A2Z Child Blindness Program: Tackling Avoidable Blindness through Partnerships

Approximately 1.4 million children worldwide are blind. In addition, nearly 17 million children with low vision or impaired sight lack eyeglasses, visual aids, or services to help them function. As a component of A2Z: The USAID Micronutrient and Child Blindness Project, the A2Z Child Blindness Program uses competitive grants to reduce child blindness and improve eye health. Grants provide support to NGOs that deliver services to populations in need. Program goals and priorities include:

- Expanding delivery of high-impact direct services, including screening, treatment, education and rehabilitation.
- Scaling-up innovative approaches to service provision and program implementation
- Contributing to the global knowledge base on effective approaches to large-scale child eye health programs.

Managed by AED since 2005, the A2Z Child Blindness Program has awarded 32 grants to 23 organizations to support work in 25 countries. The majority of grant awards support service delivery initiatives which aim to provide comprehensive services for children from case detection and treatment to follow-up care.

In 2008, a new grant award category – Refugee Service Delivery – was introduced to fund initiatives which deliver comprehensive eye care services for children and families in refugee populations. Given their long-standing experience working with vulnerable populations worldwide, the International Rescue Committee (IRC) received two grant awards to support their efforts in Thailand and Kenya. The following case study provides an in-depth look at IRC’s experience and impact along the border of Thailand and Burma.
The Border Eye Program: Restoring Sight and Expanding Services

The IRC has provided assistance to Burmese refugees since 1990, though the Thailand program has been operating since 1976 (initially assisting other groups of refugees from Cambodia, Laos, and Vietnam). Eye care services have been provided to this population since 1997 through the Border Eye Program. This is the only source of eye care services for the estimated 134,401 refugees that currently live in the nine camps along the border of Thailand and Burma (see map on page 1 for additional detail).

Health care in camps is provided by various international agencies that train, equip, and supervise refugee health workers who staff health outposts, clinics, and inpatient departments. Border Eye Program staff provide basic eye care, dispense simple spectacles, and facilitate cataract surgery so eye care services are compatible with and integrated into the refugee health care system. The program also works with KarenAid, a small private UK charity, to provide cataract and other eye surgery to this population.

An estimated 2 million Burmese migrants, both registered and undocumented, are living outside of refugee camps in Thailand, and more than 500,000 internally displaced persons (IDPs) are living in eastern Burma. The Border Eye Program reaches part of these populations by providing services through the Mae Tao Clinic, which offers various medical, health education, and social services to migrant workers residing in or around the Mae Sot area. The Clinic also attracts a number of IDPs and other patients from Burma, where access to health services is limited. Moreover, the program offers mobile eye care services to Thai villages located near the camps, conducting vision screenings and providing eyeglasses.

The main objective of the Border Eye Program is to restore sight by providing more than 10,000 eyeglasses annually, and facilitating 500 cataract surgeries each year.

IRC’s Approach: Capacity Building to Strengthen Local Services

IRC’s Border Eye Program focuses on training refugee health workers in basic refraction skills to conduct examinations and provide ready-made eyeglasses in IRC-supported eye clinics located in each refugee camp and at the Mae Tao Clinic. The program coordinates its work with the NGOs and refugee health organizations responsible for health services in each camp. Eye clinics are open one to two days a week in the refugee camps, and...
every day in the Mae Tao Clinic. Patients attending eye clinics are self-selected or referred by health clinics if a surgical problem or refractive error is suspected.

One innovative element of the current program is the initiation of standardized vision screenings at schools in each camp. Health workers coordinate with camp administrators and schools to train a group of teachers to conduct the tests, with the aim of ensuring students in all 64 schools in the nine camps are screened over a two-year period. Schoolchildren who fail the screening are referred for further examination at the eye clinic and are provided eyeglasses as needed.

The program also provides eye surgery to cataract and other surgical candidates identified in the eye clinics. Candidates who are registered for possible eye surgery are prioritized according to the severity of their vision loss. IRC has a long-standing collaboration with KarenAid, which now sends a team of eye surgeons to the border three to four times per year. IRC facilitates visits by providing logistical support and IRC-trained health workers from the eye clinics assist with pre-operative preparations, surgery, and post-operative follow-up. Health workers conduct next-day, day four, and six-week check-ups. The surgical team typically deals with cataract problems, but also treats patients with glaucoma and other conditions that may require surgery. Referrals outside the camp are arranged for congenital cataract cases involving children.

Evolution of the Program Model

IRC has implemented the Border Eye Program since 1997, when camp-based eye clinics and the provision of primary eye care and basic refraction training for health workers were first introduced. Distribution of eyeglasses began in 1998, and between 1998 and 2001, eye clinics were established in each refugee camp. A working relationship was established between IRC and a surgical team from the UK, with medics trained to screen patients for eye surgery. At that time, an aim of the Border Eye Program was to address preventable forms of blindness, such as trachoma.

The program helped to deliver a series of community health education messages promoting improvement in sanitation and hygiene to control trachoma infection. The program also emphasized the importance of a nutritious diet in preventing vitamin A deficiency. Incidence of trachoma infection and vitamin A deficiency were significantly reduced, and ongoing vitamin A duties have been handed over to the border-wide nutrition program.

Since 1999, the focus of the program has increasingly shifted towards restoring sight and further developing the work of eye clinics, including pilot-testing the provision of services to children. Close collaboration with KarenAid enables more frequent visits by the surgical team, increasing the surgical capacity of the program. The program also began to target rural Thai villages in collaboration with the

IRC Border Eye Program Results: August 2008 — June 2009

<table>
<thead>
<tr>
<th>Result</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workers trained in basic refraction skills</td>
<td>52</td>
</tr>
<tr>
<td>Schoolchildren screened</td>
<td>14,492</td>
</tr>
<tr>
<td>Schoolchildren referred for examination</td>
<td>724</td>
</tr>
<tr>
<td>Eyeglasses provided to schoolchildren</td>
<td>152</td>
</tr>
<tr>
<td>Eyeglasses provided to adults</td>
<td>8,375</td>
</tr>
<tr>
<td>Adults whose significant refractive error is corrected</td>
<td>1,033</td>
</tr>
<tr>
<td>Adults who have received cataract surgery</td>
<td>591</td>
</tr>
<tr>
<td>Adults who have received surgery for an eye condition other than cataract</td>
<td>79</td>
</tr>
</tbody>
</table>
Ministry of Public Health, dispensing eyeglasses for a small fee ($3 per pair). This effort contributes to increasing acceptance in the Thai community for the many Burmese migrants and refugees living amongst them.

Activities implemented under the A2Z/USAID grant reflect the continuation and expansion of the approach established during previous phases of the program. For example, funding has facilitated the introduction of school screenings in all refugee camps, enabling systematic identification of children with vision problems. The program’s aim of restoring sight through improving the quality of eye care via provision of eyeglasses and cataract surgery contributes to IRC Thailand’s objective of strengthening the quality of health care services available to displaced persons. Working in partnership with Mae Tao Clinic to service the eye care needs of Burmese IDPs aligns with a broader goal of ensuring partners provide effective, documented and well-coordinated health support to vulnerable populations from eastern Burma.

Dr. Frank Green, an eye surgeon who has been visiting the Thai-Burma border region for almost 20 years, says “without the training the Border Eye Program provides to the many medics and clinics they run, there would be no system for detecting the eye diseases we can surgically treat.” Dr. Green and the other surgeons use their annual leave to undertake the visits, lasting 1-3 weeks, with support and encouragement from family. He says “I regard this work as a great privilege and a blessing in my life.”

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Than Tun, 27, Tham Hin camp

The development of cataracts is often associated with aging, but younger people can also be affected. Than Tun, 27, who lives in Tham Hin camp, is affected by leprosy. Cataracts are a leading cause of blindness in leprosy patients. About a year ago, he began to experience vision loss, especially in his left eye. This soon affected his ability to undertake routine daily activities, such as reading, washing clothes and even walking around the camp. His reduced level of self-sufficiency was especially significant because he lives alone. After he was told by the eye clinic that surgeons would be coming to operate on his eyes he said, “I was afraid but told myself I have to be brave for my eyesight.” When the bandages were removed the day after cataract surgery, he was relieved to find that his vision was much clearer. He felt as though a heavy burden had been removed. Six weeks after the operation, he had a check-up at the eye clinic and was provided eyeglasses, which further improved his vision. Than Tun is once again able to adequately care for himself, and has a renewed appetite for reading books. He also has a more active social life and greater involvement in the camp community. He assists with cleaning the church he attends every Sunday, and helps look after the church’s garden.
Clinic, and through a mobile eye clinic servicing Thai villages in border areas. 670 surgical operations have been completed during three visits from KarenAid, comprising 204 patients across five refugee camps and 466 patients in the Mae Tao Clinic. The program has also trained an additional 52 health workers to work in the eye clinics.

The Border Eye Program was the first health program to collaborate with all health NGOs working in the Burmese refugee camps along the Thai-Burma border. This unique approach extended the reach of the program and increased awareness of the difficulties faced by those suffering from visual impairment.

Challenges and Lessons Learned

An imminent challenge faced by the Border Eye Program is that implementation of activities is occurring in the context of large-scale resettlement of Burmese refugees to third countries, such as the United States. A disproportionate number of refugees being resettled are skilled and experienced health workers. All camp-based programs face the risk of insufficient numbers of trained staff. This issue is particularly important for the Border Eye Program given the central role performed by eye clinic staff. According to a recent assessment of eye clinics in the nine camps along the Thailand-Burma border, a majority of medics plan to resettle or are currently going through the resettlement process. To address potential shortfalls, 52 health workers (including 41 camp-based staff), have received training through the Border Eye Program in recent months. This figure is more than double the number originally envisaged for the first year of activity.

Another notable challenge faced by the program has been bringing together camp-based staff for joint training in a single location. Generally, camp residents are not allowed to leave the camps, which means that individual training – a more time consuming and costly exercise – has to take place in each camp. Successful advocacy with the Thai government has enabled program staff to overcome this challenge, and camp-based health workers from five different camps were recently granted permission to travel for group training in Mae La camp.

The Border Eye Program is experiencing an increasing demand for eye care services at the Mae Tao Clinic, due to the large number of patients coming from across the border in Burma, with awareness of the services offered spreading through word of mouth. The program has worked to ensure a sufficient number of eyeglasses are provided as needed, and the team from KarenAid has spent a greater amount of time undertaking surgery at the Clinic. There is also an informal cost recovery effort in operation where patients are asked to make a small, voluntary donation if they can afford to, and many have done so.

A future challenge is to increase technical capacity to provide the exact prescription required through upgrading of the technical skills and equipment in the Clinic. In addition, achieving a sustainable approach for providing and selling eyeglasses to rural areas of Thailand near the border is necessary to enable the Ministry of Public Health to fully incorporate such services into the Thai health care system. While the program’s main focus is refugees, it has worked in cooperation with local Thai authorities to provide basic services (screening and eyeglasses) to border communities near refugee camps as time and resources allow.

Way Forward

As the Border Eye Program enters its second year of USAID funding, the program will continue to roll
Tin Ngwe, 67, Tham Hin camp

Tin Ngwe has lived in Tham Hin camp, located near the Burmese border in Ratchaburi province, for four years. She began experiencing vision problems in her right eye, particularly in bright light, more than 25 years ago. Her condition became progressively worse as she grew older. Recently, she began having similar difficulty with her left eye. By the start of this year, she said, "I had to stay at home inside the whole day and depended on my family to accompany me if I wanted to go outside." She decided to have her eyes assessed after her daughter-in-law told her about the visit of eye surgeons to Tham Hin. Cataracts were found in both eyes and she was considered an appropriate candidate for surgery. At the time, Tin Ngwe was both excited and nervous about having the operation, but only one day after it was completed, she was happy to discover that her vision was already much improved. Having the surgery has allowed her to regain a level of independence; she is able to go for walks, visit the market, and meet friends – all on her own.

For more information on the IRC’s work in Thailand please visit http://www.theirc.org/where/Thailand. For more information on A2Z: The USAID Micronutrient and Child Blindness Program, please visit www.a2zproject.org or email childblindness@aed.org.