

## **Addressing the challenges of childhood cataract**

Strategies for implementing services for children for the WHO – recommended 10 million paediatric eye care catchment area

### **Course description**

**October 3 – 7, 2011**

KCCO - Moshi, Tanzania

### ***Rationale:***

Congenital and developmental cataract is the leading cause of childhood blindness in Africa and there is considerable evidence that children with cataract are not receiving surgical services in a timely fashion, that follow up after surgery remains poor, and that few children receive necessary spectacles and low vision devices.

In the past few years, strategies have been developed and tested; these address the problems associated with both delay in presentation as well as poor follow up. The recent “Childhood Cataract Experts Meeting” has led to the documentation of comprehensive eye care programmes and potential strategies to address childhood cataract, in particular, to identify, refer, manage, follow up, monitor, and provide low vision services.

### ***Target audience***

The target audience for the workshop would be ophthalmologists and/or programme managers involved in childhood blindness programmes. The ideal candidates would be individuals who are working in a paediatric ophthalmology unit (covering a WHO recommended 10 million catchment area) and responsible for coordinating service delivery. Tertiary hospitals and university eye departments interested in improving their service delivery are encouraged to apply.

### ***Teaching objectives***

Course participants will learn:

1. The magnitude of the problem of childhood cataract (global perspective & local perspective)
2. The current evidence on management of childhood cataract: age at which surgery can be done, implantation of IOLs in young children, costs of surgical treatment, anesthetic needs, etc.
3. The reason for delay in presentation for surgery and strategies to address delay (including use of key informants, training of relevant health staff in identification and referral)
4. Best practices for referral of children for surgery
5. The need for follow up of children who have had cataract surgery (including who can provide follow up, recommended approaches to follow up, protocols)

6. How to set up a child tracking system to ensure that children do not “fall through the cracks” after surgery
7. The role of counseling at different levels
8. Post – operative spectacles for children with cataract (costs, infrastructure needed, type of spectacles best suited for children)
9. Post operative low vision assessment and approaches to foster better integration of children into their communities.

***Training venue and instructors***

The training will be conducted at the Kilimanjaro Centre for Community Ophthalmology in Moshi, Tanzania. The faculty for the training includes instructors from KCCO and the KCMC Eye Department as well as external faculty from within Africa.

***Budget***

The training has financial support from Dark & Light Blind Care. Participants would need to cover their transport to Kilimanjaro (JRO). The fee for the course is \$ 300, which covers all expenses (including airport pick up, accommodation, meals, training materials, instructional fees) from the time of arrival. Applicants should complete the application form ([www.kcco.net/courses](http://www.kcco.net/courses)) and send it to Mr. Genes Mng'anya, KCCO Course Administrator at ([genes@kcco.net](mailto:genes@kcco.net))