Conflict, Crisis and Disaster Affected Populations
Thanks to AED/USAID

Cycle IV Kenya
Cycle IV Thailand
Cycle V Thailand
Cycle VI Thailand & Ethiopia
CYCLE VI

Evaluating Refraction Accuracy

Pilot Testing the Integration of KIM
THAILAND

Objective: To evaluate the IRC’s vision screening and refractive error correction of children in Thailand.
Border Eye Program

Trained over 2,000 health workers in eye care
Provided over 100,000 eyeglasses
Provided over 5,000 cataract surgeries
Screened over 45,000 school children
Why this subject?
Why this subject?

- Refraction children a new thing
- Monitor other factors, not accuracy
- Focus group assessments
- Little in the literature
Study Design

Compare health worker refraction to that of a blind optometrist

Among student spectacle recipients identified at school screenings in past 6 months at selected locations

Sample size 62/ 89/ 65
Preliminary Results

Expected 80% match +/- 0.50 Diopter
Actual match about 30% (very poor)
Worse in younger kids better in older kids
“Over minusing” in general and giving -1.00 when not needed
Study Design
Actions

Adjust training protocols
Clarify program directive
Re-evaluate
Study Design

Side by side comparison 3 health workers and optometrist (all blind)

Among 98 students of about 4,000 that failed vision screening in Umpiem Mai camp last week of June 2011

Individual comparisons, compare skills case management, etc.

“Best behavior” no dilation
Preliminary Results

Finding right power (+/- 0.50) = 60-70%

Giving the right RMS lens (+/- -0.50) = 70-80%

Worse in younger kids ???

Much less of a tendency to over minus
Gaps Remaining / New Questions
Informing Planning, Changing Policies or Programs

Health workers should not do refractions in the youngest school children??
ETHIOPIA

To implement a field trial of integrating the Key Informant Method (KIM) in IRC’s Child Survival Program in Ethiopia and develop a strategy for international ramp up of the KIM.
Why this subject?

We (IRC) have ignored Childhood Blindness to date.
Makes sense to integrate with our Child Survival Program/Network.
Methodology

Limited field trial of established Key Informant Methods as adapted for context

Use existing network of Child Survival volunteers

Population area 25,000 with about 12,000 kids
Preliminary Results

Trained & used 55 KI’s (CHV’s & HEW’s)
103 children identified by KIs
88 examined
24 Blind or Visually Impaired
Of the 24: 8 blind, 1 severely impaired, 9 with vision impairment, 3 unilaterally blind and 3 with unilateral severe impairment.

Of the 8 blind: 1 bilateral cataract; 1 uncorrected refractive error; 1 glaucoma; 4 other causes; 1 unknown.
External Resistance
Unanswered Questions

RN vs. MD for assessment
Integration KI training in Child Survival curriculum
Heading off resistance in advance
RAMPING UP

1) IRC Child Survival Programs
2) UNHCR – all refugee camps world wide
3) Ethiopia
1st IRC Eye Conference – Mae Sot, Thailand
July 4,5 2011
Thank You