A2Z Childhood Blindness Program: Tackling Avoidable Blindness through Partnerships

Medical/surgical interventions
Medical & surgical interventions

- Expand delivery of high-impact direct services, including screening, treatment, and education and rehabilitation
- Scale-up innovative approaches to service provision and programme implementation
- Contribute to the global knowledge base on effective approaches to large-scale child eye health programmes.
Medical & surgical interventions

- India (SNC)
- Niger (HKI)
- Nigeria (HKI)
- Tanzania (KCCO)
- Uganda (SSI)
Achievements

• 479 children received sight restoring surgery
  – 23,950 years of life with blindness have been averted

• 973 children received spectacles for refractive error
How achieved?

• Strategies adopted to overcome the health system barriers & community based barriers
• Strategies to connect children with services needed
• Adoption of comprehensive approaches (e.g. follow up for spectacles)
Strategies adopted to overcome the health system barriers

- Improve skills of team at CEHTF
- Improve understanding by HW of need for urgent referral
- Ensure children identified get to hospital
Strategies adopted to overcome the community-based barriers

- Increase understanding that “white spot” will not just “go away”
- Increase understanding that a “white pupil” should be viewed as an emergency
- Reduce stigma
- Increase understanding that girls need services just as much as boys.
Strategies to connect children with services needed

- Train government primary health workers
- Train key informants to find children
- Screen during market days
- Screen children at vision centres, clinics
- Train school teachers
- Screen children during routine outreach
Adoption of comprehensive approaches (e.g. follow up for spectacles, low vision)

- Counseling at hospital or clinic
- Pro-active follow up
  - Tracking
  - Reimburse transport
- Support costs of post-operative spectacles
  - Must look “cool”
Screening of children to find children in need of surgery & spectacles
Screening for finding surgical cases in children

Number of children screened to find children in need of surgery

- Tanzania: 136
- Niger: 109
- Nigeria: 26
- Uganda: 46

Number of children receiving surgery
## Productivity by screening method

<table>
<thead>
<tr>
<th>Country</th>
<th>Children screened</th>
<th>Surgeries</th>
<th>Surgery/screen</th>
<th>Glasses given</th>
<th>Glasses/screen</th>
<th>Total services/screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>30,060</td>
<td>46</td>
<td>0.001</td>
<td>25</td>
<td>0.0005</td>
<td>0.0025</td>
</tr>
<tr>
<td>Niger</td>
<td>6,569</td>
<td>109</td>
<td>0.017</td>
<td>448</td>
<td>0.0682</td>
<td>0.0852</td>
</tr>
<tr>
<td>Nigeria</td>
<td>4,591</td>
<td>26</td>
<td>0.006</td>
<td>265</td>
<td>0.0577</td>
<td>0.0637</td>
</tr>
<tr>
<td>Tanzania</td>
<td>568</td>
<td>136</td>
<td>0.239</td>
<td>0</td>
<td>-</td>
<td>0.239</td>
</tr>
<tr>
<td>India</td>
<td>52,788</td>
<td>162</td>
<td>0.003</td>
<td>245</td>
<td>0.0046</td>
<td>0.0077</td>
</tr>
</tbody>
</table>
Lessons learned

• To find children must engage directly with the community
• Using multiple targeted approaches better than a “shot gun” approach
• Need to have a strong system in place to ensure that children identified actually reach the surgical facility and get surgery
Lessons learned

- Providing good quality surgical eye care services for children is expensive
- To provide surgical services, a comprehensive team is required
- At national level need to define catchment areas of Child Eye Health Tertiary Facilities
Lessons learned

• Coordination of service delivery requires all partners involved

• Training of primary health care workers (re child eye health) needs to be embedded in existing training programmes

• New, potentially innovative approaches (e.g. “Child Health Days) require further investigation