



Helen Keller
WORLDWIDE

PHILIPPINES

CHILDSIGHT® BULLETIN

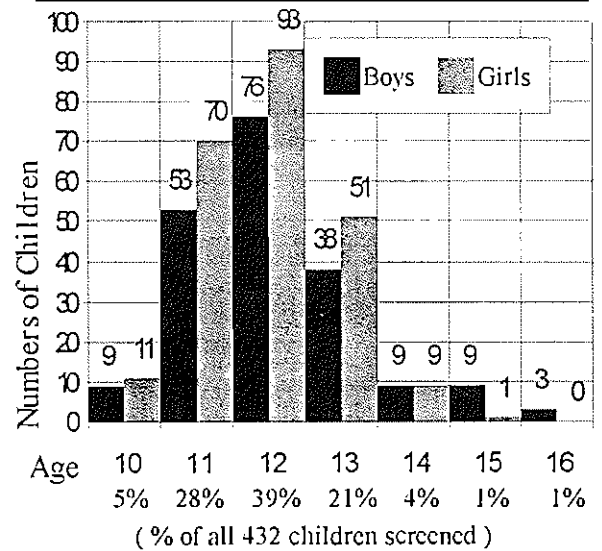
Studies show that between 20 - 25 percent of children between ages 11 and 14 have eyesight poor enough to affect their school performance. A simple pair of eyeglasses will bring the blackboard and textbooks into view, and corrected eyesight will also bring the world of education, hope and promise into focus.

March 2000 saw the successful completion of Phase 1 of the ChildSight® Pilot Program which took place at Caibiran Central Elementary School in Biliran Province.

432 fifth and sixth grade students (and their teachers) were provided eye care services by Helen Keller International Philippines and our partner, the Department of Education, Culture and Sports (DECS).

Volunteers playing key roles in the ChildSight® Program included parents, members of the local Parent, Teachers Association, staff from Department of Health & Department of Social Welfare and Development, representatives of Local Governmental Units, and Eye Care professionals from the community.

**ChildSight® Pilot Program - Phase 1
Students Screened - by Age and Sex**



Boys Screened = 197 (46%)
Girls Screened = 235 (54%)
Total Screened = 432

ChildSight® Pilot Results

- ◆ 432 students were screened to detect their distance visual acuity and to discover if they had symptoms of Hyperopia.
- ◆ 155 students were refracted by volunteer optometrists.
- ◆ 29 students were examined by a volunteer ophthalmologist and 2 were referred to a Regional Medical Center.
- ◆ 48 students and 16 teachers were provided with eyeglasses.
- ◆ ChildSight's® Model was tested and refined for the next phase of the pilot, which will begin with the new school year in July 2000.

ChildSight® Pilot Program Background

Good vision is crucial to a child's education and a good education is critical to success in life.

ChildSight® is a response to school children who have refractive error severe enough to hinder school performance - that is, children who have visual acuity worse than 20/40 in at least one eye. Among the age group from approximately 11 to 14 years, refractive error emerges as the most common cause of visual impairment.

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Medical experts have found that puberty causes refractive (correctable) error in eyesight to jump from 10 percent among primary school children to about 20 percent among adolescents. Glasses can be provided to between 85 and 95 percent of these children to correct myopia (near-sighted), astigmatism and hyperopia (can't read up close/far-sighted).

Problem

The problem is how to provide vision care to vision impaired adolescents from poor communities. The ChildSight® Program addresses this problem by bringing the eyecare services to where most children spend their day - in school. ChildSight® provides school-based screening for visual acuity, refraction by an Optometrist or Ophthalmologist and a free or subsidized pair of eyeglasses to students who could not otherwise afford them. Students with more severe eye problems are referred to the health system for further testing and follow-up.

Assessment

In 1998, Helen Keller International (HKI) approached the Health and Nutrition Center within DECS to develop a program to improve the eyesight and educational opportunity of school children from poor communities.

To ensure that a program was based on the real needs of the people, a comprehensive assessment was undertaken to assess the need for additional eye health services in Philippine communities and the possibility of implementing the ChildSight® Program in selected areas. The study aimed to assess:

- ◆ Current eye health services available in schools and communities;
- ◆ Accessibility and use of these eye health services;
- ◆ Knowledge, attitudes and perceptions related to eye health of students.

All available information on eye screening activities and eye health programs among school children in the Philippines was collected and gaps were identified. A quantitative and qualitative field-based investigation was undertaken in two urban and two rural communities during the summer of 1999.

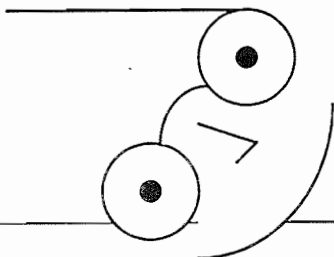
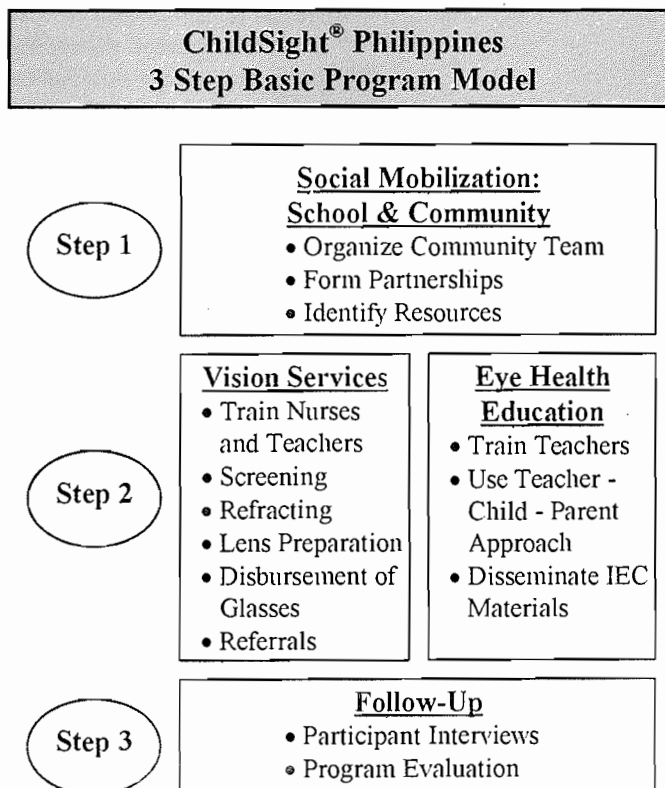
Results

Assessment findings clearly indicated that:

1. A problem existed;
2. Currently little was being done to address the problem; and
3. There was definitely something HKI, working with DECS, DOH, Local Governmental Units, and community volunteers, could do to improve the eyesight of school children.

The qualitative information collected was used to adapt the HKI ChildSight® Model to the Philippines context. The HKI-DECS Program model basically has 3 steps and includes:

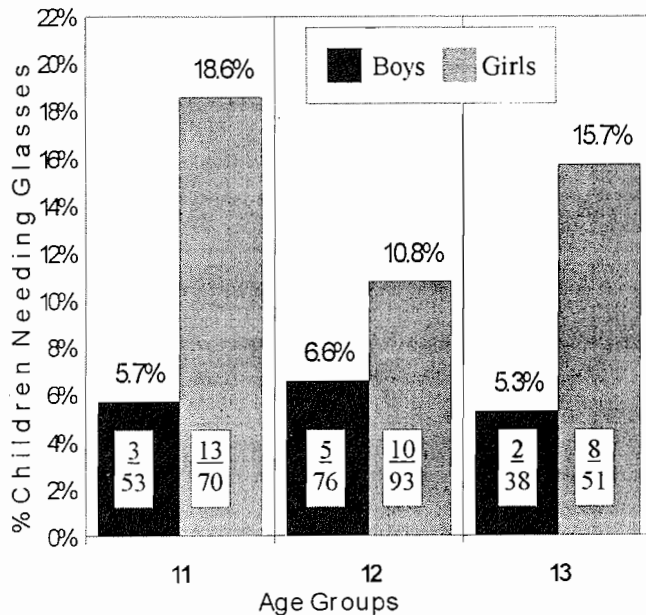
- ◆ DECS and the local school systems providing the infrastructure and support personnel;
- ◆ School nurses being key partners and serving as the local coordinators of all activities;
- ◆ Teachers and nurses being trained by HKI to give eye health lessons, detect early vision problems and assist in visual acuity screening;
- ◆ DOH doctors taking referrals for cases that fall outside the Program's capacity;
- ◆ Local Governmental Units assisting with local fund raising, educational and promotional activities.
- ◆ HKI coordinating all activity and providing technical and financial assistance.



Key Findings from Phase 1 of the ChildSight® Pilot Program

- ◆ 86% of all teachers screened needed eyeglasses.
- ◆ Data suggests that the jump in refractive error happens earlier for girls than for boys.
- ◆ 88 % (381) of the 432 students screened fell into three age groups - 11, 12, and 13. 56 % (214) were girls and 44 % (167) were boys.
- ◆ Girls received 76% (31) of the 41 glasses disbursed to the students in this group.
- ◆ The difference in refractive error between boys and girls by age was quite pronounced as illustrated below.

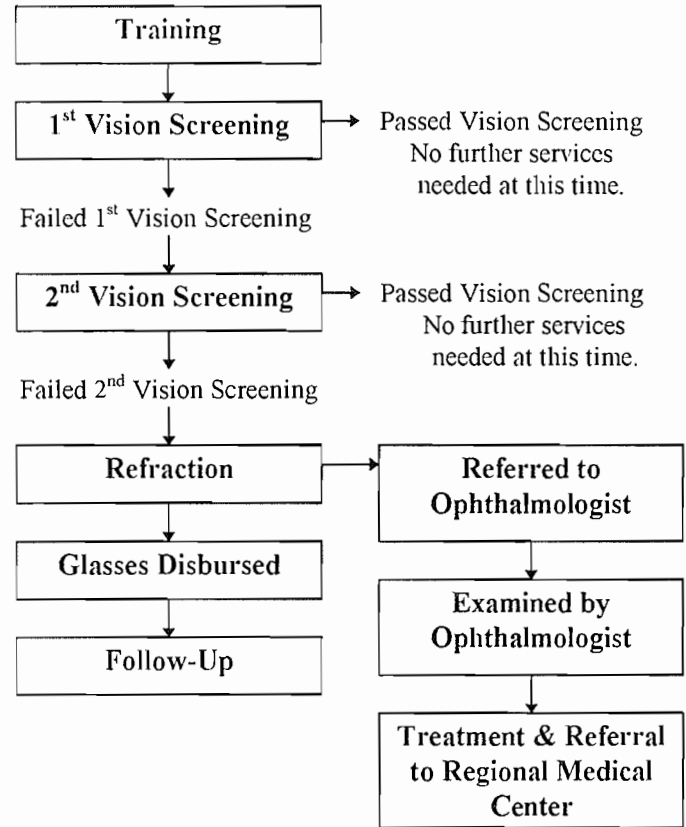
ChildSight® Pilot Program - Phase 1
% of Girls and Boys Who Needed Glasses - by Age



Lessons Applied to Phase 2

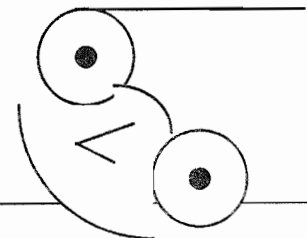
- ◆ Using the lessons learned in Phase 1, the School Based Service Delivery Model was further refined and streamlined - increasing its efficiency and reducing the time required of volunteer eye care professionals.
- ◆ The graphic at the top of the next column illustrates the refined version of the School Based Service Delivery Model.

School Based Service Delivery Model For Phase 2 of the Pilot Program



Phase 2 - Next Steps

- ◆ During Phase 2 we will target 1st, 2nd, and 3rd year high school students at a high school within Biliran Province for ChildSight® services to collect additional data so we can learn more about the ages at which the jump in refractive error occurs for Filipino adolescents. We will also fine tune the model further and develop and test IEC Materials.
- ◆ HKI and DECS will evaluate the data from both phases of the Pilot Program, will determine the age groups of students who will benefit most from ChildSight® services and will target these groups specifically when the ChildSight® Program is scaled-up to cover all of Biliran Province starting in the fourth quarter of this year.



The Helen Keller Worldwide (HKW) Story

The mission of HKW is to prevent blindness, restore sight, rehabilitate the blind and save the lives of the most vulnerable members of the human family. Inspired by Helen Keller herself, the agency was founded in 1915 and first gained its experience and reputation by developing rehabilitation programs for soldiers blinded during World War I. HKW continues to devote its efforts to serving those who are blind or at risk of blindness in developing countries and has supported programs in 80 countries to date.

HKW is an international non-governmental organization based in New York City and currently implements programs in 21 countries throughout Asia, Africa and the Americas. Major program areas include: the prevention and treatment of nutritional blindness and other micronutrient deficiencies; river blindness (onchocerciasis) and trachoma; the development of basic eye care programs for referral, treatment of refractive error and cataract; and the integrated education and rehabilitation of people who are irreversibly blind.

HKW works primarily by providing technical assistance to governmental and non-governmental organizations within the framework of the country's infrastructure in order to build capacity and leave sustainable programs in place. HKW is known for translating scientific information into appropriate programs that are based on the real needs of the people in the countries where we work.

Helen Keller International - Philippines

Helen Keller International (HKI) and ChildSight® are divisions of Helen Keller Worldwide. HKI has been implementing nutrition and eye health programs in the Philippines for over 20 years and is considered a valued partner of the Department of Health, the Department of Education, Culture and Sports (DECS) and many non-governmental organizations. Current HKI-Philippines' programs are focused on:

- Preventing vitamin A deficiency and other nutritional deficiencies among pre-school children and pregnant women;
- Training Department of Health clinicians and front-line health workers to implement the Integrated Management of Childhood Illness strategy in rural communities; and
- Collaborating with DECS to implement the ChildSight® Program.

ChildSight® Programs Around the World

ChildSight® programs exist in the Philippines, Brazil, Mexico, Morocco, and the United States. To date, over 186,000 children, ages 2-16, have been screened for eye pathologies and more than 21,000 have received prescription glasses. The ChildSight® Program in the Philippines is implemented by HKI - Philippines in collaboration with DECS and local volunteer support. ChildSight® provides students and their teachers with the eyeglasses they need - and provides this service within the school setting.

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