77.8	2	22.2	0	0	0	0	
Black market risk	Need to prevent resale/counterfeiting	Need to limit harmful practices of traditional eye healers by training them to identify and refer eye conditions.	6	66.7	3	33.3	0	0	0	0	

Appendix 3

Modifications made in the technical complexity requirements after Delphi round 1

Gericke's Framework Dimensions	WHO AFRO PEC Package Component	
	Health Promotion and Prevention	Case Facility Management
	Statements Modified	
<p>Intervention Characteristics</p> <p><u>Basic Product Design</u></p> <p><u>Equipment</u></p>	<p>Community Health Workers should be instructed on the potential side effects of any health Promotion materials.</p>	<p>Torches can be solar- powered and are stable.</p> <p>Appropriate and secure storage for drugs and consummables should be available.</p> <p>Eye drops that do not require cool storage should be stocked.</p> <p>Injectable antibiotics for ophthalmia neonatorum may require cool storage but should be available to treat other conditions.</p> <p>Adequate space to support the use of appropriate and standardized visual acuity charts.eg 3m or 6m</p>
<p>Delivery Characteristics</p> <p><u>Type of Facility needed</u></p> <p><u>Human Resource Requirement</u></p> <p><u>Communication and Transport</u></p>	<p>Availability of community leaders to deliver eye health promotion when required</p> <p>Opportunistic eye health promotion can be delivered to groups in the facility</p> <p>Opportunistic health promotion can be delivered to individual people in the facility- if time permits.</p>	<p>Existing managerial facility staff should be able to establish and maintain referral and feedback mechanisms between the PH centre</p>
<p>Government Capacity Requirements</p> <p><u>Regulation/Legislation</u></p> <p>Usage Characteristics</p> <p><u>Ease of use& Need for Supervision</u></p>	<p>Health promotion materials should be approved and endorsed by local regulatory authorities. Eye health promotion activities should be recorded and monitored.</p>	<p>Staff who are available to make supervisory home visits.</p>

Appendix 4

Delphi Round 2 Health Promotion

Technical Capacity for community based interventions which comprises health promotion and prevention

Category	Criteria	Technical Complexity (Elements that need to be addressed)	Technical Capacity needed (Elements that need to be available)							
			Strongly Agree		Agree		Disagree		Strongly disagree	
			n	%	n	%	n	%	n	%
Intervention characteristics	Stability: usable lifetime and risk of destruction	Posters for health Prevention and promotion are needed.	7	77.8	2	22.2	0	0	0	0
		Posters should be made durable by lamination.	4	44.4	5	55.6	0	0	0	0
	Standardizability: the degree to which an intervention can be standardized	The Posters should be standardised by having the same message per target group.	The availability of standardized posters, delivering the same message per target group.	5	55.6	4	44.4	0	0	0
This should be translated into the language of the community as is done for other health promotion posters.		Available posters should be in the language of the community.	6	66.7	1	11.1	2	22.2	0	0
Basic product design	Safety profile of the intervention in terms of adverse effects, and risks associated with inappropriate use, e.g. from over-the-counter sales of prescription-only medications.	No risk of serious side effects.	3	33.3	3	33.3	2	22.2	1	11.1
		Messages should be clear, unambiguous and understandable displaying appropriate information.	8	88.9	1	11.1	0	0	0	0
	Ease of storage e.g. the need for refrigeration. Ease of transport	Health promotion materials do not have any specific requirements for storage and transportation.	NA							
Supplies	Need for regular supplies, and the number and types of different supplies needed. Ease of acquisition.	No requirements for regular supplies.								
		Different types of posters are needed for different target groups, e.g. diabetics, the elderly, carers of young children.	5	55.6	3	33.3	1	11.1	0	0
Equipment	High-technology equipment and infrastructure needed. Ease of acquisition. Number of different types of equipment needed. Maintenance needed.	High technological equipment not required.								
		Low maintenance.	5	55.6	4	44.4	0	0	0	0
		Health promotion materials relatively easy to acquire.	6	66.7	3	33.3	0	0	0	0
Delivery characteristics	Retail sector, Outreach services, First-level care, Hospital care	Should be delivered in the community through outreach services for diabetics, carers of young children during maternal and child health activities.	4	44.4	5	55.6	0	0	0	0
		Should be delivered to specific groups that attend the primary health facility e.g. people over 40 years,	3	33.3	2	22.2	3	33.3	1	11.1
Facilities	Skill level required for service provision	Should be delivered to specific people that attend the primary health facility e.g. people over 40 years,	7	77.8	1	11.1	1	11.1	0	0
		Low skill requirement.	5	55.6	2	22.2	2	22.2	0	0
		Will require knowledge about community, eye diseases and where to access care.	7	77.8	2	22.2	0	0	0	0
Human resources	Intensify of professional services in terms of frequency or duration e.g. on schedule/periodic or continuous to Need for managerial staff: Management and planning requirements.	Village Health Workers who live in the community should be trained to deliver health promotion in the communities.	7	77.8	2	22.2	0	0	0	0
		Facility based workers should deliver health prevention to groups/individuals in the facility.	6	66.7	3	33.3	0	0	0	0
		Development of the health promotion materials and staff training will require professional instruction.	5	55.6	4	44.4	0	0	0	0
		Mid-level skill required to supervise health promotion/prevention activities.	9	100	0	0	0	0	0	0
		Health Promotion and prevention activities should be delivered on schedule.	7	77.8	2	22.2	0	0	0	0
Communication and transport	Dependence of delivery on communication and transport infrastructure: roads, telephones, need for substantial exchange of information between different sectors or levels of care.	Planning will be required to organise target audience to be sensitised in appropriate locations e.g. Mothers or care givers of young children.	7	77.8	2	22.2	0	0	0	0
		Local transport infrastructure will be needed to visit communities.	5	55.6	4	44.4	0	0	0	0
		Communication between the communities and the Front Line Health Facilities required.	6	66.7	1	11.1	2	22.2	0	0
Government capacity requirements	Need for legislation/regulation, monitoring regulatory measures. Need for enforcement of regulation.	Communication in local language required.	8	88.9	1	11.1	0	0	0	0
		The availability of staff who are able to communicate in the local language.	9	100	0	0	0	0	0	0
		Health promotion materials which have been approved and endorsed by local regulatory authorities.	Strongly Agree	Agree	Disagree	Strongly disagree				
Regulation/legislation	Need for sophisticated management systems. Need for managerial staff. Level of management and planning requirements.	No special legislation required.	5	55.6	3	33.3	1	11.1	0	0
		A national prevention of blindness strategy will be ideal as is advocated in the Global Action Plan.	4	44.4	3	33.3	1	11.1	0	0
		Eye health promotion activities that are recorded and monitored.	8	88.9	0	0	1	11.1	0	0
Management systems	Need for inter-sectoral action within government. Need for partnership between government and civil society. Need for partnership between government and external funding agencies	No need for sophisticated management systems.	4	44.4	3	33.3	1	11.1	1	11.1
		Health Promotion logistics should be managed by managerial structure at frontline health facilities.	6	66.7	3	33.3	0	0	0	0
Collaborative action	Need for inter-sectoral action within government. Need for partnership between government and civil society. Need for partnership between government and external funding agencies	There is need for intersectoral action within government in trachoma endemic areas to implement water sanitation and hygiene programmes.	3	33.3	4	44.4	1	11.1	1	11.1
		Eye health promotion could be effectively done in schools.	1	11.1	6	66.7	2	22.2	0	0
		Health Promotion will require collaboration with NGOs.	7	77.8	2	22.2	0	0	0	0
Usage characteristics	Need for information and education	Collaboration between communities and Front Line Health Facilities is required.	7	77.8	2	22.2	0	0	0	0
		Information and education of the target population in the community is necessary.	8	88.9	1	11.1	0	0	0	0
Ease of use	Need for supervision	Supervision of the Village Health Workers is important.	8	88.9	1	11.1	0	0	0	0
		Staff who are available to supervise health promotion activities.	8	88.9	1	11.1	0	0	0	0
Pre-existing demand	Need for promotion	The burden of ocular morbidity(BL/VI) has been established in many setting in LMICs, but the demand for eye care services is low. Significant level of health promotion needed.	8	88.9	1	11.1	0	0	0	0
		Staff who are able to engage in health promotion which includes the uptake of eye care when required.	8	88.9	1	11.1	0	0	0	0
Black market risk	Need to prevent resale/counterfeiting	In some communities, itinerant couchers and traditional healers may compete with orthodox eye care practitioners for the patients. Need to limit harmful practices of traditional eye healers by engaging them in eye health prevention activities.	7	77.8	2	22.2	0	0	0	0

Delphi Round 2 Facility Case Management

Technical Capacity for facility-based intervention

Category	Criteria	Technical Complexity (elements that need to be addressed)	Technical Capacities (elements that need to be assessed)	Strongly Agree		Agree		Disagree		Strongly disagree	
				n	%	n	%	n	%	n	%
Intervention characteristics	Stability/ease of storage/ease of transport	Batteries for torches are not stable in hot climates. Will require frequent replacement.	Torches can be solar powered and are stable. They should be available.	6	66.67	3	33.3	0	0	0	0
		Appropriate and secure storage for drugs and consumables should be available.	8	88.89	1	11.1	0	0	0	0	
		Eye drops will require cool storage.	Eye drops that do not require cool storage should be stocked	5	55.56	3	33.3	0	0	0	0
		Tetanus toxoid will require cold storage (refrigeration)	Tetanus toxoid will require cool storage and should be available from the facility childhood immunisation activities	6	66.67	2	22.2	0	0	0	0
		Topical antibiotic ointment does not need cold storage	Topical antibiotic ointment does not require cold storage and should be available	6	66.67	2	22.2	0	0	0	0
Basic product design	Standardizability	Injectable antibiotics for ophthalmia neonatorum will require cold storage	Injectable antibiotics for ophthalmia neonatorum may require cool storage but should be available to treat other conditions.	4	44.44	3	33.3	1	11.1	0	0
		Sterile saline solution for eye irrigation is needed and is stable	Sterile saline solution for eye irrigation is stable and should be available	4	44.44	3	33.3	1	11.1	0	0
		High dose vitamin A is needed and is stable	High dose vitamin A is stable and should be available from Maternal and Child health activities.	5	55.56	4	44.4	0	0	0	0
		All the above consumables will be transported by pre existing PHC transport channels	Pre existing PHC transport channels should be available to transport PEC consumables.	7	77.78	2	22.2	0	0	0	0
		The WHO AFROC PEC package as 5 algorithms for facility-based care with 12 protocols and 7 standards. Hence the intervention is standardized.	The WHO AFRO PEC Package is standardized and can be available in all Primary Care facilities	6	66.67	3	33.3	0	0	0	0
Supplies	Need for regular supplies	None of the products cause any harm, if delivered correctly	Available staff who are trained/can be trained to deliver the intervention correctly so as not to cause harm.	8	88.89	1	11.1	0	0	0	0
		Regular supplies of eye medication are needed.	A medication supply system that can support the regular supply of eye medications and consumables	8	88.89	1	11.1	0	0	0	0
		Diagnostic equipment needed: Snellen distance visual acuity chart; near visual acuity chart, torches and batteries.	Diagnostic equipment is available: Snellen distance visual acuity chart; near visual acuity chart, torches and batteries.	7	77.78	2	22.2	0	0	0	0
		Infrastructure: 6m distance to measure visual acuity.	Adequate space to support the use of appropriate and standardized visual acuity charts.	6	66.67	2	22.2	0	0	0	0
		Space for counselling required.	Adequate space for counselling patients should be available.	8	88.89	1	11.1	0	0	0	0
Equipment	Number of different types of equipment needed	One set of diagnostic equipment per facility is needed	The availability of one set of diagnostic equipment.	6	66.67	2	22.2	1	11.1	0	0
		Torch batteries will need to be changed.	An available system for the maintenance of facility equipment.	5	55.56	4	44.4	0	0	0	0
		Diagnoses of management of uncomplicated cases can be delivered in Primary Health Centres and Health Posts.	The availability of eye care services to manage uncomplicated eye conditions.	6	66.67	3	33.3	0	0	0	0
		Hospital services are needed for referrals, severe cases and treatment failures, further investigations and management, as required.	The availability of a referral hospital to manage complicated eye conditions.	8	88.89	1	11.1	0	0	0	0
		Mid-level skill is required to make a diagnosis (eliciting a history; measuring visual acuity; basic eye examination)	Staff who are able to make a diagnosis (eliciting a history; measuring visual acuity; basic eye examination)	8	88.89	1	11.1	0	0	0	0
Delivery characteristics	Skill level required for service provision	Mid-level skill is required for management of some conditions e.g., eye irrigation; removal of foreign bodies; giving intramuscular injections (tetanus toxoid; antibiotics)	Staff who are able to manage some conditions e.g., eye irrigation; removal of foreign bodies; giving intramuscular injections (tetanus toxoid; antibiotics)	8	88.89	1	11.1	0	0	0	0
		Mid-level skill is required for identifying which cases to refer and the level of urgency	Staff who are able to identify which cases to refer and the level of urgency	8	88.89	1	11.1	0	0	0	0
		Primary Health Care supervisors need a good level of knowledge of eye conditions and their management and be skilled in the above. activity needed.	Primary Health Care supervisors who are knowledge of eye conditions and their management.	6	66.67	3	33.3	0	0	0	0
		Regular supervision of PEC required.	Supervisors who regularly supervise PHC activities and can supervise PEC activities	6	66.67	3	33.3	0	0	0	0
		Primary Health Care workers trained in eye care should be available continuously to manage emergencies	Staff trained in PEC who are available continuously to manage eye conditions, especially emergencies.	8	88.89	1	11.1	0	0	0	0
Human resources	Management and planning requirements. Need for managerial staff	Managerial staff needed to manage supplies of consumables and plan purchasing	Existing managerial facility staff who are able to manage the supply of consumables and plan purchasing.	6	66.67	3	33.3	0	0	0	0
		Managerial staff needed to establish and maintain referral and feedback mechanisms between the PH centre and eye department/clinic.	Existing managerial facility staff who are able to establish and maintain referral and feedback mechanisms between the PH centre and eye department/clinic.	5	55.56	2	22.2	1	11.1	0	0
		Managerial systems to coordinate staff rotations to ensure daily facility coverage by trained PEC staff.	Existing managerial systems to coordinate staff rotations to ensure daily facility coverage by trained PEC staff.	7	77.78	2	22.2	0	0	0	0
		Depends on communication to establish and maintain referral and feedback mechanisms between PH centres and eye department/clinic. Respond to feedback from referrals.	The availability of communication channels to maintain referral and feedback mechanisms between the primary health facility and the referral centre.	6	66.67	3	33.3	0	0	0	0
		Transportation between PH Centre and referral centre imperative.	The availability of transportation between the Primary health facility and the referral centre.	3	33.33	4	44.4	1	11.1	0	0
Government capacity requirements	Need for regulation.	Appropriate medication & equipment need to be on the national essential drug list to facilitate availability.	The inclusion of appropriate medication & equipment need to be on the national essential drug list to facilitate availability.	6	66.67	2	22.2	0	0	0	0
		There is need for regulation of drug prescription and dispensing by appropriate staff.	A system that regulates drug prescription and dispensing by appropriate staff.	7	77.78	2	22.2	0	0	0	0
		Measles is a notifiable condition and should be reported to appropriate regulatory authorities.	The availability of communication channels to report measles outbreaks to relevant authorities.	9	100	0	0	0	0	0	0
		Ophthalmia neonatorum is a notifiable condition and should be reported	The availability of communication channels to report outbreaks of ophthalmia neonatorum to relevant authorities.	7	77.78	2	22.2	0	0	0	0
		No need for sophisticated management systems	Existing managerial structures for Primary Health Care that can be used to manage PEC.	7	77.78	2	22.2	0	0	0	0
Collaborative action	Need for inter-sectoral action within government. Need for partnership between government and civil society.	Intersectoral action with government or partnerships between government and civil society are desirable but not mandatory.	Availability of intersectoral action within government or partnerships between government and civil society.	6	66.67	3	33.3	0	0	0	0
		Need for partnership between government and external funding agencies	Need for partnerships between governments and NGOs.	0	0	5	55.6	4	44.4	0	0
		NGOs are responsible for the bulk of eye care in LMICs.	Availability of health care NGOs in the community.	1	11.11	5	55.6	2	22.2	1	11.1
		Outcomes of consultation at the PH Centre will be reassurance, treatment (and) or referral. At this level, prescribed treatments may not require supervision at home.	Staff who are available to make supervisory home visits.	5	55.56	2	22.2	2	22.2	0	0
		Referrals to secondary centres may require supervision to ensure compliance and may have to be supported.	Staff who are able to supervise referrals to secondary centres to ensure compliance.	4	44.44	4	44.4	1	11.1	0	0
Usage characteristics	Need for supervision	The burden of ocular morbidity/BLVI has been established in many setting in LMICs but the demand for eye care services is low. Significant level of health promotion needed.	Staff who are able to engage in eye health promotion to target audience.	4	44.44	4	44.4	1	11.1	0	0
		Need to limit harmful practices of traditional eye healers by training them to identify and refer eye conditions.	Staff who are able and willing to engage with traditional healers and train them to identify and refer eye conditions. A system that supports this training.	6	66.67	2	22.2	1	11.1	0	0