



KCCO Childhood Blindness Project report – Madagascar, July 2014

1. Ambohibao

Funds to Madagascar

KI PROJECT (SEVA CANADA - KCCO)

It is estimated that 140,000 Malagasy children are visually impaired or blind. Child eye health is a public health priority of the Ministry of Health and partner NGOs in the country. In Madagascar, currently, a few people are aware of the eye care needs for children, there are no more program to address child eye health and many children do not have access to the eye services. Public awareness about child eye health promotion is still very low.

At the region of Analamanga, the child eye health project would target on the 3 173147 population. It would be undertaken by the eye care teams in Ambohibao and the others Eye clinics in collaboration with the University Teaching Hospital (CHU HJRA) in Antananarivo.

With the collaboration of KCCO and SEVA Canada, the SALFA Eye Clinic Ambohibao will work in 02 sites at the Analamanga Region.

The first site is Ambohimangakely, at the Avaradrano District; it is a rural municipality, 25 km from the town, with 18 Fokontany. The number of the population is around 65 137

The second site Faliarivo Amptatafika at the Atsimondrano District, it is a rural municipality around 20 km from the town with 10 Fokontany. The number of the population is around 52 706

Overall Objectives.

With the collaboration of KCCO and SEVA Canada, the SALFA Eye Clinic Ambohibao contributes to the National Eye Health Policy in terms of reducing the number of children living with visual impairment and blindness in Analamanga Region.

Objectives

Development of a Child Eye Health in two sites at the Analamanga Region, Antananarivo with the support from KCCO and SEVA Canada.

- Screen 400 children under 15 years old in 02 different settings. (Ambohimangakely and Faliarivo Ampitatafika)
- Treat 150 children under 15 years old with visual impairment identified by KI in 02 Sites by providing 52 glasses from error of refraction and 84 children needed medicines.

Activities:

- Train Key Informants (Community Agents) on 02 sites.
- Refer and bring all children identified by the KI with severe visual impairment to the place of outreach. (The cataract surgery will be performed by HJRA Hospital as indicated).
- Offer the surgical, medical, and optical services for these children referred if needed.
- Give good Counseling to parents of children who have visual impairment
- Ensure an effective and efficient follow up of children receiving both medical surgical services.

Problems

- Poverty of the population
- Awareness
- Transport barrier (No access for children to the eye care service)
- The good sensitization reached many children during the outreach in two sites, which need more fund as estimated in budget line supported by SEVA Canada.

Solution

- Try to satisfy and increase the number of children seen identified by the KI to the 02 sites who have visual impairment following requirement from parents.

Achievement

Sites	Nb of Population	Nb of Fokontany	Nb of KI trained	Nb of Consultation	Nb of glasses dispensed
Ambohimangakely	65 137	18	36	419	137
Faliarivo - Ampitatafika	52 706	10	26	198	32
Total	117 843	28	62	617	169

27,39% of the children screened into the two sites need glasses.

Statistics

1. Ambohimangakely

	Male	Female	Total	%
Refraction error	36	69	105	25.06
Chalazion	01	02	03	1.01
Blepharitis	05	16	21	5.01
Bacterial Conjunctivitis	03	02	05	1.01
Allergic Conjunctivitis	45	73	118	28.16
Conjunctiva degeneration – Pinguecula - Pterygion	52	68	120	28.64
Cataract	0	1	1	0.24
Nystagmus	02	0	02	0.48
Ocular trauma	01	01	02	0.48
Normal	18	18	36	8.59
Photophoby - Dacryo	03	03	06	1.43
TOTAL	166	253	419	100

The rural municipality of Ambohimangakely is approximately at 25 km from in the East of the town with 65 137 people divided in 18 Fokontany. Most of the people living in the area are farmers. 36 KI were hired to identify children with visual impairment and were trained on March, 21st , 2014. After the sensitization made by the KI in each Fokontany(most of the sensitization are door by door, that means each KI visits one by one the house in each Fokontany to identify the children with visual impairment), so, all the people are aware of the childhood program. More than 550 children were coming to the CSB II of Ambohimangakely to be screened where the childhood blindness program was held on April 21st , 2014.

According to the Chief Doctor and most of the parents, It was the first time that such program was held in the area. Parents are not informed about eye disease and sometimes ignore it. The technical team of the eye clinic began the screening work at 8.00 in the morning till at 7.00 in the evening. They can not screen all present children; the team has limited the number to be seen even at noon the eye clinic reinforced the number of the technical staff working on the site.

The above statistic show that the three top diseases are: Conjunctivitis degeneration (28.16%), the Allergic Conjunctivitis (28.64%), the Refraction error (25.06%)

All the parents are very happy, even the local authority and all the teachers were taking care the eyes of their children and hope to get it again if it is possible next time. The Doctor chief of the CSB II personally gave his point of view that children 0 to 15 years of age are sometimes forgotten, especially the treatment of visual impairment, most of the population

do not know what to do and do not have access in eye care service.

2. Faliarivo – Ampitatafika

	Male	Female	Total	%
Refraction error	30	66	96	48.48
Chalazion	02	0	02	1.01
Infection of lacrimal drainage	01	03	04	2.02
Blepharitis	0	02	02	1.01
Bacterial Conjunctivitis	0	02	02	1.01
Allergic Conjunctivitis	30	26	56	28.28
Conjunctiva degeneration – Pinguecuta - Pterygion	01	01	02	1.01
Episceleritis - Scleritis	0	1	01	0.51
Blepharospasm	03	0	03	1.52
Ocula trauma	02	01	03	1.52
Normal	06	21	27	13.61
TOTAL	75	122	198	100

The rural municipality of Faliarivo Ampitatafika is about 20 km in the south of the town with 52 706 people divided in 10 Fokontany. 26 KI were hired and followed the training on April, 18th, 2014 to identify children with visual impairment and the child hood program was held at the CSB II Faliarivo – Ampitatafika on May, 3rd, 2014. The approach of the sensitization made by the KI is the same like in Ambohimangakely.

The above statistic shows the two top eye diseases: Refraction error: 48,48% , Allergic Conjunctivitis: 28.28%

Like in Ambohimangakely, that was the first time at the catchment area of Faliarivo Ampitatafika to get a childhood program which takes care of children 0 to 15 years old of age. Parents and teachers of the primary school surrounding the rural municipality are very happy. The Doctor of the CSB II hopes that the program will continue. The problems are the same like in Ambohimangakely

BUDGET

	Amount in USD	Amount in MGA
INCOME	3 830.00	8 043 000

EXPENDITURES	5 384.00	11 181 000
VARIATION	(1 494.00)	(3 138 000)

Amount received from Antsirabe: MGA 8 043 000.00

USD = MGA 2 100

ITEMS	Amount		Expenditures		Variation	
	USD	MGA	USD	MGA	USD	MGA
Training of KI						
Transport to fields for the training	250.0	525 000	250.00	525 000	0	0
Allowances for staff to do the training	0	420 000	200.00	420 000	0	0
Allowances for KI	200.0	1 680 000	800.00	1 680 000	0	0
Recording sheet and pen for all KI	0	0	100.00	210 000	0	0
	800.0	210 000				
	0					
	100.0					
	0					
Communication (with KI)						
Cell phone voucher for KI		420 000	200.00	420 000	0	0
Cell phone voucher for trainers	200.0	315 000	150.00	315 000	0	0
	0					
	150.0					
	0					
Transport of children (as indicated)						
Transport for child & parents to base Hospital	300.0	630 000	9.52	20 000	290.48	610 000
Transport for child & parent to Tana	0	210 000	9.52	20 000	90.48	190 000
	100.0					
	0					
Medicines and/or optical services(as indicated)						
Medicines to treat children during outreach	600.0	1 260 000	1	2 858 100	(761.00)	(1 598 100)
Glasses for children identified by KI	0	0	361.00	3 380 000		
	500.0	1 050 000	1		(1 110.00)	(2 330 000)
	0	0	610.00			
Coordination for implementation costs						
10 days salary of staff person to	630.0	1 323 000	630.00	1 323 000	0	0

organize Prog	0	0				
TOTAL	3 830. 00	8 043 00 0	5 320.0 0	11 171 00 0	(1 490. 00)	(3 128 0 00)
VARIATION			1 490.0 0	3 128 000		

Transport of children

Transport for child & parents to base hospital

- Budget : \$ 300.00
- Expenditures : \$ 9.52
- Balance : \$ 290.48 (*unexpended balance*)

The project planned to take care of 30 children with their parents for the transport to base hospital, only one child with her parents move to base hospital at the eye clinic Ambohibao for control

Transport for child and parents to Tana

- Budget : \$ 100.00
- Expenditures : \$ 9.52
- Balance : \$ 90.48 (*unexpended balance*)

The project planned to take care of 10 children and parents for the transport to Tana, only one child was referred to Tana

Total of the unexpended balance on this budget line **Transport of children** : \$ 290.48
+ \$ 90.48 = **\$ 380.96**

Medicines and/or optical services (as indicated)

Medicines to treat children during outreach

- Budget : \$ 600.00
- Expenditures : \$ 1 361.00
- Balance : (\$ 761.00) (*Over expended balance*)

The project planned to treat in the two sites 84 children will get medicines, in fact 190 children get medicines.

Glasses for children identified by KI

- Budget : \$ 500.00
- Expenditures : \$ 1 610.00
- Balance : (\$ 1 110.00) (*Over expended balance*)

The project planned to dispensed 52 glasses in two the sites, in reality 169 children get glasses

Total of the over expended balance at the rubric **Medicines and/or optical services** budget line is:

\$ 761.00 + \$ 1 110.00 = **\$ 1 871.00**

Most of the parents bringing their children to the outreach appreciate the child hood program. For them it was the first time for such a program but most of them also cannot afford the price of medicines and glasses. Parents required to the Eye Clinic to do something for their children about medicines and glasses. It was difficult for us to do free of charge for some kids and ask payment to another kid. Finally, the Eye Clinic decided to help parents

and children, especially for children. That makes children working well at school, get ride of their visual impairment, which help also parents.

For the medicines, there was an over expenditure of \$ 761.00, in fact we spent during the outreach \$ 1 361.00 for medicines with an allocated budget of \$ 600.00.

For the glasses there was also an over expended of \$ 1 110.00, in reality we spent during the outreach \$ 1 610.00 with an allocated budget of \$ 500.00.

The total of expenses on medicines and glasses are: \$ 1 361.00 + \$ 1 610.00 = \$ 2 970.00. The total budget allocated was: \$ 600.00 + \$ 500.00 = \$ 1 100.00, and the over expending in the two budget lines (medicines and glasses) was: \$ 761.00 + \$ 1 110.00 = **\$ 1 871.00**

So, kindly may we ask a favor to SEVA Canada: would you please if it is possible to let the Eye Clinic to use the amount left at the rubric **transport of children** in the amount of **\$ 380.96** to support part of the over expended balance for medicines and glasses in the amount of **\$ 1 871.00** and the rest will be taken in charge by the Eye Clinic Ambohibao as a local contribution, or for the sustainability of the project, should SEVA Canada able to reimburse the difference or part.

If SEVA Canada allows the Eye Clinic to use the remainder at the **transport of children**, the GAP will be around:

$\$ 1\,871.00 - \$ 380.96 = \mathbf{\$ 1\,490.00}$ and we ask kindly SEVA Canada to help us to support one part or the whole of the GAP in accordance to your capacity. We appreciate a lot and hope if SEVA Canada can do something about the GAP, and otherwise, the Eye Clinic will take it in charge as a local contribution.

Sincerely, the main thing is that we can help many targeted children with the collaboration and the help from SEVA Canada and KCCO and we thank you too much for this considerable amount of opportunity for the Malagasy children on the two sites Ambohimangakely and Faliarivo-Ampitatafika.

In our side, we reached the objectives, this is a good experience for the Eye Clinic, and we learn many things to take care of children under of 15 years old. We are always ready to continue the collaboration with SEVA Canada and KCCO for the benefit of Malagasy children.

2. Antsirabe

Narrative report on the use of key informants in finding children with visual impairment in Vakinankaratra – Madagascar

Vakinankaratra has received a grant from SEVA CANADA to set up a new childhood blindness project. To implement the activities related to this project, KCCO recommended to choose 2 sites of existing outreach. The 2 sites were selected during the meeting of the Regional V2020 Executive Committee on 12th February 2014:

- The commune of Ambano, with a total population of 41 636, is a rural area located in about 10 km from Antsirabe, the capital of the Region.
- The commune of Ankazomiriotra, with a total population of 31 514, is also a rural area located in about 60 km from Antsirabe

The 2 sites are among the 49 sites of mass screening activities, to be visited for 2014.

Introduction of the project:

To start the project, a meeting with the local authorities/partners has been organized respectively for Ambano on 12/03/2014 and for Ankazomiriotra on 13/03/2014. The goal of the meeting is to introduce the project to the local partners and to involve them to the success of the project.

The main local partners are:

- The head of the local CSB (Public Health Center) that will
 - Be the responsible for selection of the Key Informants
 - Prepare the local for the training and the screening at the CSB
 - Supervise the Key Informants during the identification of children with eye problem.
- The Mayor of the locality that will
 - Mobilize the Chiefs of Fokontany (Fokontany is the subdivision of the Commune. It is constituted by several village. A Commune is formed by several Fokontany) in sensitization of the population.
- Church leaders that will
 - Sensitize the devoted members about the childhood blindness project

The training of the Key Informants:

The training of the Key Informants was performed approximately 3 weeks before the screening. As mentioned above, the selection of the Key Informants was done by the Doctor Head of the local CSB. The number of the KI is respectively 24 for Ambano and 28 for Ankazomiriotra. The training was carried out in the meeting room of the CSB.

The topic of the training is mainly focused on

- how to help the KI to recognize and to identify children with eye/vision problem,
- how to convince the parents to bring children with eye/vision problem to the Eye camp for screening,
- how to convince the parents to bring children diagnosed with eye disease/vision problem and needing referral to the Eye clinic.

- How to record children identified (by the KI) with eye/vision problem
- How about the follow up of children who have got cataract surgery

After the training, Key Informants will undertake the identification of children with eye/vision problem during 3 weeks, and then Eye team from the Eye clinic will perform the screening.

The Screening:

As planned, the screening for the childhood blindness activities is combined with the screening of adult cataract and presbyopic cases. The screening was carried out respectively for Ambano on 29/04/2014 and for Ankazomiriotra on 01/05/2014. The Eye team is mainly composed by: an Eye Doctor, a nurse, a refractionist and other auxiliary staffs. During the screening, the KI accompany and assist the children they identified.

The summary of the screening:

A total of 249 children were identified by KI, of which 227 came to the Eye Camp to be screened.

	M	F	Total
Number of children diagnosed with cataract, of which	3	5	8
Unilateral	0	4	4
Bilateral	3	1	4
Children diagnosed with Refractive Error	4	9	13
Children diagnosed in need of other surgical intervention	1	2	3
Children diagnosed with other common diseases	109	94	203

The treatment:

All the children diagnosed with various common eye diseases are given appropriate treatment in the Eye camp.

The others who are diagnosed with cataract are referred to the Eye Hospital for surgery:

		M	F	TOTAL

Children who have got cataract surgery in SALFA Eye Clinic Antsirabe	Unilateral	0	3	3
	Bilateral	2	1	3
Children who have got cataract surgery in the CEHTF in Tanà	Unilateral	0	1	1
	Bilateral	0	0	0

The follow up of all these children was done in SALFA Eye Clinic Antsirabe.

The following other children were referred to the Eye clinic for treatment

	M	F	Total
Number of children diagnosed with Refractive Error and given glasses	3	6	9
Number of children who have got other surgical intervention	1	2	3

Conclusion:

This project was an opportunity to:

- Improve the curriculum for the training of KI
- See a strong mobilization (Public health agents, Mayors, chiefs of Fokontany, church leaders) at community level on child eye health.

REPORT OF THE CHILDHOOD BLINDNESS ACTIVITIES SUPPORTED BY SEVA

	Male	Female	Total
NUMBER OF KEY INFORMANTS TRAINED	18	34	52
NUMBER OF CHILDREN SCREENED	117	110	227
NUMBER OF CHILDREN IDENTIFIED WITH EYE PROBLEM BY THE K.I	121	128	249
NUMBER OF CHILDREN DIAGNOSED WITH CATARACT	3	5	8
TOTAL OF CATARACT CASES DETECTED, OF WHICH	6	6	12
Bilateral cataract	3	1	4
Unilateral cataract	0	4	4
NUMBER OF CHILDREN GETTING SURGERY IN ANTSIRABE	2	4	6
TOTAL OF CATARACT OPERATION PERFORMED IN ANTSIRABE, OF WHICH	4	5	9
Bilateral cataract	2	1	3
Unilateral cataract	0	3	3

NUMBER OF CHILDREN DIAGNOSED WITH CATARACT AND REFERED TO TANA (to the CEHTF) FOR SURGERY, OF WHICH

Children with bilateral cataract

Children with unilateral cataract

0	1	0
0	0	0
0	1	0

NUMBER OF CHILDREN WHO HAVE GOT OTHER SURGICAL INTERVENTION

1	2	3
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CHILDREN DIAGNOSED WITH REFRACTIVE ERROR

4	9	13
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CHILDREN DIAGNOSED WITH REFRACTIVE ERROR, GIVEN GLASSES

3	6	9
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NUMBER OF BLIND CHILDREN DETECTED

0	0	0
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OTHER DISEASES TREATED

109	94	203
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3. Sava

KI PROGRAM IN SAVA REGION, MADAGASCAR

As part of activities supported by KCCO, in the region of SAVA, Key Informant method has been used in two communes. Antalaha, district of Antalaha and Ampanefena, district of Vohémar. Outreach visits have been conducted in these two communities respectively on 24th March and 26th April 2014.

KI have been trained in terms of recognizing ocular and visual problems in children under 15 of age and convincing parents to attend the outreach visit organized in their communities. All of the KI are already volunteers Community Health Workers involved in other programs like Malaria, Materna/Child Health, Immunization, etc...

The sequences of pictures, like glaucoma, retinoblastoma, congenital cataract, nystagmus, strabismus, ophthalmia neonatorum, refractive errors, have been of importance in explaining child eye diseases to the Key Informants. The program has provided Per Diem, T-shirt and recording forms for KI during the training.

2014 KI STATISTIC IN SAVA REGION

CHILDREN	NUMBER
DETECTED	138
RECEIVING SERVICE	85
REFERRAL	3
CATARACT SURGERY DONE	6
OTHER SURGERY DONE	1
SPECTACLES DISTRIBUTED	21

4. Atsinanana

PROJECT OF CHILDHOOD BLINDNESS IN ATSINANANA REGION

Goal: To find children with visual impairment and blindness by key informants.

Target: children 0-15 years

Deadline: end of 2014

The following year we started the program on childhood blindness in Atsinanana. According to our finding the situation is not yet serious and yet you have to launch the program in order to improve eye health of children and contribute to their wellbeing.

The target is children 0 to 15 years throughout the Atsinanana but we planned to start in the district of Toamasina I given as follows: Betainomby, Vatomandry Mahanoro and in collaboration with health workers of the NGO Mercy ministries on which are scattered throughout the region.

In our program we have selected four target sites for the beginning to the completion of the project on childhood blindness by using key informants (community health workers). Their roles are to:

- Identify children with visual impairment

- Record them in the form (children questionnaire)
- Refer them to the base hospital or to the mass screening day
- Follow up for children with surgeries

Planning schedule for KI training:

- Betainomby on 02/04/2014 (12 KI trained)
- Vatomandry on 13/05/2014 (22 KI trained)
- Mercy ministries on 11-18/06/2014 (31 KI trained)
- Mahanoro on 11/07/2014 (12 KI trained)

We have trained a total of 77 community workers as KI to the detection of children visually impaired. During the training of each KI, we gave them a deadline in performing the investigation until the end of 2014 so the report is still incomplete because the training date is not even seen as the distance to the district like Vatomandry and Mahanoro too far, so we wait one month ago for collecting all data from Mahanoro and from the NGO.

After two weeks after KI training we do mass screening in held and the children detected with eye diseases were given a treatment (some needs medicines, spectacles and surgeries). For surgery they were referred at the base hospital)

Planning schedule of mass children screening:

- Betainomby on 16/04/2014
- Vatomandry on 27/05/2014
- Mercy ministries in October 2014
- Mahanoro on 22/07/2014

Reporting statistics:

Areas	Number of KI trained	Number of children screened	Number of children screened and treated	Number of children given medicines & spectacles	Number of children referred for surgery
Betainomby	12	817	54	42	
Vatomandry	31	292	24	23	1
Mercy ministries	22				
Mahanoro	12				1
Total	77	1109	78	65	2