

ACTIVITIES PLANNED FOR PRIMARY EYE CARE AND CHILDHOOD BLINDNESS



PRIMARY EYE CARE TRAINING

- Training will be provided to primary health care teams (DMOs/MOHs/PN/PHI/PHMW)
- Training will concentrate on screening and identification of common eye diseases
- The referral chains will be strengthened through the programme
- Satellite clinics will be established
- Include ten key activities in the training manual

Primary eye care at present

Integration of Primary Eye Care into Primary Health Care

- ◆ **Training of all the Medical Officers manning the PHC institutions in the area**
- ◆ **Training of all the Assistant Medical Officers**
- ◆ **Training of all the PHC Workers (PHIs, PHNs & MWs)**
- ◆ **Delivery of PEC services at all PHC institutions in the MOH area (Peripheral Unit, Rural Hospital, Central Dispensary)**

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Supporting Materials for Primary Eye Care Training and Activities

- ◆ **Curriculum for trainers**
- ◆ **Compact disc for trainers (To have uniformity in training)**
- ◆ **Manual for PEC workers**
- ◆ **Booklet containing practical guidelines for PEC workers.**
- ◆ **KIT for PEC workers. (torch, vision charts, measuring tape, plaster, bandage, eye pads, cotton buds)**

- The PEC Training programme in the Central Province is already in progress
- Training programmes completed in the districts of Badulla, Gampaha, Ampara, Ratnapura and Kalutara
- Training programmes will be initiated in the districts of Colombo & Anuradhapura

Other Activities

- **Vision charts for each age groups**
- **To be done by OT s/ Ophthalmic team at satellite clinics and ophthalmic units**

School screening

- **Coordinated through MOH**
- **Grade 1,4 and 7 regular screening**
- **School medical officer, PHN, PHI and trained school teachers**
- **Referrals to closest Eye unit**

CHILDHOOD BLINDNESS FIRST YEAR ACTION PLAN



The prevention, treatment and control of blindness and visual impairment in childhood has been identified as priority area, because the affected children has developmental, educational, economic and quality of life implications for the rest of their life.

In terms of years of blindness it is secondary only to Cataract

Childhood Blindness

- Global Figure around 0.07% (1/10th of prevalence in adults)
- Low income countries - May be as high as 1.5 / 1000 children
- High income countries – 0.38/1000
- No of blind children in the world 1.4 M

How it differs from adults

- Early detection is important
- Treatment requires specialized training and skills
- Require child friendly attitudes
- Longer years

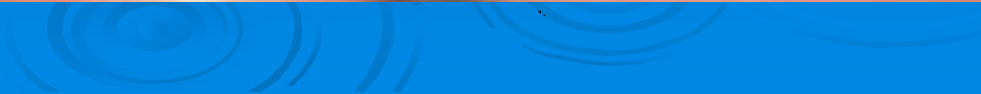
Common causes

- Refractive Errors
- Squint
- Trauma
- Infections
- Cataract
- Glaucoma
- Congenital/perinatal
- **ROP**

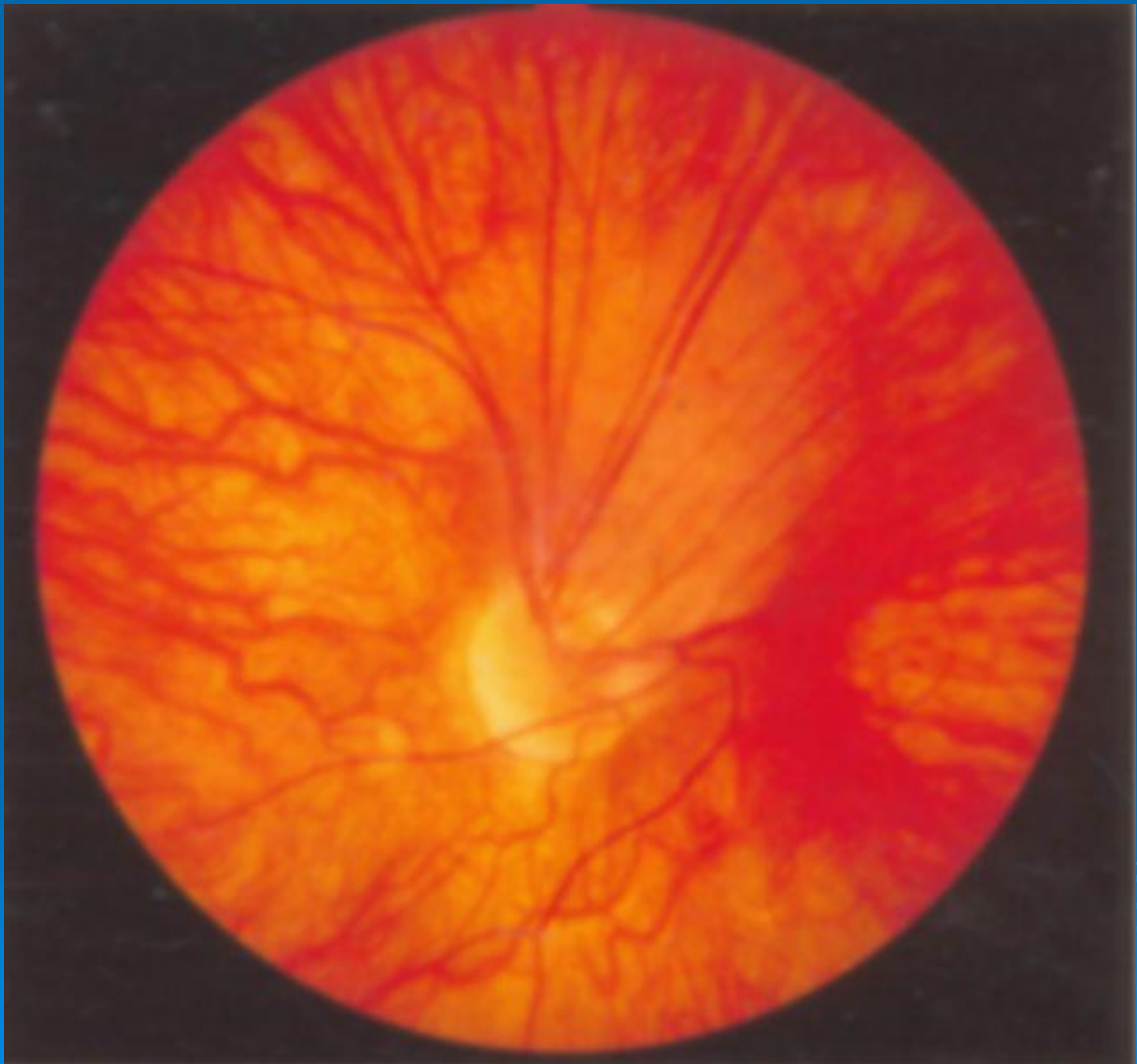












Awareness on ROP Screenings (cont)

- Conduct Orientation course for Pediatricians & Neonatologists at provincial level
 - Starting date July – Completion date Sep.
 - Responsible for implementation – FP + Provincial Ophthalmologists

- Provide Training to OT / Nurses/
Optometrists in pediatric eye care at
provincial level
 - Starting date July = Completion date Aug

- Establish ROP screenings in 100% of Neonatal / pre matured baby unit catering for pre mature babies at risks.
 - Screen all babies
 - Referral of babies who need treatments (03 centres – Kandy, Eye Hospital =Colombo, LRH)
 - Starting date Aug – On going
 - Responsible for implementation
Ophthalmologists in Hospitals

- Provide necessary equipments for screenings if necessary
- Provide equipments for treatment centres
 - Starting date June – on going
 - Responsible for implementation – FP for V 2020 // INGOs cooperation is essential

Supply of Equipments to Pediatric Units

- SB hospital Peradeniya
 - Infrastructure available
 - Immediate supply of necessary equipments after appointing the consultant ophthalmologist
 - Responsible for implementation – Ministry of Health / V 2020 focal point
 - INGO Cooperation is essential

Refractive services

- Assistance for children with refractive errors
 - Strengthen the screening of School children (MoH and FHB)
 - Initiate a program for screening of pre school children
 - Collaboration with INGOs and Ministry of Social Welfare for supply of pre spectacles (formulation of referral system) Provide spectacles for 50% of children with REs
 - LOW VISION – Refer all LV children to LV clinics for assistance

- **Awareness on ROP Screenings completed**
 - **Provide Training to 52 Ophthalmologists in ROP screenings (02 sessions – Colombo & Kandy)**

Thanks

