



USAID
FROM THE AMERICAN PEOPLE

Investing in Prevention: **CHILDHOOD BLINDNESS**





Vietnamese students have their vision corrected through eyeglasses provided by Helen Keller International (HKI).

Investing in Prevention: CHILDHOOD BLINDNESS

This booklet provides information on the current status of child blindness around the world and the work of essential U.S. government humanitarian and development assistance programs funded by the United States Agency for International Development (USAID) in addressing this serious problem.

USAID, in partnership with 25 U.S. and internationally based nongovernmental organizations, is working with the world's poorest and most vulnerable populations to eradicate preventable and treatable causes of childhood blindness.



A young boy in Ethiopia waits to have his eyes examined through an ORBIS International program.

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A child is prepared for cataract eye surgery made possible by Sightsavers in Bangladesh.

The Importance of CHILD BLINDNESS PROGRAMS

Many organizations, such as USAID, the World Health Organization, and UNICEF, have worked to bring attention to the issue of child blindness. While great strides have been made in tackling the challenge

of childhood blindness around the world, it remains a significant global health problem. Low-income countries are at a significant disadvantage as health resources for basic health and eye care services are

often minimal or nonexistent. Current estimates indicate there are 19 million children under 15 years old who are visually impaired, 1.4 million of whom are irreversibly blind, and 500,000 children become blind

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Current estimates indicate there are 19 million children under 15 years old who are visually impaired, 1.4 million of whom are irreversibly blind, and 500,000 children become blind every year. Half of children who become blind die within one year, and those children who survive live an average of 40 years.

every year.¹ Half of children who become blind die within one year, and those who survive live an average of 40 years, bearing the burdens associated with blindness, including poorer education, social isolation, and increased poverty.²

The majority of children with visual impairment, 12 million worldwide, suffer from refractive error, a condition that is easily diagnosed and treated. In fact, most childhood visual impairments could be prevented, treated, and cured if qualified staff and the necessary equipment were more readily available. And one-half of all cases of childhood blindness are avoidable—if eye injuries and illnesses receive prompt treatment. Unfortunately, in low-income countries where approximately 90 percent of visually impaired persons live, resources are simply not available to provide basic eye health services, treat visual impairment, and prevent blindness.³

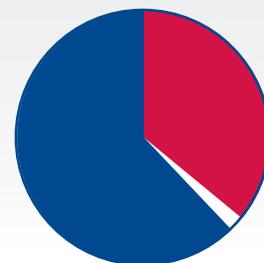
The situation is worse for children with irreversible visual impairments. **Nearly 17 million children with visual impairment lack visual aids, eyeglasses, or services to help them function.** Less than 15 percent of children with disabilities in developing countries have access to education.⁴ Those children often are unable to read textbooks or the chalkboards in their classrooms, limiting their success. Because they are fearful of injury or embarrassment, they may restrict their movement and activities; families may confine them to their homes, out of protectiveness or a fear of embarrassment. **As a result, children with visual impairments experience social isolation, low self-esteem, and a lack of independence.**

Gender-based inequities can exacerbate the challenges of vision impairment for girls, who have less access to medical and surgical services than boys. This includes access to diagnosis of correctable cataracts,

treatment of eye infections, and provision of corrective eyeglasses. This inequity continues into adulthood; women account for two-thirds of all people with blindness and three-fourths of trachoma-related blindness.

The three main causes of visual impairment in children

- Uncorrected refractive error (63%)
- Cataracts (33%)
- Glaucoma (2%)



Low vision or blindness has indirect effects that are exacerbated in developing countries. Limited access to education and typical childhood activities can lead to an adulthood with few employment opportunities and reduce overall productivity

and quality of life. Removing an otherwise productive person from the workforce negatively affects their children, family, community, and country.

Visual impairment has a severe economic impact, perpetuating

poverty or pushing a family into poverty. Adult blindness also results in lost opportunities for their children, as young people become caregivers; girls, in particular, are often kept from school to care for a parent or relative who is blind. As a result,



Child Sight Foundation provides free eye screenings in Bangladesh.



Seva Foundation trains teachers to screen students for visual impairment and eye health in Nepal.

visual impairment is estimated to lead to a reduction of 0.5 percent of GDP in parts of Africa and Asia by 2020.⁵

However, much can be accomplished with a relatively small investment. **There are many cost-effective means to prevent and treat child visual impairment and blindness.** Eyeglasses are a simple and affordable method to treat refractive error. Cataracts, which occur in children at birth or as a result of eye injury or disease, can be corrected with a relatively inexpensive surgery. Even for those with irreversible impairments, assistive devices, tailored services, and adaptive

education can improve quality of life and help ensure a productive adulthood.

Administering even the most basic services, however, requires creating and supporting systems to identify children who would benefit, and providing appropriate treatments and services. In order to correct refractive error, for instance, the patient must be identified and undergo an eye examination to diagnose eye conditions and determine the level of correction necessary. If eyeglasses are needed, the patient must be fitted for them and have access to follow-up care for adjustments in prescription and for repair or replacement of glasses.

Cataract surgery can be extremely cost-effective, but it can only be provided by an ophthalmologist who has received specialized training and has the necessary surgical equipment.

Child blindness adds an extra level of complication: a child's eye is very different from an adult's, and treating childhood eye diseases requires specialized equipment and training in pediatric ophthalmology.

Primary causes of child blindness in developing countries⁶

Preventable

- Corneal scarring from vitamin A deficiency
- Measles
- Neonatal conjunctivitis
- Harmful traditional eye treatments
- Retinopathy (caused by premature birth)
- Trachoma

Treatable

- Uncorrected refractive error
- Cataracts, glaucoma, and retinal dystrophies of genetic origin
- Cataracts from rubella

Unavoidable

- Congenital conditions
- Genetic disease
- Central nervous system lesions



A young boy in Bangladesh is one of many who benefit from Sightsavers eye examinations.

USAID's Effort to ERADICATE CHILD BLINDNESS

Through innovative programs, USAID is preventing blindness and restoring vision to thousands of individuals, focusing on vulnerable populations and children in the poorest communities of the world. The agency's global leadership in programs to prevent and treat visual impairments began in the 1960s. Today, USAID continues to invest in programs that foster human and economic development and improve the quality of life for vulnerable children and their families,

working in partnership with national governments, international agencies, nongovernmental organizations (NGOs), foundations, and pharmaceutical companies to combat blindness and save sight.

USAID's Child Blindness Program is one of the pillars of the agency's approach to eradicating child blindness. Since the program was originated through a Congressional directive in 1991, **health and eye-care NGOs working around the world have received USAID grants**

totaling over \$20 million to implement innovative and effective eye-care interventions in 58 countries across Latin American, sub-Saharan Africa, and Asia.

Selected through a competitive grant-making process, NGOs funded by the Child Blindness Program have implemented interventions that include treatment, eye health education, referral networks, vision screenings, provision of eyeglasses, rehabilitation services, training of teachers

and community health care workers, and specialized pediatric ophthalmology training. **Through the Child Blindness Program, over 2.5 million children have had their vision and eyes screened.**

Global Reach of USAID Child Blindness Program

In recent years, funding for the Child Blindness Program has increased to \$2.5 million yearly, enabling USAID and its partners to develop, implement, and scale up innovative approaches to improve pediatric eye care services; expand the program's reach; and provide critical vision services to children in

underserved communities. Innovative approaches that have been tested and proven effective by NGOs operating under program funding include micro-entrepreneur approaches for screening, referrals, and provision of low-cost eyeglasses; Key Informant programs for identifying children in need of treatment; and mobile eye-screening camps to reach children in remote communities.

In many instances, USAID funding has been the only resource available to NGOs for designing, testing, and disseminating new innovative approaches. In addition to receiving funding, grantees are given capacity-building

Over 2.5 million children have had their vision and eyes screened.

support to increase their ability to manage grants and improve child blindness programs.

On the pages that follow is information about the USAID Child Blindness Grantees from fiscal year 2012, their innovative programs, and a sample of the many success stories made possible through their significant impacts on communities in Africa and South East Asia.

USAID Global Child Blindness Program Scope



Red = Countries where USAID funds Child Blindness Programs



A young boy gains mobility through free visual aids provided by Child Sight Foundation.

USAID Child Blindness Partner: CHILD SIGHT FOUNDATION

CSF by the Numbers

Child Sight Foundation (CSF) is a nonprofit organization that works with children, families, and communities; service providers; and program planners to eliminate preventable and treatable cases of child blindness and to establish a rights-based enabling environment for visually impaired and blind children throughout Bangladesh. CSF services include primary eye care, screening and referral of children for cataract surgery and treatment, rehabilitation, inclusive education, and advocacy and training, particularly in underserved areas. In addition, CSF's programs ensure that blind children and their families have access to education, rehabilitation, recreation, self-help, and equal participation in society.

Through USAID's Child Blindness Program, CSF receives grant funding to build the capacity of medical and nonmedical personnel to strengthen local eye-care services and ensure parents can utilize services fully, distribute assistive devices to children with visual impairment, provide treatment at eye hospitals and through mobile eye camps, and

increase community awareness about eye health and treatment. USAID represents nearly one fifth of CSF's total funding.

CSF uses a community-based participatory approach, called the Key Informant Method to identify children with visual impairment and sight disabilities in remote and rural communities that have limited access to health, education, and rehabilitation services.

Through its Child Blindness Program grant, CSF has trained over 500 volunteers to be Key Informants (KIs). KIs are active members in their communities and connected to many social networks, such as health workers, school teachers, NGO staff, government officials, religious leaders, and local journalists.

KIs identify children who are in need of health, education, or rehabilitative services; provide data to CSF on the frequency of disabilities among the children; and refer children for services. Through these efforts, over 50 screening camps have been held and 5,000 pairs of eyeglasses and 700 low-vision devices distributed.

- Founded in **2000** and based in Dhaka, Bangladesh, with regional offices in Sirajganj and Naogaon
- A dedicated staff of **75**
- Nearly **20,000** children who suffer from visual impairment have been identified in 42 districts and received treatment.
- **7,500** children have had their vision restored through cataract surgery.
- **450** children have received home-based rehabilitation and inclusive education services.
- **23,000** volunteers have been trained to identify and refer children in need of treatment.

CSF Success Story

EYEGASSES IN BANGLADESH



Taposhi is excelling in school thanks to her new eyeglasses.

Taposhi lives with her parents in Shaliagari, a poor, remote village in Bangladesh. She is 14 years old and in Class 8. Taposhi struggled in school because she was unable to read the chalkboard or her workbooks.

Fearing her parents would not believe her, Taposhi was hesitant to discuss her vision problems and endured her struggles in silence. Then, CSF hosted an eye-screening camp and education session at the village school, which provided an encouraging environment for Taposhi and her classmates to discuss vision problems and the importance of proper eye care.

At the camp, trained CSF staff members diagnosed Taposhi's visual impairment and provided her with eyeglasses. With her new glasses, Taposhi is now excelling in school. Without the screening camp, Taposhi's visual impairment would have gone untreated, and she could have gone blind.

Child Sight Foundation hosted an eye-screening camp and education session at the village school, which provided an encouraging environment for Taposhi and her classmates to discuss vision problems and the importance of proper eye care.

CSF Success Story

A NEW LIFE FOR AFTAB

After being identified by a Key Informant, Aftab now receives inclusive education support through Child Sight Foundation programs. Staff members have taught Aftab Braille and he is now able to read and write.



Aftab, a 13-year-old boy, lives in a rural village in the Sirajganj district of Bangladesh. Irreversibly blind, Aftab lived a reclusive life until CSF came to his village. He was often left at home alone and was seen as a burden to his family. He did not attend school and had no friends.

After being identified by a Key Informant trained by CSF, Aftab now receives inclusive education support through CSF programs. CSF staff members have taught Aftab Braille and he is now able to read and write. He also received low-vision devices and is learning to navigate on his own with the use of a white cane.

With his newfound mobility, Aftab is able to attend school and has made friends for the first time in his life. He is now known in his community for his beautiful voice and one day hopes to become a famous singer and performer.

Aftab is now mobile after receiving a walking cane and training from CSF.

USAID Child Blindness Partner: HELEN KELLER INTERNATIONAL



A Vietnamese student adapts to new eyeglasses provided by HKI.

Founded in 1915 by Helen Keller and George Kessler, Helen Keller International (HKI) is among the oldest international nongovernmental organizations that prevent blindness and reduce malnutrition in the world. HKI currently works in 21 countries to combat the root causes and extended consequences of blindness and malnutrition by establishing affordable and sustainable eye-care programs.

HKI has worked in Vietnam, where the need for child eye-care programs is great, since 1990. An estimated one in five children in Vietnam suffer from refractive error. With a grant from USAID's Child Blindness Program, HKI is working to address this need by implementing a school-based refractive error screening program in 15 primary and secondary schools in Vietnam's Kon Tum Province.

HKI's ChildSight program is implemented in collaboration with Vietnam's Departments of Health and Education and Training. It expands pediatric eye-health capacity in the region by developing an integrated,



Every student in 15 schools has an eye screening through Helen Keller International's ChildSight program.

sustainable system for identifying children with visual impairments and ensuring they receive proper treatment.

Through the HKI program, local ophthalmologists train community health workers and teachers to screen, identify, and refer children with eye-health problems. Visual acuity screenings are then organized at each school to identify children with refractive error. Students who have refractive error are then examined by an ophthalmologist who visits the school the following week.

The students' new eyeglasses are processed at a local optical shop, where staff members received training from HKI's program to produce and test accurate prescriptions. A few weeks later, the students receive their new eyeglasses at a formal presentation ceremony.

In addition to screening children throughout Kon Tum, HKI is working with the ophthalmology department of the Kon Tum General Hospital, the primary provider of eye-care services in the province, to provide specialized pediatric training to ophthalmologists and optometrists.

- Over **10,000** school children were screened.
- **1,706** students were examined by the ophthalmologist.
- More than **800** children received eyeglasses.
- **300** teachers and health workers from 100 primary and secondary schools were trained to check students for refractive errors.

HKI Success Story EYE CARE ART COMPETITION



The winner of the secondary school art competition completes her drawing entry.

In many cases, children who receive eyeglasses are hesitant to wear them, fearing they will be teased by their peers.

To increase overall awareness of eye health among children and communities, and to encourage children to wear their prescribed glasses, HKI held an art competition among the schools where the ChildSight program was implemented. Children at each of the participating schools were invited to submit posters that addressed the importance of eye care.

Three winners were selected from each school and gathered to compete in a regional art competition judged by a panel of ministry officials and teachers. At a final ceremony covered by local news media outlets and attended by staff from the Departments of Health and Education and Training, a primary and secondary school winner were selected.

HKI Success Story THE KEY TO THE BLACKBOARD



Lin, left, is among secondary students who received eyeglasses through HKI's ChildSight Program.

At the beginning of the school year, Lin noticed that she was not able to see things as clearly as she could the previous year. She had trouble reading the blackboard and was not able to see things far away. She had her vision screened and received eyeglasses through the HKI ChildSight program.

She now wears her eyeglasses to school every day and can read the blackboard from the back of the classroom. Both she and her parents are happy that she has received help through the program, as they would not have been able to afford the eyeglasses. Lin wants to become a doctor when she grows up.

USAID Child Blindness Partner: THE INTERNATIONAL RESCUE COMMITTEE



The International Rescue Committee supplies eye screening kits used to detect visual impairments in Thailand.

The International Rescue Committee (IRC) is a US-based nongovernmental organization that works in over 40 countries worldwide to respond to the world's worst humanitarian crises. For 15 years, the IRC has run the Border Eye Program along the border of Thailand and Burma, providing the sole source of eye care to hundreds of thousands of Burmese refugees and displaced persons in Thailand. In this unique environment, the IRC provides basic eye-care services, community outreach vision screenings, and eye-health trainings. IRC's Border Eye Program targets four provinces of Thailand through the Mae Tao Eye Clinic in Mae Sot, 10 refugee camp eye clinics, and services in migrant schools and affected communities along the Thailand-Burma border.

USAID's Child Blindness Program supports the IRC's Childhood Blindness and Vision Impairment Capacity Building Project, a small but important part of the Border Eye Program. The project focuses on three intervention areas: 1) training and capacity building of human resources to



The International Rescue Committee provided treatment to cure eye cancer for two-year-old Nam Zin Nwe Win She.

provide eye care and screening; 2) provision of critical clinical equipment for diagnosis and treatment of children; 3) provision of nonclinical equipment and training for program management and efficiency.

The IRC is working in partnership with the Mae Tao Clinic, The Back Pack Health Worker Team, The Karen Department of Health and Welfare, and the Burmese Migrant Workers Education Committee to build the capacity of local organizations and to expand the availability of eye-care services to children along the Thailand-Burma border. Trainings and services are provided in three languages: English, Karen, and Burmese.

Since the project's initiation, the IRC has provided training in primary eye care to over 1,100 health workers and over 200 individuals have been trained to produce basic eye-glasses. The IRC has conducted eye screenings at 31 migrant schools, reaching 6,682 children, and trained over 450 teachers in child vision screenings.

As a result of the eye screening camps, 76,000 pairs of eye-glasses have been distributed. And five children have been referred to the hospital in Chiang Mai for treatment for life-threatening eye conditions.

IRC Success Story

LIFE-SAVING DIAGNOSIS



Thi Ti Mar's mother sought treatment for her daughter at the Mae Tao Clinic.

Thi Ti Mar is four years old and lives in Mae Sot with her mother. Her parents moved to Mae Sot from Burma 10 years ago to escape political instability and find work. When Thi Ti Mar was eight months old, her father passed away, leaving her mother to raise their daughter alone.

Shortly after, Thi Ti Mar's mother noticed an irregularity in her daughter's right eye; the eye looked "cat-like" when a light was shined into it. Her mother took Thi Ti Mar to Mae Tao Clinic several times, but her condition was difficult to diagnose. Nevertheless, Thi Ti Mar's mother was persistent, insisting that something was wrong with her daughter's eye.

After many visits to the clinic, Thi Ti Mar was diagnosed with retinoblastoma, a rapidly developing form of eye cancer. Thi Ti Mar's mother had to take a great deal of time off from work to care for her sick child and could not afford the high costs of treatment. She had already lost her husband and was now worried she would also lose her daughter. Through IRC's program, and with USAID funding, Thi Ti Mar was able to receive treatment at the hospital in Chiang Mai. Thi Ti Mar had her eye removed and now has an eye prosthesis and is cancer free. She is a happy and playful toddler who has been given a second chance at life.

Thi Ti Mar had her eye removed and now has an eye prosthesis and is cancer free. She is a happy and playful toddler who has been given a second chance at life.



Children wait to have their eyes examined at Gondar University Referral Hospital in Ethiopia.

USAID Child Blindness Partner: ORBIS INTERNATIONAL

ORBIS International is a global nonprofit development organization dedicated to preserving and restoring sight by strengthening the capacity of local institutions to prevent and treat blindness. Since ORBIS's establishment in 1982, its volunteers and staff members have restored the vision and transformed the lives of more than 4.4 million people in 85 countries.

ORBIS began its efforts to combat child blindness in the early 1990s in Ethiopia, which has one of the highest prevalence rates for blindness among developing countries, opening a country office in 1999. ORBIS was the first organization to perform cataract surgeries in Ethiopia and helped to establish tertiary eye facilities at Addis Ababa University, Hawassa University, and Gondar University. In addition, the organization

has developed the first and only donor eye bank in the country.

With USAID's Child Blindness Program grant funding, ORBIS has partnered with the Childhood Eye Health Tertiary Facility at Gondar University Referral Hospital (GURH) to decrease childhood blindness and visual impairment in northwest Ethiopia. This is part of a five-year project to increase the hospital's capacity in pediatric ophthalmology. Hosting the largest referral eye hospital and the largest ophthalmology department in Ethiopia, GURH currently has five ophthalmologists and a resident ophthalmology training program. In addition, it is the only facility with pediatric ophthalmology capabilities in northwest Ethiopia.

USAID funding was used to train a pediatric ophthalmologist, nurse, optometrist, anesthetist, biomedical technician, counselors, and 36 health professionals from regional health centers to screen children, prescribe eyeglasses, treat cataracts, and prevent blindness. Since GURH is a university training hospital, increasing the capacity and skills of ophthalmologists on staff enhances the skills of every ophthalmologist trained at this location.

ORBIS Success Story

BLINDNESS CURED



An ophthalmologist performs surgery on a child at Gondar University Referral Hospital in Ethiopia.

Mquanentamola is a five-year-old boy who had enlarged eyes from the time of his birth. Although he had low vision in both eyes at birth, his condition gradually progressed and he was completely blind by the time he turned four.

As a result of his condition, Mquanentamola was frequently at home, where he was unable to move around without assistance. His mother knew about GURH and the services they provided from previous personal visits to the hospital, but she hoped that Mquanentamola's condition would subside by itself.

When his condition became worse, she brought him to GURH for treatment. Ophthalmologists at GURH performed surgery on Mquanentamola's eyes, and he is now able to see from both eyes. Now he never sits still and can often be found playing with the children next door.

ORBIS Success Story

SURGERY RESTORES VISION

Casaneshgetu is an active five-year-old girl living in a very rural community in northwest Ethiopia. Out playing one day, she hit her eye. In the weeks after the accident, the injured eye continued to cause her extreme pain and her vision deteriorated.

Local health professionals in her community encouraged her family to take her to GURH. Although it was the closest eye care center, it was still six hours walking distance from her village. Casaneshgetu's father brought her to GURH, where she received treatment; surgery on her eye alleviated the pain and restored her vision.

GURH provided the services free of charge and reimbursed the family for their transportation costs.



A young girl is screened for visual impairments by Sightsavers in Bangladesh.

USAID Child Blindness Partner: SIGHTSAVERS

Founded in the 1950s and based in the United Kingdom, Sightsavers works in over 33 developing countries to eliminate avoidable blindness and promote equal opportunities for disabled individuals, including inclusive education for children with visual impairments.

Sightsavers has worked in Bangladesh for almost 40 years; the organization utilizes local partners, including governmental and nongovernmental organizations, to provide eye-care services to poor communities in

hard-to-reach areas. Sightsavers provides services for those who are irreversibly blind, as well as for children with visual impairments to ensure they are able to participate in the education system.

Building upon their 2005–2010 Bangladesh Childhood Cataract Campaign, through which over 34,000 eye surgeries were completed (9,300 of them on children), Sightsavers received USAID Child Blindness Program grant funding to support a comprehensive child blindness

program to strengthen eye-care services offered by existing public and private healthcare facilities.

Sightsavers partnered with the National Institute of Ophthalmology and the Bangladesh Jatyā Andha Kalyān Somitti (BJAKS) facilities to provide training to mid-level staff members at both facilities to enhance child eye-health services. Sightsavers provided training for clinic health staff members, health workers, teachers, and community members.

Sightsavers Success Story

CATARACT SURGERY IN BANGLADESH



10-year-old Yasin began to notice that he couldn't see things clearly and told his mother that he was having trouble with his eyes. His mother, who suffers from untreated cataracts that have left her permanently blind in one eye, sought eye-care services for Yasin. She learned about BJAKS from a neighbor and took Yasin there to be treated.

At BJAKS, Yasin was diagnosed with cataracts and received surgery free of charge. Yasin is overjoyed to have his sight fully restored and is excelling in school and in his community.

Yasin and his mother wait for treatment at BJAKS.

Sightsavers Profile

DR. MRINI KANTI DHAL



Dr. Mrini Kanti Dhal has worked at BJAKS since completing his fellowship in pediatric ophthalmology in 2008. Through Sightsavers' USAID-funded program, he received additional training in India on technical and managerial services.

Dr. Dhal hopes to apply the knowledge he acquired from the trainings at BJAKS to teach staff new surgical techniques, post-treatment counseling techniques, and effective rehabilitation methods. He also plans to implement a new patient management system.

Dr. Mrini Kanti Dhal is in his fifth year working for BJAKS.

USAID Child Blindness Partner: SEVA FOUNDATION

Seva Foundation supports local hospitals and clinics in Nepal, India, Cambodia, Tibet, Bangladesh, Tanzania, Egypt, Pakistan, and Guatemala, helping them to provide basic eye care, surgeries, eye exams, and glasses at little or no cost.

Seva helped to establish the Lumbini Eye Institute in Bhairahawa, just three kilometers from the border of India in southern Nepal, 30 years ago. Lumbini Eye Institute has since become a major pediatric referral center for northern

India and the western and eastern regions of Nepal, which are home to approximately 3.8 million people.

Lumbini treats large numbers of children every year; in 2010, the hospital saw approximately

Community healthcare workers prepare for a daylong eye health training presented by Seva Foundation in Nepal.



21,000 children and conducted 1,160 eye surgeries. While the primary hospital is in Bhairahawa, Lumbini also supports an independent network of four secondary hospitals, eight primary eye-care centers, one vision center, and an extensive network of community-based personnel throughout the country.

With a dedicated pediatric ward and specialized medical, nursing, and pediatric staff and operating rooms, the entire Lumbini network sees 500,000 patients (children and adults) and performs almost 50,000 eye surgeries each year.

With USAID's Child Blindness Program grant funding, Seva Foundation is working to build clinical and outreach capacity for pediatric eye care in Nepal. With grant funds, Seva provided Lumbini new equipment and specialized training for pediatric ophthalmologists.

However, Seva is also reaching beyond the hospital to provide community-level screening programs, a necessary component in Nepal, where the average distance to the nearest eye clinic is 50 kilometers. With this in mind, Seva worked with Lumbini to train teachers and community healthcare workers to identify cases of visual im-

pairment among children and provide treatment.

Community healthcare workers, who operate under a government-sponsored program put in place to compensate for the lack of medical facilities in rural areas, are volunteers selected by their communities; each worker provides services to about 50 families (approximately 1,000 individuals). Through Seva's program, they receive trainings, as well as medications and vitamins for distribution, regularly throughout the year. Seva has trained vast numbers of community healthcare workers on basic eye health and the identification of visual impairments and eye disease.

Seva also trains teachers in child blindness prevention and basic eye health. One teacher from each school in the project area is selected to attend a day-long training. Facilitated by a Seva-trained ophthalmology assistant from Lumbini, teachers learn both theoretical and practical information about the eye, common eye diseases, and how to screen children for visual impairments using eye charts provided by Seva.

After the training, teachers return to their schools and screen every child. Seva, in

partnership with Lumbini, then holds regular eye camps to treat the children identified by community healthcare workers or teachers.

Seva Foundation ensures sustainability of their projects by weaving community participation and buy-in into their program development. Often rural communities with no or limited access to eye care services request that Seva set up a community eye-care center. Seva agrees to support the community if community members can provide the land and build the facility.

Once a facility has been built, Seva trains local workers as ophthalmology assistants to run the program and trains other staff members on management and finance. Seva then provides the necessary equipment and supplies for the clinic. With this well-developed model, Seva typically provides five to seven years of support, after which most of the clinics are completely self-sustaining, running on profits made through their services, which are offered on a pay-as-you-can basis.



War Shin, once completely blind, has had 80 percent of his sight restored after surgery provided by the International Rescue Committee.

Glossary

Blindness

Visual acuity of less than 3/60, or a corresponding visual field loss to less than 10 degrees, in the better eye with the best possible correction.

Cataract

The clouding of the lens of the eye, which impedes the passage of light. Cataracts cause half of all blindness in developing countries, and are a major cause of blindness in children in developing countries.

Glaucoma

A group of conditions characterized by damage to the optic nerve.

Low vision

Visual acuity of less than 6/18 but equal to or better than 3/60, or a corresponding visual field loss to less than 20 degrees, in the better eye with the best possible correction.

Measles

A neurotrophic virus which can cause neurological complications including visual impairment and blindness.

Neonatal conjunctivitis

An infection or swelling of the tissue lining the eyelids in a newborn.

Refractive error

Any of a set of conditions—including myopia, hypermetropia, astigmatism, and presbyopia—that result in an unfocused image falling on the retina; it is the main cause of visual impairment, correctable with eyeglasses.

Retinopathy of prematurity

Abnormal blood vessel development in the retina of the eye in a premature infant.

Trachoma

An infection of the eye as a result of Chlamydia trachomatis. Trachoma is the leading infectious cause of preventable blindness.

Visual Impairment

Low vision or blindness.

Vitamin A deficiency

Vitamin deficiency that can cause extreme dryness of the cornea and irreversible blindness. Vitamin A deficiency is no longer the leading cause of child blindness, due to global efforts to improve national vitamin A supplementation programs, many of which were supported by USAID and partner organizations.

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World Learning

World Learning is a nonprofit organization advancing leadership through education, exchange, and development programs in more than 60 countries. As of 2011, World Learning Grant Solicitation and Management administered the Child Blindness Program on behalf of USAID.

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USAID funding helped Helen Keller International provide new eyeglasses to this student in Vietnam.





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