

SightFirst Project Development Guide

Childhood blindness & visual impairment

Purpose

The Lions-World Health Organization (WHO) Project for the Elimination of Childhood Blindness established a network of 45 Lions child-friendly eye care centers in 35 countries. The centers provide some combination of pediatric primary eye care, ophthalmic surgical services, low vision care, refractive services and spectacle distribution. Since 2004, thousands of eye care professionals have been trained and more than 150 million children have been served.

Lions (multiple) districts seeking to prevent or correct childhood blindness and visual impairment in their community may request SightFirst grant funds for projects modeled after and providing services similar to the Lions-WHO Project. This project development guide outlines specific funding opportunities and performance indicators for related infrastructure improvements, human resource training, service delivery, and/or eye health education.¹

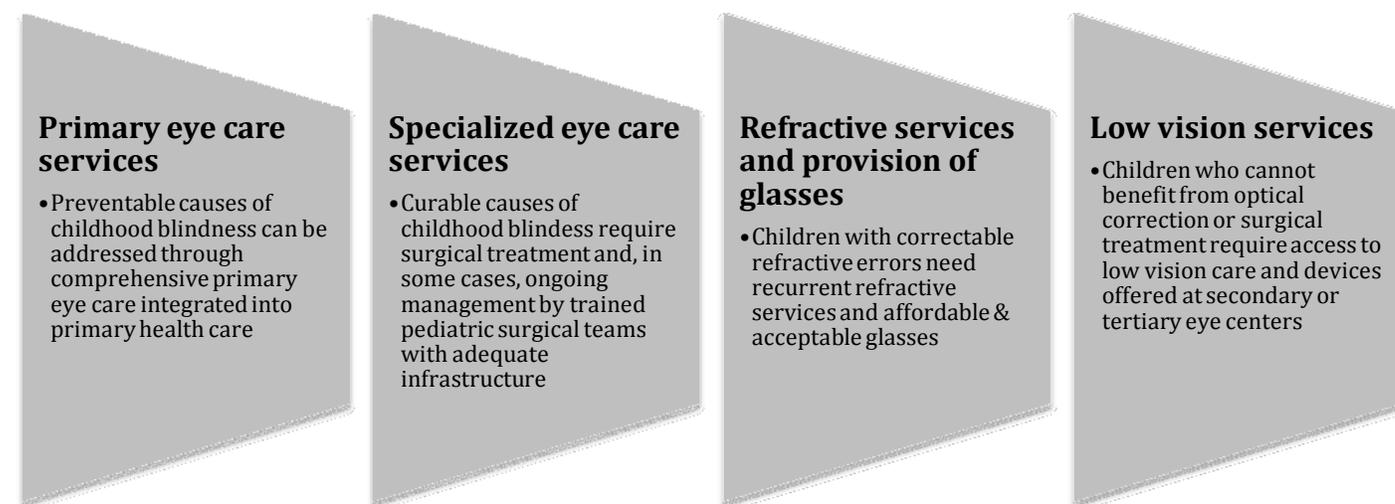
Childhood Blindness²

Childhood blindness refers to a group of diseases and conditions occurring in childhood or early adolescence that when left untreated may result in permanent blindness or severe visual impairment.

The major causes vary and are largely determined by socioeconomic status and the availability of primary health and eye care services. In low-income countries, corneal scarring from measles, vitamin A deficiency and rubella cataract are often causes. Retinopathy of prematurity (ROP) is a common cause in middle-income countries. Congenital abnormalities, like cataract and glaucoma, are significant causes globally.

Of the estimated 19 million children who are visually impaired worldwide, 12 million are impaired as a result of refractive errors that could be easily diagnosed and corrected. 1.4 million children are irreversibly blind and need visual rehabilitation interventions for full psychological and personal development.

Strategies



¹ Information is largely adapted from: "A five-year project for the prevention of childhood blindness", report of a WHO Consultation, held June 2002; Annex I, Project for Elimination of Avoidable Childhood Blindness.

² World Health Organization, Causes of Blindness & Visual Impairment, Priority Eye Diseases, Childhood Blindness, www.who.it.

SightFirst helps to develop comprehensive eye care systems that treat all patients either directly or through referral. Efforts to address childhood blindness and visual impairment are concentrated in any or all of the following areas:

Funding Opportunities

Applicants may request SightFirst funds to support one or more of the following objectives:

1. **SightFirst funds may be requested to support the development of comprehensive primary eye care services for children at established primary health or eye care centers**

- Train or retrain volunteers and primary health and eye care workers in the principles and practice of eye health promotion, prevention and management (in respect to the causes of childhood blindness)
 - ✓ *Note: Please be aware of and comply with local laws regulating the involvement of volunteers in health or eye care service delivery. Volunteers engaged in screening activities should always be supervised by a medical professional(s). Volunteers are often best suited to promotional and administrative activities only.*
- Purchase equipment & supplies for eye care clinics and professionally-managed community screening programs
- Support the development of primary level eye health education programs executed in conjunction with existing school and child health programs and in partnership with local authorities and agencies
- Monitor and evaluate these activities

2. **SightFirst funds may be requested to support the provision of specialized, pediatric ophthalmic services at established eye care institutions which currently employ full-time, competent pediatric ophthalmology staff**

Surgical services

- Send surgical staff to suitable training institutions for customized training
- Purchase required basic equipment for the trainees' institutions so as to enable them to carry out the required pediatric surgical services following completion of their training
- Develop or expand specialized pediatric eye care services to address complicated cases where needed and as appropriate; such as strabismus, anisometriopia, amblyopia, cancer, lacrimal tract abnormalities, etc.
- Establish activities for early diagnosis of ROP where needed and as appropriate
- Monitor and evaluate these activities

Refractive services

- Establish high-quality pediatric refractive services at established secondary and tertiary level institutions through community-based education, early detection, referral and provision of affordable and acceptable glasses
 - ✓ *Please refer to SightFirst funding objectives for projects addressing uncorrected refractive error [SightFirst Uncorrected Refractive Error Policy Paper](#)*

- Monitor and evaluate these activities

Low vision services

- Establish or strengthen low vision services at secondary and tertiary level eye care institutions through personnel training and infrastructure upgrades
 - ✓ *Please refer to SightFirst funding objectives for projects addressing low vision [SightFirst Low Vision Policy Paper](#)*
 - Monitor and evaluate these activities
- 3. As part of a project seeking to address either or both of the previously stated funding objectives, SightFirst funds may also be requested to create and/or improve child-friendly environments aimed at enhancing patient experience and facilitating family-centered care.**
- ✓ *Modest funds may be requested to renovate and furnish clinical spaces and waiting areas to accommodate pediatric patients and their families; this might include interior design improvements, , toys and recreational spaces, rest areas or quiet spaces and food & beverage areas.*
 - ✓ *Note: Project elements such as these are well suited to Lions involvement and can be further enhanced and sustained with local funds. In some situations, it may be appropriate and beneficial for Lions to establish an ongoing relationship with the clinic ("friends of" group) whereby volunteers regularly visit the clinic to provide support for patients and their families through the provision of toys, recreational opportunities, food & beverage, etc.*

Performance Indicators

Proposals should outline plans to measure and report the following performance indicators as appropriate:

Human Resource Training

- Number of Primary Eye Care personnel trained
- Number of secondary and tertiary-level eye care personnel trained in specific disease management procedures

Patient Diagnosis

- Number of out-patient department visits
- Number of low vision diagnoses
- Number of ROP diagnoses
- Number of other conditions identified

Treatments

- Number of cataract patients
- Number of ROP patients
- Number of refractive error patients
- Number of low vision rehabilitation patients

Education

- Number of sessions/seminars or support groups for families, communities, caregivers

Conclusion

SightFirst childhood blindness projects should employ the same overarching strategies approved for other program areas. They should: 1) help develop comprehensive eye care systems; 2) use and/or collect data to identify and evaluate projects; 3) target underserved populations through equitable eye care services; 4) provide high-quality eye care services; 5) help create sustainable eye care services; and 6) engage Lions as advocates.