Welcome All

Preah Vihea Temple

SEVA Foundation Cambodia

Prepared by: Ek Sarou
2-3 November 2009
Eye Care Situation in Cambodia

- Total population estimated: 14 M, 85% in rural area
- Prevalence rate of blindness: 1.2%
- Population of Children: 40%
- An estimate the prevalence of childhood blindness: 1/1000
- Main cause of childhood blindness:
  - Corneal Scar due to Vit.A Deficiency
  - Refractive error / Low vision
  - Congenital Cataract
  - Retinal Degenerative Disease

80% - 90% are preventable and treatable
Existing Eye Care Service/Local Infrastructure

Eye Care Facilities
- Government sector: BTB, BMC, SR eye units
- NGOs sector: BOCC and AHC

Existing Services
- Clinic, hospital based, OPD consultation, refraction, surgery, training
- Community based (door to door visit, school screening, outreach screening)

Eye Care Personnel
- Pediatric Ophthalmologists: 0
- Ophthalmologists/ BED: 7 (1 expatriate)
- Refraction Nurses: 7
- Ophthalmic Nurses: 18
- Mid – Level Ophthalmic Asst.: 23
- No. of Village Health Volunteers: 138

Map of Cambodia and Service Areas
Overall Goal

To increase the detection, treatment and appropriate follow up of vulnerable children with emphasis on girls, orphans and children in isolated community.
Objective and Methodology

1. More vulnerable children are identified on with vision needs
   - Eye hospital/center/clinic OPD consultation
   - School/ orphanage vision screening
   - Door to door visit with field workers integrated with existing adult program focusing on women and children
   - Community outreach screening integrated with existing adult program

2. More vulnerable children identified w/serious vision needs have sight restored
   - Early identification of children with visual disability in community and referral to base hospital for surgical and other complex care.
3. Children have improved visual outcomes

- Follow up of all cases, counseling and provide appropriate treatment (medicine and glasses)
- Training (Ophthalmologist, Counselor, Ophthalmic nurses, refraction, Field Workers, Village Health Volunteers, and school teachers.)
- Provision of equipments including general anesthesia.

4. More children have corrected refractive error

- Provide appropriate power glasses to correct refractive error (post-op and refractive error) and follow up for compliance
- Follow up and education.
More parents, teachers, local government officials, and other opinion leaders informed about available eye care treatment for children.

- Conduct meetings (NPEH, local partner team, community leaders, and concerned authorities)
- Radio advertisement, posters, leaflet

National and regional knowledge regarding pediatric-based practice is increased.

- Training of key staffs on whole family approach
- Program Monitoring & Evaluation
- Seminar and workshop to share lessons learned
Results and achievements (August 2008 - September 2009)

<table>
<thead>
<tr>
<th>Activities</th>
<th>Target for 2 years</th>
<th>Cumulative Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CM</td>
<td>CF</td>
</tr>
<tr>
<td>More children are identify with the children needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total children screened</td>
<td>73,000</td>
<td>18,770</td>
</tr>
<tr>
<td>More children have sight restored</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children referred from screening</td>
<td>1,076</td>
<td>70</td>
</tr>
<tr>
<td>No. of surgical done</td>
<td>580</td>
<td>264</td>
</tr>
<tr>
<td>No. of children with corrected V/A better than 6/18 immediately after surgery (60%-90%)</td>
<td>66</td>
<td>42</td>
</tr>
<tr>
<td>No. of children with V/A better than 6/18,10 days after surgery (60% expected)</td>
<td>52</td>
<td>42</td>
</tr>
<tr>
<td>No. of children with V/A better than 6/18,3 months after surgery (80% expected)</td>
<td>70</td>
<td>25</td>
</tr>
<tr>
<td>More children have corrected refractive error</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children given vision exams in screening activities</td>
<td>73,000</td>
<td>15,847</td>
</tr>
<tr>
<td>No. of children referred for refraction from screening activities</td>
<td>3,052</td>
<td>632</td>
</tr>
<tr>
<td>No. of children given the glasses</td>
<td>2,307</td>
<td>298</td>
</tr>
</tbody>
</table>
Beneficiary impact

- Improved the capacity of eye clinic/centre to prevent and treat child blind.
- Improve the referral network from community to base hospital.
- Increase knowledge of the Whole Family Approach among the health workers and the community.
- Increase the awareness among the community about availability of eye care services.
Challenges Experienced

- **Community**: Complex low socioeconomic condition, poor accessibility, fear and believe, lack of awareness etc..
- **Government**: No priority program, complex bureaucratic system, donor dependence
- **Health Sector**: Limited infrastructure, limited skilled human resources and low motivation of staff

Strategy to overcome challenges

- Development of pediatric eye care services integrating with existing comprehensive eye care services through WFA. Refresher training of community field workers, increase transportation, outreach, counseling, education of family and community, improve supervision, coordination/meeting with government authorities, advocacy, improve infrastructure, and incentive to staffs.
Lessons learned

- Needs for development and expansion of the comprehensive pediatric eye care services integrated with comprehensive eye care services.

- Cambodia pediatric eye care service is in very early stage and needs increased supporting for longer time for its expansion and sustainability.

- The program objectives are achievable but taking longer time and need patience.

- Community based field workers are very effective to identify women and children with eye problems, referral, follow up through door to door visit. 2.76% of the total children screened were identified with refractive error. School Vision Screening program are very cost effective to identify the children with visual problems and their early treatment. children have 1.25% of total cataract surgery done.