A2Z Child Blindness Program
Refractive Error Case Study

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Global Burden of Pediatric Refractive Error

- Affects more than 12M children (5-15 yrs)
- Includes myopia, hyperopia, astigmatism
- Girls at a higher risk than boys in every region of the world and all ages
- Increasing in school-age kids, esp. in Asia
Featured A2Z Grantees

- Fred Hollows Foundation Vietnam
- Himalayan Cataract Project
- Seva Cambodia
- Seva Nepal
## School and Community Screening Strategies

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<th>Teachers</th>
<th>Comm health volunteers</th>
<th>Trad healers</th>
<th>Outreach/commune health workers</th>
<th>Drug retailers/comm leaders</th>
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Program Strategies to Address Challenges and Barriers

- Dispense glasses at screening site
- Offer variety of frames
- Educate children and parents
- Train FCHVs and provide services at the community level
Results

- 636,849 children screened
- 6,282 children provided with glasses
- For every 100 children screened, one received glasses
Vision Screening by Gender

Fred Hollows Foundation Vietnam
- Males: 89,881
- Females: 113,396

Seva Cambodia
- Males: 9,267
- Females: 7,755

Seva Nepal
- Males: 85,080
- Females: 82,558

Himalayan Cataract Project-Nepal
- Males: 125,864
- Females: 123,048
Detection of Visual Impairment by Gender

- Fred Hollows Foundation Vietnam: Males 1,460, Females 1,923
- Seva Cambodia: Males 215, Females 254
- Seva Nepal: Males 1,303, Females 1,446
- Himalayan Cataract Project-Nepal: Males 3,664, Females 4,022
Provision of Eyeglasses by Gender

- Fred Hollows Foundation Vietnam: 538 males, 725 females
- Seva Cambodia: 129 males, 154 females
- Seva Nepal: 1220 males, 1380 females
- Himalayan Cataract Project-Nepal: 1197 males, 939 females
Lessons Learned

- Screening efficacy varies with an individual’s attitude, motivation
- More cost effective to have community members do screening before trained professionals
- Collaboration between education and health sectors and network from primary to tertiary levels are key to success
Ensuring Future Success of Programs

- External funding to reach poor children
- Selection criteria for training participants
- Inclusion of pediatric eye care as a regular part of training
Further Recommendations

- Regular follow-up, counseling, “whole family approach”, community eye health education
- Comprehensive strategy of school and community screening
- National guidelines for vision screening programs