Childhood Blindness Research Project
Queen Elizabeth Central Hospital, Blantyre
Lions Sight First Eye Unit

Background of the Research

VISION 2020

- A global initiative to eliminate avoidable blindness by the year 2020.
- Coordinated jointly by the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB) with an International membership of NGOs, professional associations, eye care institutions and corporations.
- VISION 2020 member organizations are working together to eliminate avoidable blindness, to give everyone in the world the Right to Sight.
- Malawi is a signatory to VISION 2020.
- Focus is on disease control; making sure there are adequate staff in terms of numbers and skills as well as buildings and equipment.
- Childhood blindness is one of the priorities of VISION 2020.

Prevalence and magnitude of blindness in Malawi

- Adults: 1 per 100 total population is blind (approximately 100,000 blind)
- Children: 1 per 2000 total population is blind (approximately 5000 children)
  
  In a total population of 50,000 there will be 25 blind children

Some information about blindness in Malawi

- In Malawi over half of all blind children need not be blind because the cause of their blindness could have been entirely prevented, or they need treatment so they can see again.
- Only around 10% of blind children are in school in Malawi – the others just stay at home.
- Many parents believe that if a child is born blind there is nothing that can be done so they do not take their child for medical assessment.
- Parents often use traditional medicines in their child’s eyes which can make the condition worse.

Why Childhood Blindness Project?

- Children are the future of tomorrow- blind children have many years of disability ahead of them compared with adults.
• Common causes of childhood blindness are treatable or preventable if early intervention is done.

Aims of the Research

The overall aim of the research is to get better information on how many children are blind, what services they need and how these services change children’s lives. This information will be used for planning services. The objectives are:

• To compare two methods of identifying blind children in the community; using trained Key Informant (KI) versus trained Health Surveillance Assistants (HSAs) in identifying children. The two groups will undergo one day training at the nearest District Hospital or Health Center.

Aim of the Training

The training aims at educating the HSAs and KIs in Childhood Blindness so that they are able to identify and refer blind children from their communities to the eye unit in the District Hospital where a thorough examination can be done and appropriate measures taken.

What tasks are should be expected to be performed after training?

It is expected that those who have attended the one day training course should in addition to performing other PHC related work be able to do the following:

a. Take a history from a child or their parents who are present with an eye problem.

b. Know signs of a healthy eye and an eye with visual problems.

c. Identify whether a child is blind or not e.g. by using visual acuity chart to measure the vision in older children.

d. Learn the skills to be able to assess vision in younger children.

e. Identify cases of cataract in children and refer them to the hospital immediately.

f. Promote eye health at the Health Center and in the community.

g. Record and keep records of all eye patients seen and referred.

Who will teach this course?

• The Ophthalmic Clinical Officer will be able to conduct the training.

Teaching materials and methods

• Lectures, posters of eye conditions, using flip charts, demonstration and practical of visual acuity testing in children, discussion and group work.