



Consejo de Salud Rural Andino

Fighting Against Visual Impairment in Children: Working with Local Partners in Bolivia

Summary of Grantee Accomplishments

- More than 27,000 schoolchildren in Montero, Bolivia and surrounding indigenous communities have undergone vision screening
- 8,602 health workers, teachers, community health agents and parents trained to perform eye screenings
- Secured municipal funds for the continuation of services
- Nearly 2,000 follow-up home visits

A2Z Child Blindness Program: Tackling Avoidable Blindness through Partnerships

Approximately 1.4 million children worldwide are blind and nearly 17 million children with low vision or impaired sight lack the eyeglasses, visual aids, or services they need to help them function. As a component of A2Z: The USAID Micronutrient and Child Blindness Project, the A2Z Child Blindness Program uses competitive grants to reduce child blindness and improve eye health through support to nongovernmental organizations (NGOs) that deliver services to populations in need. The goals and priorities of the program are to:

- Expand delivery of high-impact direct services, including screening, treatment, and education and rehabilitation.
- Scale-up innovative approaches to service provision and program implementation.
- Contribute to the global knowledge base on effective approaches to large-scale child eye health programs.

Managed by FHI 360, the A2Z Child Blindness Program awarded 41 grants to 24 local and international organizations to support work in 29 countries across Latin America, Asia, and sub-Saharan Africa. The

majority of grant awards supported service delivery efforts that provided comprehensive services for children, from case detection and treatment to follow-up care. The following case study provides an in-depth look at Consejo de Salud Rural Andino's (CSRA) focus on training and capacity building in the course of providing comprehensive eye care services to children in Montero, Bolivia and several surrounding provinces. CSRA is a recipient of two A2Z Child Blindness Program grants.



Fighting Against Visual Impairment in Children: Working with Local Partners

Visual impairment in children remains a significant global health problem. In many developing countries, there is a serious lack of capacity and motivation to detect and treat eye problems in children. Routine visual acuity screening programs or visual exams as a component of regular doctor visits are not common. Eye care is simply not integrated into most pediatric medical services and national insurance plans.

CSRA is a Bolivian non-profit organization with more than 25 years of experience providing primary health care services to low-income rural and peri-urban communities in Bolivia. Its mission is to “save lives by knowing and working side by side with people to improve their health.” CSRA serves a population of more than 250,000 people with a coverage area including 24 neighbourhoods in the city of Montero and the surrounding provinces of Obispo Santistevan, Ichilo, Warnes and Sara.

CSRA uses a Census-Based, Impact-Oriented (CBIO) approach in their coverage area. The CBIO approach requires:

- An annual house-to-house census.
- The registration of each family and the maintenance of family health records.
- Regular home visits to every household.
- Recording of births, deaths and migrations.
- Periodic, participatory analysis of the most important, frequent, preventable or treatable health problems in the community and their underlying causes.

Each CSRA nurse is responsible for a specific neighbourhood; all data collected is entered into a custom-designed CSRA computer database. While fairly time- and resource-intensive, CSRA’s CBIO approach provides accurate and current baseline data on the population and general health status of the coverage area.



Each clinic has a coverage area that is mapped out by block. Each color in the above picture denotes one nurse’s area of responsibility in the Distrito 2 clinic.

CSRA operates three clinics in Montero, Bolivia – Villa Cochabamba, Cruz Roja and Distrito 2 – each of which provides a wide range of maternal and child health

services as well as integrated outpatient care (medical services, education, prevention, rehabilitation, and follow up through home visits) to the general population. Villa Cochabamba has had a dedicated eye health clinic since 1995, with several part-time ophthalmologists providing on-site optometric and ophthalmologic services, including refraction and simple surgeries. More complicated surgical cases requiring general anesthesia are referred to an eye hospital in Santa Cruz. CSRA also runs a small optical shop where lenses are cut and shaped for frames selected by customers.

CSRA’s Approach: Capacity Building to Enhance, Expand and Sustain Local Services

From February 2010 to July 2011, CSRA implemented a service delivery program to enhance the quality and accessibility of pediatric eye care services in the city of Montero and surrounding provinces, including underserved, indigenous Guarani communities. Villa Cochabamba’s capacity to provide high-impact, cost-effective eye care was augmented with the purchase of equipment and support for additional time for ophthalmologists. The foundation of the program was a commitment to training and capacity building at the community, clinic, local and provincial levels. CSRA created dynamic and flexible training programs tailored for teachers and school administrators, health workers, community health agents, parents and children. CSRA also worked diligently to gain community and political support for the program. They shared their methods and results with the local Public Health Network staff (a network of government-run health institutions including hospitals)

and coordinated activities when possible in order to build the capacity of the local health care system to enable the sustainable integration of pediatric eye care services.



Community health agents are often children that are trained to advocate for eye health in their schools and communities.

Training and Education Sessions

CSRA teams comprised of an ophthalmologist or a general physician, a nurse and an auxiliary nurse led training activities in basic eye health and visual acuity screening procedures. The teams trained CSRA staff, including health workers and administrative staff, to strengthen the institutional understanding and ensure prioritization of eye health issues. They also facilitated tailored trainings at schools to teachers, school administrators and community health agents. The community health agents were often students that received instruction on how to address peer pressure issues regarding the stigma associated with wearing glasses.

Parents were also trained in an effort to gain support for the program by educating them on the importance of eye health and detection of potential eye issues. CSRA held parent education and training sessions on a monthly basis in the evenings, often following already scheduled parent-teacher nights for the convenience of the parents. This type of practical accommodation of the parents' schedules resulted in higher attendance rates.

Educational trainings were designed for pregnant women and new mothers as well. CSRA found that participation increased significantly if low cost prizes like toothbrushes and soap were distributed to those that answered questions. They used this technique in many community training sessions to secure the attention of the trainees and make the atmosphere more relaxed and fun. The teams also used microphones and a projector in the trainings. Educational materials, drafted for each target group, were distributed at the sessions.



CSRA leads an education and training session for parents.

Materials specifically addressing discrimination and the stigma often associated with wearing glasses were also produced and handed out.

Glasses were issued to 657 children. To receive the glasses, the child and a guardian were required to sign an agreement that they would use and care for the glasses. At times, parents were either unsupportive or unavailable to collect the glasses with the child and

CSRA allowed either a teacher, supportive relative or neighbor accompanied them to the optical shop at Villa Cochabamba. They were given a brief training in the use and care for eye glasses and a pamphlet with the information to take home and show the rest of the family. They were also counseled on how to deal with any resistance or peer pressure that they may encounter once they started wearing the glasses.

Many schools in Montero host health fairs that are open to their local communities. CSRA participated in thirteen health fairs, establishing stations dedicated solely to eye health at each fair. The stations were staffed primarily by volunteer community health agents and CSRA nurses, all of whom had received training in eye health and visual acuity screening techniques. They offered free screenings, provided educational literature and gave presentations on eye health.

Capacity Building and Sustainability Efforts

The Villa Cochabamba eye clinic purchased equipment and various devices including an autorefractometer, cleavage lamp, tonometer, hand-operated lensometer and pupillometer to enhance their capacity to provide comprehensive eye care services on-site. CSRA's optical shop also augmented their capacity to provide on-site services by purchasing an optical lens drill and additional eyeglass frames. The clinic also invested in several laptop computers to allow for remote recording of data during home visits and off-site training and screening activities.

To gain community support, CSRA staff attended monthly neighbourhood group meetings in each of coverage areas to update the local authorities, community leaders and public health officials on the progress of the program and to raise awareness of the importance of eye health, particularly for children. CSRA also took every opportunity to make formal and informal presentations on the status of the program to the Mayor of Montero and other local and provincial leaders. They advocated strongly for eye care to be added to the Scholar Insurance Scheme, currently funded by the municipal government. As a policy, CSRA is transparent about the challenges and successes, costs and results of their programs. This transparency is a key factor in garnering community and municipal support.



A mass media campaign was also developed with regular television and radio spots stressing the importance of eye health. CSRA's extensive community outreach efforts increased demand for eye care services overall, among adults and children.

Building on strategic alliances made with teachers and school administrators, community health agents and neighborhood and municipal leaders, CSRA was able to establish a Community Surveillance System in Montero and the adjacent province of Warnes. It provides a systematic process for the referral of children with potential eye issues to Villa Cochabamba eye clinic.

Program Achievements

Implementation of a large-scale program targeting health workers, parents, teachers and community health agents enabled CSRA to train 8,602 people to perform visual acuity screenings. Over the course of the program, more than 27,000 schoolchildren 5-14 years old were screened. 1,772 children were examined by CSRA ophthalmologists, of which 657 received eye glasses and 18 underwent eye surgery.

CSRA's advocacy and communication strategy led to the Montero Municipal Government incorporating funding for a small portion of the salaries of key project staff and other logistic expenditures such as transportation for health fairs and follow up visits to visually impaired children. This type of government buy-in is essential for the sustainability of pediatric eye care activities in the community. Furthermore, the Mayor of Montero requested that CSRA prepare a proposal, including the full cost of the program, for incorporating an eye care program in the Scholar Health Insurance Scheme.

The Community

Surveillance Systems established in Montero and Warnes created a network of community advocates and key informants. As such, the systems are sustainable and free of cost. In addition, as a result of the active participation of CSRA's staff and community health agents in health fairs over the course program, eye health has been included into the education system's regular health fair curricula in Montero.



A CSRA nurse makes a follow-up home visit to a child that received glasses under the program.

Breakdown of Program Results:

Result	Inside the CSRA Coverage Area	Outside the CSRA Coverage Area	Total
Schools covered	34	40	74
Health staff trained	49	30	79
Teachers trained	389	530	919
Parents trained	5,093	2,405	7,498
Community Health Agents trained	106	-	106
Schoolchildren screened (5-14 years old)	13,215	13,816	27,031
Schoolchildren referred and examined by ophthalmologists	912	860	1,772
Children provided with eyeglasses	358	299	657
Children receiving surgery	5	13	18
Follow up home visits	1,095	845	1,940

Roberto, 13. Barrio San Antonio “A New Life”



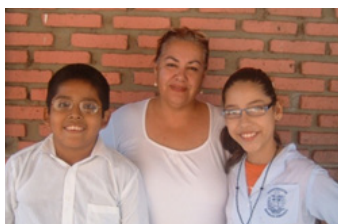
Roberto is the fourth son in a very poor family, being raised by a single father. His father noticed that Roberto had deviated eyes when he was just 8 years old. “We were not worried at that time, we did not know where to go and on the other hand we did not have money.” When he was ten, the deviation worsened and he started having problems seeing at school. He also encountered discrimination among his classmates, who called him names and made fun of him. As a result he got very low scores on his exams.

“Many times he came home with tears in his eyes asking me to take him out of the school. We would only change the school in order to help him, but again, after some time, he



would suffer of discrimination again.” CSRA supported Roberto’s surgery to correct the deviation and provided intense care through home visits before and after the surgery in order to support Roberto psychologically and supervise his healing. After surgery, his father put him into another school to help him start a new life there, and his enthusiasm grew up. “Now everybody calls me with my name”

Teachers are impacted too. Many teachers changed their perspectives toward their students during the implementation of the project. They started being more



sensitive towards their students, and in fact many of the teachers realized they also had eye problems while they were being trained in visual acuity screening techniques. One of the teachers trained in the program stated: “I realized that some of my students got poor

grades because they could not read well, one of them used to ask one of his classmates to help him read the blackboard, I really felt bad,but now with the project I learned that poor grades are also related to eye problems. I now know how to help them better...now I feel useful for society.”

Local government buy-in is critical. The project has increased the awareness of key local decision makers from the municipal government as well as from the health local authorities: “This Project has been extremely positive and benefited many children; there were a lot of children that could not see or study. I would really encourage you (CSRA) to prepare a proposal based on the statistics you generated during this project and calculate the amount of money needed to include the eye health program in our scholar health scheme. All the Montero authorities will support this because we will be investing in the future... in our young people” (Mario Baptista: Montero mayor, July 2011)

Challenges and Lessons Learned

There is still much work to do to educate the community about visual impairment. During a parent training session, one of the parents stated “I don’t allow my boy to use glasses because he can get used to it.” Unfortunately, CSRA found that many parents hold this opinion and in spite of the intensive training and education sessions, they still encountered occasional resistance to the concept that visual impairment can be fairly easily corrected in the majority of cases. When CSRA encountered resistance from parents of children that were found to have visual acuity deficiencies, they found it more effective to work with children and their teachers or other supportive family members, such as aunts or grandparents.

Montero has experienced a particularly high turnover rate in the municipal government and public health positions. When a new person is elected or hired, CSRA has made efforts to brief them on the details and results of the pediatric eye care program. High turnover rates often cause a loss of momentum, which has been a challenge for CSRA. However, most of the people filling the positions are from Montero and CSRA has found that they are often aware of the programs because of CSRA’s updates at the community meetings.

Way Forward

To ensure the continuation of the program, CSRA is developing a Training of Trainers (TOT) curriculum for selected teachers in the 74 schools that participated in the program. The teachers will facilitate refresher trainings for already-trained teachers before annual school screenings and full trainings for new teachers.

As a provider of comprehensive medical services, CSRA plans to integrate the visual acuity protocols developed over the course of the program into their immunization and child health programs. They will also continue to share their methods and results with the public health network in Montero and the surrounding provinces.

CSRA will continue to look for opportunities to enhance the capacity and quality of services offered at the Villa Cochambamba eye clinic in Montero. Specifically, CSRA is committed to strengthening the on-site diagnostic, treatment and surgery services for children by purchasing more equipment and investing in training for the use and maintenance of the equipment and finding the funding to pay for more time for ophthalmologists and pediatric specialists to staff the clinic.

Garnering the support and buy-in of the community and key decision makers will continue to be an ongoing priority. CSRA understands that continually striving to involve the parents, teachers, community health agents, community leaders and municipal and public health authorities is essential to achieving sustainability of the pediatric eye care program.



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