

**INTERNATIONAL EYE FOUNDATION**

"SEEING 2000"

Increasing the Quality and Quantity of  
Ocular Surgery in Children  
to Ameliorate Childhood Blindness

**Annual Report #3**

***November, 1997 – October, 1998***

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## Background to Grant and Project Context

"Seeing 2000" is the International Eye foundation's program to increase the quantity and quality of pediatric eye care to reduce avoidable and preventable childhood blindness. Childhood blindness is a serious health and economic problem in underdeveloped and developing nations. Many causes of childhood blindness are treatable with appropriate medical and surgical care. Additionally, proper refraction (eyeglasses) and low vision devices may allow children classified as blind to live active functional lives.

Information from the World Health Organization (WHO) Childhood blindness estimates:

- 1.5 million blind children worldwide: 1 million in Asia; 300,000 in Africa
- Prevalence is 0.5-1 per 1000 children aged 0-15 years.
- 500,000 children go blind each year (one per minute). Many of these blind children die in childhood.
- Childhood blindness causes 75 million blind years (number blind x length of life), second only to cataract.

The causes of childhood blindness vary from place to place and change over time.

*Africa* : Corneal ulcer/scar (measles, vitamin A deficiency, harmful traditional practices)

*Asia* - Vitamin A deficiency, Congenital cataract/rubella, Hereditary retinal diseases

*South America* – Retinopathy of Prematurity

Many of these children remain unexamined and untreated. The reasons why children are not receiving clinical examinations, needed surgery, and/or vision aids for treatable diseases include: the lack of proper and timely detection, lack of sufficiently trained pediatric ophthalmologists, and the lack of awareness among parents and primary health care providers about childhood blindness and the need for examination.

The International Eye Foundation, as a result of its participation in the 1990 global meeting on the Prevention of Childhood Blindness in London, initiated two programs directed at the prevention of blindness in children and the improvement of clinical and surgical services in the treatment of treatable blindness. These programs are SightReach and "Seeing 2000".

SightReach, begun in 1993, was funded in part through the United States Agency for International Development's (USAID) Matching Grant program. A component of this program, ChildSight, enhanced the technical and service abilities of Ministries of Health to provide sight restoring operations and general eye care services for visually impaired children and provided primary, secondary, and tertiary training in pediatric ophthalmology.

Building upon ChildSight, "Seeing 2000" began in 1996 as a grants program to support and strengthen national and international NGOs and charity hospitals in developing countries to expand and improve their clinical and surgical services to blind and visually impaired children in underserved areas. The program's goal is to develop national capacity in order to increase the quality and quantity of ocular surgery performed on children to ameliorate childhood blindness.

The implementation of "Seeing 2000" activities vary widely from project to project. However, the majority of projects have two similarities, an emphasis on patient outreach and an emphasis on the training of medical and paramedical staff. Both of these activities ensure the lasting impact of the program.

## **Project Methodology**

**Problem:** Lack of specialist eye care for children in many developing countries.

**Objective:** Increase national capacity to provide clinical and surgical pediatric eye care services. Projects are supported through a small grant mechanism of up to \$25,000.

"Seeing 2000" supports all types of organizations including private eye care institutions, state supported hospitals, non-governmental organizations serving urban, peri-urban and rural populations through a competitive small grant mechanism. Small one to two-year grants (up to \$25,000) are provided to national and international NGOs and charity hospitals in developing countries worldwide to do the following:

### *Primary Objectives:*

1. Increase by 20% or more the number of children receiving needed surgery for correctable ocular conditions in the areas being served.
2. Increase by 50% or more the number of children under age six years receiving eye examinations in the areas being served by a project. This may include conducting a survey of facilities housing blind and visually impaired children using the WHO protocol and methodology.
3. Identify at least one ophthalmologist or clinical officer within each project area and enhance their capacity to treat children clinically and surgically through additional training.

### *Secondary Objectives (if they contribute towards increasing ocular surgery in children):*

4. Increase by 10% or more the number of visually impaired children enrolled in blind schools who can be visually rehabilitated (spectacles, low vision aids, etc.) and integrated into a regular environment/school.

5. Support existing efforts to increase awareness of ocular disease in children, its management and referral, in the medical communities of the regions being served through primary eye care workshops.
6. Support existing efforts to increase awareness of ocular disease in children among parents and the general public through education/promotion activities and local media.

*Application Process:*

In our effort to reach out to a wide range of deserving pediatric eye health care projects, the proposal guidelines to apply for a "Seeing 2000" grant (Attachment A) were mailed to the World Health Organization's Prevention of Blindness Partnership Committee (WHO/PBL), Member Agencies and Observers and other organizations that have requested funding information from the IEF (Attachment B). IEF requested that members of the Partnership Committee forward these guidelines to their appropriate regional and national eye care associates. Distributing the guidelines through WHO/PBL was determined by IEF as reaching deserving institutions that may not be known to IEF. Information regarding "Seeing 2000" was also distributed in an impartial manner to all requesting at the annual American Academy of Ophthalmology meeting.

*Criteria for Selection:*

Applicants must meet the following preliminary requirements for consideration:

- Applicants must be an established NGO or charity
- Proposals must address at least three of the objectives
- Proposals must include a description of how the meeting of stated Objectives will lead to an increased number of children examined and receiving ophthalmic care and surgery
- Applicants should provide letters of support from respected health and/or ophthalmology authorities in their country. Additional letters of support from recognized international and national NGOs will be considered.

Grant applicants are encouraged to use the majority of funding toward concrete project activities. Expenses that will have a life beyond grant funding are encouraged. For example, trained staff, medical equipment and surgical instruments will continue to benefit pediatric clinical and surgical services beyond the life of the grant. Funding may be requested for:

- essential equipment or essential surgical instruments;
- salaries, honoraria, consulting fees, travel and per diem, and training.

### *Review Process:*

A successful proposal must:

1. emphasize how proposed activities will respond to the above Primary and Secondary Objectives by initiating, expanding or improving services to blind and visually impaired children in underserved areas.
2. present clearly and concisely the problems to be addressed, beneficiaries, and the results to be reached at project end.
3. demonstrate the institutional capacity to manage activities and funds, and meet reporting and evaluation requirements.
4. describe a project or activities that can realistically be completed within a minimum of 12 months to a maximum of 24 months upon receiving the award.
5. have a proposed budget of \$25,000 or less for the duration of the project.
6. be carried out in a country eligible for assistance by the United States Agency for International Development.

Preference is given to proposals:

- demonstrating existing infrastructure or linkage with WHO NGO Partnership Committee network or work in collaboration with a PVO/NGO.
- demonstrating cost-sharing and complementary funding from an institution, or other sources.

Review and recommendations of proposals for funding is the responsibility of an independent review board of pediatric ophthalmologists with international experience. The Evaluation Criteria scoresheet used by the independent Review Board for proposal evaluation is found in the proposal application guidelines in order for applicants to understand the aspects on which their proposal will be evaluated. During the review process, the Review Board separates the proposals into three categories: a) recommend for funding; b) recommend for funding *pending* additional information or clarifications; c) not recommended for funding at this time.

### *Evaluation Scoresheet*

#### *Organizational Capability and Proposed Personnel: (40 points)*

- Track record and previous relevant experience in ophthalmology.
- Compatibility of project concept with organization's goal.
- Experience in managing funds and ability to comply with grant conditions, taking into account all existing and current commitments.
- Demonstrated ability to backstop and support field operations and staff.
- Curriculum vitae of proposed key person.
- Track record or existing linkage with WHO/PBL Partnership Network.

*Project Concept and Management Plan: (40 points)*

- Compatibility of project concept with "Seeing 2000" goals and objectives.
- Presents clearly and concisely the problems to be addressed, beneficiaries and the results to be reached at project end.
- Technical merits of project design, innovative approaches and reasonableness of objectives within proposed time frames.
- Quality and appropriateness of monitoring and evaluation plans.
- Seeks to close existing gaps so that services are expanded and improved to blind and visually impaired children in underserved areas.
- Initiates new and needed activities in underserved populations.
- Strengthens national institution or NGO.

*Fiscal Management and Budget: (20 points)*

- Completeness of budget.
- Accuracy of calculations.
- Appropriateness, reasonableness and allocability of costs in each category, and demonstrated ability to comply with USAID regulations and provisions.
- Potential for leveraging funding from other sources.

Project proposals were first solicited in early 1996: seventeen proposals were submitted and reviewed with nine projects beginning August 1, 1996. Three additional projects, after providing further detailed information, were approved and began February 1, 1997. The second round of proposals were solicited in early 1997: eighteen proposals were submitted and reviewed with 9 projects approved for funding. Four projects began June 1, 1997, two projects began September 1, 1997, 1 project began March 1, 1998 and the one project is scheduled to begin September 1999.

## **Monitoring and Evaluation**

Individual projects report to IEF quarterly using a format of standardized tables including narrative description of problems, achievements, unexpected benefits and plans for the following quarter. This format, with minimal emphasis on narrative, was chosen to facilitate reporting for non-English speakers. All reports are prepared in English.

Projects report quarterly and the reporting quarter is established by the "Seeing 2000" subgrant grant agreement start date. Projects are strongly encouraged to report all activities addressing "Seeing 2000" objectives, whether stated or not in their project proposal. All projects address two of the first three objectives.

The project technical and financial reports are reviewed by the "Seeing 2000" Program Coordinator at the IEF Headquarters. Financial reports from "Seeing 2000" projects are also routinely audited as part the IEF's annual external audit process. "Seeing

2000" project directors and the "Seeing 2000" Program communicate on the project activities on a regular basis that includes clarifications of project reports and disbursement requests. Some projects are not as timely as other projects in meeting the reporting requirements. When reports are not received on a timely basis, disbursement of grant funds is halted until reporting is brought up to date.

Many "Seeing 2000" project directors attend the annual meeting of the American Academy of Ophthalmology (AAO) and the "Seeing 2000" Program Coordinator and the "Seeing 2000" Project Directors use this opportunity to meet and discuss their projects. Networking between "Seeing 2000" Project Directors and is facilitated by inviting them to the IEF sponsored Society of Eye Surgeons Breakfast during the AAO.

## Review and Analysis of Project Results

There were thirteen active projects during this reporting period. The totals are from reports received during this reporting period. Not all projects are reporting on 12 months of activities and some totals may not reflect activity that occurred during this period but were *reported* during this period. Tables showing individual project data by quarter are shown below.

<u>Institute and country (<i>countries alphabetized</i>)</u>	<u>Surgeries</u>	<u>Exams*</u>
Bulgarian Eye Foundation, Bulgaria	153	947
Hospital Elias Santana, Dominican Republic	93	4,429
El Maghraby Eye Hospital, Egypt	<i>data not yet reported</i>	
Hospital Roosevelt, Guatemala	265	16,607
Aravind Eye Hospital, India	1,925	38,582
L. V. Prasad Eye Institute	819	535 (EUA only)
Lumbini Rana Ambika Eye Hospital, Nepal	541	296,626
Tilganga Eye Hospital, Nepal	127	2,287
Al Shifa Eye Hospital, Pakistan	348	21,110
Hayatabad Medical Complex, Pakistan	668	5,055
Layton Rahmatulla Benevolent Trust, Pakistan	502	10,571
Instituto de Educacion y Prevencion en Salud Visual, Peru	27	601
Gwanda Provincial Hospital, Zimbabwe	45	647
<b>TOTAL</b>	<b>5,513</b>	<b>397,997</b>

### *Personnel*

\* Exams may include: examinations under anesthesia, examinations in clinics and school eye screenings

### *"SEEING 2000" Highlights*

- Dr. Luz Gordillo of Peru has been invited by her Ministry of Health to write the national protocol on Retinopathy of Prematurity (ROP). This disease is rapidly becoming the number one cause of childhood blindness in Central and South America and Eastern Europe.
- December 1, 1997, Dr. Gullapali Rao and his staff at the L.V. Prasad Eye Institute in Hyderabad, India, inaugurated the new Pediatric Eye Unit which is supported in part by a "Seeing 2000" grant.

- At the end of March Ms. Sheffield and Lori Carruthers, "Seeing 2000" Program Coordinator at headquarters, attended a planning meeting for an international conference on childhood blindness which will be a "ten years on" conference following the initial WHO/NGDO conference held at the ICEH in London in 1990. "Seeing 2000" will be a co-sponsor of the workshop titled (Global Strategies for the Control of Childhood Blindness) which will highlight accomplishments since 1990. The workshop will be held April 1999 at the L.V. Prasad Eye Institute in Hyderabad, India, a "Seeing 2000" grant recipient. A number of "Seeing 2000" project directors will attend and present papers on their data and achievements. (Paper distributed at meeting is found in Attachment C.)

*Individual project data by region and by institution:*

**Latin America**

Centro Cristiano de Servicios Medicos, Inc., Hospital Dr. Elias Santana, Santo Domingo, Dominican Republic

Project Director: Juan Batlle, M.D.

Project Dates: March 1, 1997 - May 31, 1998

Funded Amount: \$25,000

Purpose: Subsidize congenital cataract and glaucoma surgeries for low-income patients.

Achievements:

	Quarter 1 3/97 – 5/97	Quarter 2 6/97-8/97	Quarter 3 9/97-11/97	Quarter 4 12/97-2/98	Quarter 5 3/98-5/98
Cataract	10	13	13	6	8
Cataract w/IOL	3	1	6	13	47
EUA	11	6	20	13	20
Exams	577	326	326	2,350	1,700

Hospital Roosevelt, Guatemala City, Guatemala

Project Director: Arturo Quevedo, M.D.

Project Dates: March 1, 1997 – February 28, 1998

Funded Amount: \$25,000

Purpose: Secure additional pediatric surgical equipment enabling the hospital to perform eye surgery for children on a daily basis and to facilitate the performance of emergency eye procedures.

Achievements:

	Quarter 1 6/97-8/97	Quarter 2 9/97 - 11/97	Quarter 3 12/97 -2/98	Quarter 4 3/98-5/98
Cataract	0	0	2	16
Cataract w/IOL	15	11	18	5
Other Surgeries	65	53	67	93
EUA	2	1	2	3
Exams	7,166	4,400	2,646	9,555

Instituto de Prevencion y Educacion en Salud Visual, Lima, Peru

Project Director: Luz Gordillo, M.D.

Project Dates: June 1, 1997 - May 31, 1998

Funded Amount: \$25,000

Purpose: Detect and treat cases of Retinopathy of Prematurity (ROP) at the Hospital Materno Infantil San Bartolome.

Achievements: Project coordinated with UNICEF's "Kangaroo" program for premature babies. Project supports its ROP program with continued follow up of cases and health education activities: two comic books on ROP have been created and distributed during health education lessons with parents in the pediatric eye care waiting area and television interviews and radio novellas were used to increase awareness of ROP.

Total Surgeries Performed: 27 (12 boys and 12 girls plus 3 retreatments)

Total Examinations Under Anesthesia: 3

Total Examinations Conducted: 598 examinations on 240 patients

## ***Eastern Europe***

Bulgarian Eye Foundation, Sofia, Bulgaria

Project Director: Petja Vassileva, M.D., Ph.D., M.P.H.

Project Dates: August 1, 1996 – January 31, 1998

Funded Amount: \$25,000

Purpose: Train ophthalmologists practicing in underserved areas in pediatric ophthalmology by support of a two-week in-country surgery clinic for six ophthalmologists and training abroad for one doctor.

Achievements: Dr. Rositza Lolova of the Center for Sight at the St. Anna Hospital in Sofia, Bulgaria, successfully completed a three and a half month training program, including surgery, at the Aravind Eye Hospital in India under the direction of Dr. P. Vijayalakshmi, Chief Pediatric Ophthalmologist. In addition, six ophthalmologists from around Bulgaria received hands-on surgical training in pediatric strabismus from an American pediatric ophthalmic specialist from Denver, Colorado.

	Quarter 1 8/96-10/96	Quarter 2 11/96 – 1/97	Quarter 3 2/97-4/97	Quarter 4 5/97-7/97	Quarter 5 8/97-10/97	Quarter 6 11/97-1/98
Cataract	0	0	0	0	0	9
Cataract w/IOL	1	1	3	4	4	3
Other Surgeries	1	4	8	12	80	57
EUA	0	0	0	0	0	1
Exams	20	28	109	893	117	829

## **Africa**

El-Maghraby Eye Center, Cairo, Egypt

Project Director: Badia A. Baz Al-Sherif, M.D., FRCOphth./ Tarek Badawy, MD

Project Dates: September 1, 1997 - ongoing

Funded Amount: \$25,000

Purpose: Case detection, surgical intervention, low vision aids and rehabilitation for blind and visually impaired school children enrolled in the 17 schools for the blind in the greater Cairo area.

Achievements: Project was approved in April 1997, activities commenced September 1997. May 1998, the project reported that 290 children had been examined, 40 children were scheduled for surgery and 25 children were reported to need low vision devices.

*Data not reported.*

Matebeleland South Comprehensive Eyecare Programme, Gwanda Provincial Hospital, Gwanda, Zimbabwe

Project Director: Sanjay Dhawan, M.D.

Project Dates: June 1, 1997 - May 31, 1998

Funded Amount: \$25,000

Purpose: Provide advanced training for a pediatric ophthalmologist and an anesthesia assistant, and to secure specialized ophthalmic instruments and equipment for pediatric surgery.

Achievements: Dr. Dhawan to participate in pediatric ophthalmology workshops at the 1997 American Academy of Ophthalmology meeting. During the project's first year, 56 children received surgery and 896 children were screened including children enrolled in blind schools.

	Quarter 1 6/97-8/97	Quarter 2 9/97-11/97	Quarter 3 12/97-2/98	Quarter 4 3/98-5/98
Surgeries	11	12	20	13
Exams	249	248	282	116

## **Asia and the Pacific Region**

Aravind Eye Hospital, Madurai, India

Project Director: P. Vijayalakshmi, M.D., Chief of Pediatric Ophthalmology

Project Dates: August 1, 1996 - July 31, 1998

Funded Amount: \$25,000

Purpose: Develop a pediatric outreach program to specifically find and bring for treatment children needing eye care and surgery.

Achievements: Trained five ophthalmic technicians in outreach screening activities in schools, government run pre-school groups, and eye screening camps. During the project's first year, 48,526 children were screened with 1,757 children receiving surgery.

	Quarter 1 8/96-10/96	Quarter 2 11/96-1/97	Quarter 3 2/97-4/97	Quarter 4 5/97-7/97
Cataract	0	153	99	132
Cataract w/IOL	0	118	83	148
Other Surgeries	0	334	282	321
EUA	0	35	21	31
Exams	0	10,248	10,074	28,204

	Quarter 5 8/97-10/97	Quarter 6 11/97 - 1/98	Quarter 7 2/98-4/98	Quarter 8 5/98-7/98
Cataract	112	55	96	120
Cataract w/IOL	116	124	125	141
Other Surgeries	296	239	248	253
EUA	30	21	27	32
Exams	10,388	10,077	7,554	10,453

L. V. Prasad Eye Institute (LVPEI), Hyderabad, India

Project Director: Gullapalli N. Rao, M.D., Director

Project Dates: March 1, 1998 - February 28, 1999 (2nd "Seeing 2000" grant)

Funded Amount: \$10,000

Purpose: Secure specialized anesthesia equipment for a new pediatric eye unit.

Achievements: The anesthesia equipment facilitated the safety and efficiency of surgical care of the very young. LVPEI functions as a tertiary referral and training center for the region. During the first year of activities, 1,178 children under the age of six years were screened and 2,183 children (0 to 15 years) received surgery.

	Quarter 1 4/98-6/98	Quarter 2 7/98 – 9/98
Cataract	0	0
Cataract w/IOL	113	97
Other Surgeries	325	284
EUA	315	220

Lumbini Rana-Ambika Eye Hospital, Bhairahawa, Nepal

Project Director: S. K. Shrestha, MD

Project Dates: November 1, 1997 - October 31, 1998

Funded Amount: \$25,000

Purpose: Increase the safety, awareness and utilization of child ocular surgery in the Lumbini Zone. One specific goal is to enhance the abilities of staff in administering general anesthesia making it possible for the youngest infants to benefit from sight saving surgery.

Achievements: Three teams of outreach workers conduct house-to-house eye examinations of > 6 years. Outreach workers also screen children up to age 15 in schools. Children with ocular problems are referred to one of six provincial clinics or the Lumbini Eye Hospital. Children with vitamin A deficiency are given the first dose of vitamin A on site and instructed to visit the clinic for follow up treatment. Outreach workers receive follow up training (clinical and communication techniques) and supervision. Outreach eye screening has been a very effective and low cost method to raise awareness and identify children needing medical or surgical intervention. "Seeing 2000" has been a catalysis for the project to focus on child eye surgery and motivating staff to overcome obstacles.

	Quarter 1 11/97-1/98	Quarter 2 2/98-4/98	Quarter 3 5/98-7/98	Quarter 4 8/98-10/98
Cataract	48	61	42	21
Cataract w/IOL	53	57	56	30
Other Surgeries	39	54	41	39
EUA	0	1	0	1
House-to House Screening <6	27,507	27,484	36,141	28,308
House-to House Screening 6-15	29,077	29,595	38,097	32,021
School Screening Program <6	1,937	1,192	2,078	1,598
School Screening 6-15	13,173	6,515	14,003	7,898

Tilganga Eye Centre, Kathmandu, Nepal

Project Director: S. Ruit, M.D.

Project Dates: June 1, 1997 – on-going

Funded Amount: \$25,000

Purpose: Secure additional trained staff to conduct screening eye camps and surgical eye camps, with an emphasis on the recognition of amblyopia (lazy eye) and its therapy.

Achievements: The project reports that attendance at eye camps and eye screenings has improved and that younger children whom normally would not be operated on in the outer districts are being referred to their center. Additionally, the total number of children examined under the age of six years is increasing.

	Quarter 1 6/97-8/97	Quarter 2 9/97 – 11/97	Quarter 3 12/97-2/98	Quarter 4 3/98-5/98
Cataract w/IOL	7	8	14	9
Other Surgeries	15	19	27	25
Exams	611	304	445	878

	Quarter 5 6/98-8/98
Cataract w/IOL	9
Other Surgeries	16
Exams	660

Al-Shifa Trust Eye Hospital, Rawalpindi, Pakistan

Project Director: Haroon Awan, M.D.

Project Dates: June 1, 1997 - May 31, 1998

Funded Amount: \$25,000

Purpose: Identify children with surgically correctable eye conditions through screening camps and at the 5 blind schools, train ophthalmologists in sub-specialty pediatric ophthalmology, and conduct awareness campaigns on ocular disease in children targetted to health care personnel and the general public.

Achievements: Project commenced June, 1997, with screening camps planned for seven villages. During the first 6 months of the project, 165 children received surgery and 7,492 children were screened for eye disease. On-site training in genetic pediatric eye disease was conducted in early 1998 and two pediatric ophthalmologists participated in the 1998 American Association of Pediatric Ophthalmology and Strabismus meeting.

	Quarter 1 6/97-8/97	Quarter 2 9/97 - 11/97	Quarter 3 12/97 -2/98	Quarter 4 3/98-5/98
Cataract	2	13	13	31
Cataract w/IOL	13	38	36	44
Other Surgeries	25	50	34	89
EUA	6	19	13	35
Exams	216	7,276	5,107	8,660

Layton Rahmatulla Benevolent Trust - Karachi, Pakistan

Project Director: Mr. M. Sharif Lillah

Project Dates: September 1, 1997 - August 31, 1998

Funded Amount: \$25,000

Purpose: To establish a dedicated pediatric eye unit at Korngi Hospital, Karachi and identify a dedicated doctor for this unit.

Achievements: During the first 9 months of the project, 387 children received surgery. The project visits schools to screen children for eye disease. Leaflets and information on preventive eye care are used to increase awareness of pediatric eye disease.

	Quarter 1 9/97-11/97	Quarter 2 12/97-2/98	Quarter 3 3/98-5/98	Quarter 4 6/98-8/98
Cataract	14	1	7	15
Cataract w/IOL	48	18	36	63
Other Surgeries	84	30	59	127
EUA	21	23	40	49
Exams	9,019	809	217	526

North West Frontier Province, Lady Reading Hospital, Peshawar, Pakistan  
Project Director - Dr. Mohammad Daud Khan, MBBS, DO, FRCOphth, FCPS, FPAMS,  
Professor and Head of the Department

Project Dates: August 1, 1997 – on-going

Funded Amount: \$25,000

Purpose: Secure specialized surgical supplies and equipment for pediatric surgery, offer staff workshops in pediatric ophthalmology, and conduct outreach programs.

Achievements: "Seeing 2000" enabled the creation of a dedicated pediatric screening clinic. As a teaching hospital, this new emphasis on pediatric ophthalmology stimulated the interest and skills of the ophthalmic residents and strengthened the significance of pediatric eye care as a sub-specialty. "Seeing 2000" funding generated many spinoff activities including a population based survey of the prevalence of childhood blindness in the district of Bannu. "Seeing 2000" reporting requirements resulted in more rigorous record keeping, including updating from a manual record keeping system to a computer data base and an overall improved health information system. 1,548 children received surgical care and 7,221 children were screened during the first year of the project.

	Quarter 1 8/97-10/97	Quarter 2 11/97-1/98	Quarter 3 2/98-4/98	Quarter 4 5/98-7/98
Surgeries	126	160	179	203
Exams	983	455	884	2,733

## Lessons Learned and Project Implications

### *Grant Length and Amount*

Four first round of "Seeing 2000" projects completed their planned activities during the first year and sought funding for a second year of activity. These projects seeking a second year of funding were: L. V. Prasad Eye Institute, India; Lions SightFirst Eye Institute, Malawi; Lady Reading Hospital/Hayatabad Medical Complex, Pakistan; and Lumbini Rana-Ambika Eye Hospital, Nepal. At least two of these projects original project design included plans for a second year in order to allow for continuity of activities.

### *Unexpected Benefits*

- Spinoff activities in Peshawar Pakistan have been many including: a first population-based survey of childhood blindness (that is being reviewed at the International Centre for Eye Health/UK); a "Seeing 2000" funded dedicated pediatric Outpatient Department eye exam lane is generating interest in pediatric ophthalmology as a subspecialty from the residents that rotate thru the department; Quality Assurance (QA) activities being introduced by Dr. Sadia Sethi after her "Seeing 2000" sponsored QA training at Johns Hopkins.
- An emphasis on pediatric eye care at "Seeing 2000" project sites has produced "centers of excellence" drawing qualified sub-specialty personnel these sites. Thus creating stronger centers for pediatric eye care service delivery. (Example: a US trained pediatric specialist returned to Chile and joined the ongoing "Seeing 2000" project; specialists in low vision in Pakistan after administrative changes at one hospital are regrouping at a "Seeing 2000" supported site).
- Accurate reporting (technical and financial) has provided the capacity for projects (Papua New Guinea, Pakistan, Peru, Bulgaria) to better leverage funds from other international donors. Prior to the requirements of "Seeing 2000", data collection had been sporadic, incomplete and/or not used for planning and monitoring purposes. It should be noted that some projects still need to improve the collection and management of data.
- Better equipment has been bought by projects that allows for safer operations on younger children. Approximately half of the projects have devoted their resources to improving the skills of the anesthesiologist and/or purchased anesthesia equipment. Many eye examinations and all eye surgery on children are performed under general anesthesia.

## **Attachments**

- A. First Time Applicant Solicitation document
- B. Mailing list for solicitation
- C. Report on IEF's SightReach Childhood Blindness Activities — Presented during Regional IAPB meeting, India.

**Attachment A**

*INTERNATIONAL EYE FOUNDATION REQUEST FOR APPLICATION  
for First Time Applicants*

**"SEEING 2000"**  
*INCREASING THE QUALITY AND QUANTITY  
OF OCULAR SURGERY IN CHILDREN  
TO AMELIORATE CHILDHOOD BLINDNESS*

**PART 1.**

**BACKGROUND**

"Seeing 2000" seeks to reduce avoidable and preventable childhood blindness by increasing access to pediatric eye care in underserved areas of developing countries. "Seeing 2000" supports its eye care partners to develop and implement and monitor systems of accountable pediatric eye care service delivery at a continually increasing rate.

The reasons for children not receiving clinical examinations, needed surgery, and/or vision aids for treatable diseases are many. These reasons include the lack of proper and timely detection, lack of sufficiently trained pediatric ophthalmologists, lack of infrastructure and the lack of awareness among parents and primary health care providers about childhood blindness. These are the issues which "Seeing 2000" seeks to address.

**SPECIFIC OBJECTIVES**

Proposals must be designed to respond to **at least two of the four** Primary Objectives (Objectives 1-3), and may respond to the Secondary Objectives (Objectives 4-6), if the latter can demonstrate a contribution toward increasing ocular surgery in children.

Primary Objectives:

1. Increase by 20% or more the number of children receiving needed surgery for correctable ocular conditions in the areas being served.
2. Increase by 50% or more the number of children under age six years receiving eye examinations in the areas being served by a project.
3. Identify at least one ophthalmologist or clinical officer within each project area and enhance their capacity to treat children clinically and surgically through additional training.
4. Establish systems of monitoring and surveillance including measurement of the quality of visual outcome.

Secondary Objectives (*if they contribute towards increasing ocular surgery in children*):

5. Increase by 10% or more the number of visually impaired children enrolled in blind schools who can be visually rehabilitated (spectacles, low vision aids, etc.) and integrated into a regular environment/school.

6. Support existing efforts to increase awareness of ocular disease in children, its management and referral, in the medical communities of the regions being served through primary eye care workshops.
7. Support existing efforts to increase awareness of ocular disease in children among parents and the general public through education/promotion activities and local media.

### **TERMS OF AWARDS**

The International Eye Foundation (IEF) will award grants for a minimum of 12 months to a maximum of 24 months, not exceeding \$25,000, to support activities that will contribute to or increase ocular surgery in children. Subsequent project proposals may be submitted by the same organization when subsequent proposals include new activities that enhance the sustainability and institutionalization of their pediatric ophthalmic activities. Preference will be given to grant applicants that use the IEF grant to complement funds from other sources and/or will complement grant funds through cost recovery mechanisms.

"Seeing 2000" grant activities should increase the organization's capacity to provide clinical and surgical pediatric eye care services. Additionally, activities to strengthen organizational infrastructure and capacity are encouraged to be incorporated into the project design. Organizational activities may include, but are not limited to: developing a business plan that includes cost recovery mechanisms; quality assurance/quality improvement methods for problem identification and problem solving; increasing capacity to communicate and network with other pediatric eye care providers using electronic communication; and institutionalizing standard operating procedures and clinical protocols.

Preference will be given to grant applicants that use the IEF grant to complement funds from other sources and/or will complement grant funds through cost recovery mechanisms. The aim is to initiate or strengthen *activities that enhance the sustainability and institutionalization of pediatric ophthalmic activities*.

Grant applicants are encouraged to use the majority of funding toward concrete project activities. Expenses that will have a life beyond grant funding are encouraged. For example, trained staff, medical equipment and surgical instruments will continue to benefit pediatric clinical and surgical services beyond the life of the grant. Funding may be requested for:

- ? essential equipment or essential surgical instruments;
- ? salaries, honoraria, consulting fees, travel and per diem, and training.

Training of personnel in clinical and surgical care of children with ocular disease where an existing infrastructure (including equipment, instruments) is in place will be considered. Acceptable training programs may not exceed 1 year's duration. External training of U.S. and European expatriates will not be considered, however expatriates as visiting training consultants will be considered. Training in quality assurance/quality improvement, business planning and

management will be considered when it can be shown to increase the organizational capacity to provide improved quantity and quality of pediatric eye care services.

Funding may not be requested for construction of buildings, other capital development, or international conferences and meetings.

### **ELIGIBILITY**

- ? Applications will be accepted from NGOs, country institutions, charity hospitals in developing countries, preferably in partnership with PVOs/NGOs from the U.S. and WHO/PBL Partnership Network.
- ? Applications from PVOs/NGOs based in developing countries will be given preference if the grant will strengthen a national institution or NGO.
- ? Applications from an individual or a group of individuals will be given preference if they are aligned with an existing institution. PVOs/NGOs do not need to be registered with USAID to qualify.

### **REVIEW CRITERIA**

Review and recommendations of proposals for funding will be the responsibility of an independent review board of pediatric ophthalmologists. The Evaluation Criteria scoresheet used by the independent Review Board for proposal evaluation is found in Attachment 4.

A successful proposal must:

1. emphasize how proposed activities will respond to the above Primary and Secondary Objectives by initiating, expanding or improving services to blind and visually impaired children in underserved areas.
2. present clearly and concisely the problems to be addressed, beneficiaries, and the results to be reached at project end.
3. demonstrate the institutional capacity to manage activities and funds, and meet reporting and evaluation requirements.
4. describe a project or activities that can realistically be completed within a minimum of 12 months to a maximum of 24 months upon receiving the award.
5. have a proposed budget of \$25,000 or less for the duration of the project.
6. be carried out in a country eligible for assistance by the United States Agency for International Development. See Attachment 5, List of Eligible Countries.

Preference will be given to proposals:

1. demonstrating existing infrastructure or linkage with WHO/PBL Partnership Network or work in collaboration with a PVO/NGO. See Attachment 7, List of Partnership Committee member agencies.
2. demonstrating cost-sharing, cost recovery or complementary funding from an institution, or other sources.
3. incorporating Quality Assurance management methods to program planning and problem solving

### **GRANTEE REPORTING RESPONSIBILITIES**

Complete and accurate documentation of project accomplishments and expenditures are an integral component of "Seeing 2000" activities. Grant recipients will be required to comply with United States Agency for International Development's (USAID) terms and conditions governing the provision of goods and services.

1. Quarterly reports of clinical and surgical activities and financial reports with supporting documentation are to be sent to the IEF no later than 30 days following the end of the quarterly reporting period. IEF will supply the grantee with reporting guidelines and tables.
2. A final report will be sent to the IEF no later than 30 days following the close of the grant. The final report will outline the main lessons learned regarding the entire project which could be applicable to other projects. Specific interventions, sustainability and expenditures must be addressed and include:
  - actual accomplishments in relation to stated proposal objectives (explain differences)
  - description of any circumstance which may have aided or hindered the project in meeting objectives
  - description of unintended positive and negative effects of project activities
  - identify any problems or constraints which have affected the project
  - identify any circumstances which may have facilitated implementation and/or produced unexpected benefits
  - description of strategies which have been used to overcome these constraints and plans for addressing them in the future.
  - budget analysis summarizing the grant funds spent by line item (account code) and comparing actual budget with proposed budget (explain differences)

### **IEF RESPONSIBILITIES**

IEF will distribute funds to grant recipients upon request. Request for funds must include a summary of proposed expenditures and the related activities and objectives. Disbursement of funds is contingent upon adequate progress toward project objectives and timetable.

IEF will: monitor procurement of goods and services; provide technical liaison, as appropriate; and evaluate the project. During the course of project implementation, the project may receive a site visit by the IEF "Seeing 2000" Program Coordinator. In addition, on-going "remote" project support, by telephone, fax or E-mail, will be provided by the program coordinator on an as-needed basis. IEF Headquarters support does not include procurement of goods or services.

### **PART 2.**

### **APPLICATION PROCEDURES**

All documents must be typed or word processed and submitted in English. All documents must use standard margins and line spacing. Font size of 12 point is preferable, 11 point is acceptable. Copies must be submitted by mail or courier; transmission via facsimile or e-mail is not acceptable. Do not bind copies.

Proposals must be received at the IEF Headquarters no later than **XXX 1, 1998** IEF will review the applications and notify all applicants of the review outcome, no later than XXXXXX 30, 1998.

### **PROPOSAL SUBMISSION**

*The information requested in Attachments 1-3 must be stated in the proposal. Attachments 1-3 are guidelines and can be photocopied and used in the proposal application. Typed or word-processed copies are also acceptable. Page limits, as stated, must be strictly observed.*

Attachment 1, Expression of Interest

This should be received by the International Eye Foundation no later than XXXX 1, 1998.

Attachment 2, Cover Page (*not counted in 13 page submission*).

The name of the institution, NGO or hospital applying for the grant and appropriate contact information. The name of the grant applicant's collaborating partner and appropriate contact information.

Attachment 3A, Organizational Information (4 page):

- a. *State your organization's mission and vision (purpose, short and longterm plans, required resources, strategies for attaining organizational mission).*
- b. *Describe the goal of your "Seeing 2000" project (pediatric eye care services) and describe how pediatric eye care services fit into your overall plans for the future.*
- c. *Describe technical and managerial capabilities of your organization, including how the overall project will be fiscally and technically managed.*
- d. *Describe the challenges faced by your organization with respect to this proposed program that will require attention, and describe how you intend to monitor and address these challenges.*
- e. *Describe partnership and collaborative activities including the involvement of the partners in design of the proposed project and project activities.*
- f. *State the amount of funding requested for this project, including requests to other sources.*
- g. *What continued financial or other support (MOH, NGOs, other local organizations, or other donors) will be required to sustain program-related activities when "Seeing 2000" funding ends?*
- h. *What are your plans for getting these groups or organizations (MOH, NGOs, etc.) involved in planning for sustainability?*

Attachment 3B, Existing Activities and Infrastructure (2 pages):

*Please cite available data with data source or state estimate when no data is available:*

- a. *Total population of children under age 6 years in proposed project area.*
- b. *Blindness prevalence by age.*
- c. *Number and types of eye surgeries performed at your institution preferably by age and type of surgery.*
- d. *Number of children needing surgery in project area.*
- e. *Number of visually impaired children enrolled in blind schools who can be visually rehabilitated (spectacles, low vision aids, etc.), and integrated into a regular environment.*

Describe Briefly:

- f. *On-going activities in your country and proposed project area, particularly in relation to children under age 6 years receiving eye examinations and needed surgery for correctable ocular conditions.*
- g. *Existing infrastructure for service delivery, including the availability of surgical equipment, ophthalmologists, technicians, and other support systems.*
- h. *Institutional capacity to meet reporting and evaluation requirements.*

Attachment 3C, Activities, Monitoring and Evaluation Plan (3 pages) by Primary Objectives and Secondary Objectives:

- a. *For each objective, describe in detail indicators and proposed activities, and how the activities will achieve the objectives within your established time frame. Describe expected results or outputs (3 pages).*

Attachment 3D, Timeline

- a. *Timeline for activities (1 page).*

Attachment 3E, Budget information (3 pages). Requested budget not to exceed \$25,000.

- a. *Table of projected expenditures.*
- b. *Narrative on each line item. Cost sharing or co-support, if appropriate. IEF welcomes and encourages cost sharing or complementing existing resources. Please indicate how much support, financial or in-kind, will be contributed for the project by your own institution or through other sources.*

Provide a current curriculum vitae of proposed key person responsible for the project (*not counted in 13 page submission*).

Provide letters of support from collaborating partners, Ministry of Health, other NGOs, National Committee for Prevention of Blindness, and ophthalmology authorities in the country, if appropriate (*not counted in 13 page submission*).

Provide brief history and achievements of organization (if available). *Organization brochures and Fact Sheets are suggested (not counted in 13 page submission)*.

**Attachment 1 EXPRESSION OF INTEREST**

If your agency is interested in submitting a proposal, complete and fax or mail this form to International Eye Foundation **no later than the close of business on November 5, 1999**. This information will assist the IEF in planning the review of submitted proposals and effectively carrying out the grant cycle.

Name of Institution, NGO, or hospital: \_\_\_\_\_

Anticipated Project Location: \_\_\_\_\_

Contact person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: Country code:                      City Code:                      Tel. No.:                      \_\_\_\_\_

Fax No:    E-mail:                      \_\_\_\_\_

Collaborating Partner: \_\_\_\_\_

Note: This form can be substituted by a typed or word-processed copy.

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**MAIL OR FAX THIS FORM BY XXX xx, 1998 to:**

**Lori Carruthers  
"Seeing 2000" Program Coordinator  
International Eye Foundation  
7801 Norfolk Avenue, Suite 200  
Bethesda, MD 20814 USA  
fax: (301) 986-1876  
email: lcarruthers@iefusa.org**

**Attachment 2 COVER PAGE**

**1. Name of Institution, NGO, or hospital:** \_\_\_\_\_

Contact person and title: \_\_\_\_\_

Project Director name and title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/Courier Address: \_\_\_\_\_

Telephone: Country code: \_\_\_\_\_

City Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

**2. Collaborating Partner:** \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: Country code: \_\_\_\_\_

City Code: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Length (in years) of association with applicant: \_\_\_\_\_

In what capacities (technical, financial, training etc.): \_\_\_\_\_

Proposed role of Partner in "Seeing 2000": \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Location: \_\_\_\_\_

Total Amount **Requested** in \$USD: \_\_\_\_\_

Total Amount **Matched** in \$USD: \_\_\_\_\_

In Cash: \_\_\_\_\_

In-Kind: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Note: This form can be substituted by a typed or word-processed copy.

**Attachment 3A            ORGANIZATIONAL INFORMATION (4 pages)**

*a.        State your organization's mission and vision (purpose, short and longterm plans, required resources, strategies for attaining organizational mission).*

*b. Describe the goal of your "Seeing 2000" project (pediatric eye care services) and describe how pediatric eye care services fit into your overall plans for the future.*

*c. Describe technical and managerial capabilities of your organization, including how the overall project will be fiscally and technically managed.*

*d. Describe the challenges faced by your organization with respect to this proposed program that will require attention, and describe how you intend to monitor and address these challenges.*

*e. Describe partnership and collaborative activities including the involvement of the partners in design of the proposed project and project activities.*

*f. State the amount of funding requested for this project, including requests to other sources.*

*g. What continued financial or other support (MOH, NGOs, other local organizations, or other donors) will be required to sustain program-related activities when "Seeing 2000" funding ends?*

*h. What are your plans for getting these groups or organizations (MOH, NGOs, etc.) involved in planning for technical and financial sustainability?*



*Describe briefly:*

f. *On-going activities in your country and proposed project area, particularly in relation to children under age 6 years receiving eye examinations and surgical need for correctable ocular conditions.*

g. *Existing infrastructure for service delivery, including the availability of surgical equipment, ophthalmologists, technicians, and other support systems.*

h. *Describe institutional capacity to meet reporting and evaluation requirements.*

**Attachment 3C      ACTIVITIES, MONITORING AND EVALUATION PLAN    (3 pages)**

- Describe project activities and how they will achieve the Primary and Secondary Objectives within your set time frames.
- Describe your proposed monitoring and evaluation plan using the stated minimal indicators and your additional indicators.
- Identify monitoring procedures, tasked personnel, and schedules.

Proposals should be designed to respond to **at least two of the three** Primary Objectives (Objectives 1-3), and may respond to the Secondary Objectives (Objectives 4-6), if the latter can demonstrate a contribution towards increasing ocular surgery in children. *It is not required that project activities include all Objectives. Please complete information for those Objectivities for which your project has planned activities.*

**Plan for objective monitoring**

**Objective:** State objective.

<i>Activity</i>	a. describe b. describe
<i>Indicator(s)</i>	a. refer to Part B b. additional indicator(s)
<i>How will you verify</i>	a. list sources of verification
<i>Outputs</i>	a. describe results expected
<i>Who is responsible</i>	a. describe role of individual(s)

Some sources of acceptable verification include: eye examination log books; surgery records; referral records; and surveys. Information on where these measurements are made, for example at which hospital or clinic, must be identified. It is also important to record when these events occurred, for example the dates of a training course or community-based education and promotion activities. The individual(s) responsible for maintaining and/or collecting these measurements must also be identified.

**Objective 1:** Increase by 20% or more the number of children receiving needed surgery for correctable ocular conditions in the areas being served.

*Activity* a.

b.

c.

*Indicator* a. number and % of types of surgeries by age

b.

*How will you verify* a.

*Outputs* a.

*Who is responsible* a.

**Objective 2:** Increase by 50% or more the number of children under age 6 years receiving eye examinations in the areas being served by a project. This may include conducting a survey of facilities housing blind and visually impaired children using the WHO protocol and methodology.

*Activity* a.

b.

c.

*Indicator* a. number and % of eye exams in children age 6 and under

b.

*How will you verify* a.

*Outputs* a.

*Who is responsible* a.

**Objective 3:** Identify at least one ophthalmologist or paramedical ophthalmic specialist within each project area and enhance their capacity to treat children clinically and surgically through additional training.

*Activity* a.

b.

*Indicator* a. verifiable enrollment, attendance and completion of training course

b.

How will you verify a.

*Outputs* a.

*Who is responsible* a.

**Objective 4:** Establish systems of monitoring and surveillance including measurement of the quality of visual outcome.

*Activity* a.

b.

*Indicator* a. verifiable documentation

b.

How will you verify a.

*Outputs* a.

*Who is responsible* a.

**Objective 3:** Identify at least one ophthalmologist or paramedical ophthalmic specialist within each project area and enhance their capacity to treat children clinically and surgically through additional training.

*Activity* a.

b.

*Indicator* a. verifiable enrollment, attendance and completion of training course

**Objective 5:** Increase by 10% or more the number of visually impaired children enrolled in blind schools who can be visually rehabilitated (spectacles, low vision aids, etc.) and integrated into a regular environment/school.

*Activity* a.  
b.  
c.

*Indicator(s)* a. number of school aged children assisted with low vision aids, spectacles rehabilitated and integrated into a regular environment/school  
b.

*How will you verify* a.

*Outputs* a.

*Who is responsible* a.

**Objective 6:** Support existing efforts to increase awareness of ocular disease in children, its management and referral, in the medical communities of the regions being served through primary eye care workshops.

*Activity* a.  
b.  
c.

*Indicator(s)* a. number of persons by worker category receiving workshop training  
b. knowledge (pre and post-test) of participants  
c.

*How will you verify* a.

*Outputs* a.

*Who is responsible* a.

**Objective 7:** Support existing efforts to increase awareness of ocular disease in children among parents and the general public through education/promotion activities and local media.

*Activity* a.

b.

*Indicator(s)* a. education/promotion activities conducted

b.

*How will you verify* a.

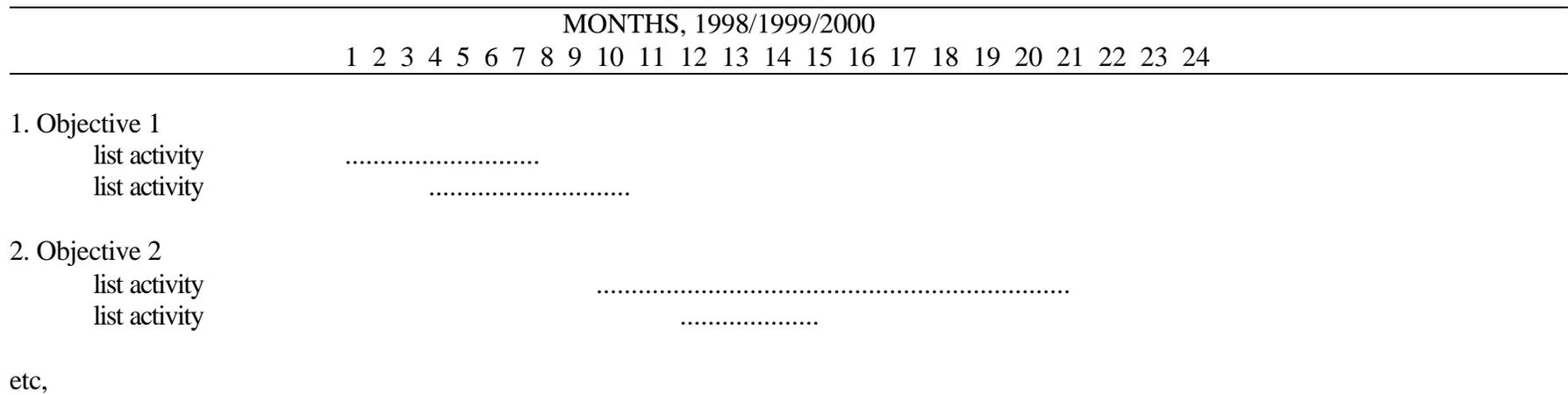
*Outputs* a.

*Who is responsible* a.

**Additional indicators are encouraged.**

**Attachment 3D TIMELINE**

Grants will be awarded for a minimum of 12 months to a maximum of 24 months.



Note: This is an illustrative example. Adjust to fit either 12 or 24-month proposal period. Other Gantt charts are acceptable.

**Attachment 3E TOTAL PROJECT BUDGET (3 PAGES)**

**The following categories are illustrative. All line items may not be necessary, while others may not be on this list and may be added.**

Provide a short narrative on each line item, providing justification and as much detail as possible for each proposed category. For instance state how you made your calculations, e.g., salary amounts (annual base salary @ percentage effort); or per diem amounts (amount x people x days). For major equipment (>\$5000), estimates should describe the proposed manufacturer and model. Purchase of single items (not line items) costing \$5000 or more will need approval from the IEF. On each line item, indicate how much support, financial or otherwise, will be contributed to this project by your institution or through other sources by year requested.

<b>Personnel</b>	<b>Year 1</b>	<b>Co-Support Year 1</b>	<b>Year 2 (if needed)</b>	<b>Co-Support Year 2</b>	<b>TOTAL</b>
Salaries Benefits Consultants - national Consultants - expatriate					

Narrative:

<b>Office Operations</b>	<b>Year 1</b>	<b>Co-Support Year 1</b>	<b>Year 2 (if needed)</b>	<b>Co-Support Year 2</b>	<b>TOTAL</b>
Printing/ duplication Office equip.(<\$5000) Supplies – office Postage and courier Telephone/telex/fax					

Narrative:

--	--	--	--	--	--

<b>Project Supplies</b>	<b>Year 1</b>	<b>Co-Support Year 1</b>	<b>Year 2 (if needed)</b>	<b>Co-Support Year 2</b>	<b>TOTAL</b>
Medical supplies other project supplies shipping/storage proj. equip.(<\$5000)					

Narrative:

<b>Equipment (&gt;\$5000)</b>	<b>Year 1</b>	<b>Co-Support Year 1</b>	<b>Year 2 (if needed)</b>	<b>Co-Support Year 2</b>	<b>TOTAL</b>
Office furniture/equip. Medical/surgical equip.					

Narrative:

<b>Training</b>	<b>Year 1</b>	<b>Co-Support Year 1</b>	<b>Year 2</b>	<b>Co-Support Year 2</b>	<b>TOTAL</b>
Supplies Educ. Material per diem transportation facility rental educational stipends printing/duplication					

Narrative:

<b>Travel</b>	<b>Year 1</b>	<b>Co-Support</b>	<b>Year 2</b>	<b>Co-Support</b>	<b>TOTAL</b>
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"Seeing 2000" Increasing the Quality and Quantity of Eye Care for Children

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		<b>Year 1</b>		<b>Year 2</b>	
Vehicle operations Vehicle rental per diem - consultants					

Narrative:

<b>Other Direct Costs</b>	<b>Year 1</b>	<b>Co-Support Year 1</b>	<b>Year 2</b>	<b>Co-Support Year 2</b>	<b>TOTAL</b>
Miscellaneous (specify)					

Narrative:

<b>TOTAL ?\$25,000</b>	<b>Year 1</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 2</b>	<b>TOTAL</b>

#### **Attachment 4 EVALUATION CRITERIA**

The maximum number of points for each category is noted.

##### **Organizational Capability and Proposed Personnel: (40 points)**

- ? Track record and previous relevant experience in ophthalmology.
- ? Compatibility of project concept with organization's goal.
- ? Experience in managing funds and ability to comply with grant conditions, taking into account all existing and current commitments.
- ? Demonstrated ability to backstop and support field operations and staff.
- ? Curriculum vitae of proposed key person.
- ? Track record or existing linkage with WHO/PBL Partnership Network.

##### **Project Concept and Management Plan: (40 points)**

- ? Compatibility of project concept with "Seeing 2000" goals and objectives.
- ? Presents clearly and concisely the problems to be addressed, beneficiaries and the results to be reached at project end.
- ? Technical merits of project design, innovative approaches and reasonableness of objectives within proposed time frames.
- ? Quality and appropriateness of monitoring and evaluation plans.
- ? Seeks to close existing gaps so that services are expanded and improved to blind and visually impaired children in underserved areas.
- ? Initiates new and needed activities in underserved populations.
- ? Strengthens national institution or NGO.

##### **Fiscal Management and Budget: (20 points)**

- ? Completeness of budget.
- ? Accuracy of calculations.
- ? Appropriateness, reasonableness and allocability of costs in each category, and demonstrated ability to comply with USAID regulations and provisions.
- ? Potential for leveraging funding from other sources.

## Attachment 5 LIST OF ELIGIBLE COUNTRIES

**Note: The List of Eligible Countries may have changes. The IEF will keep you advised.**

<b>AFRICA</b>	Cambodia	Ukraine
Angola	Cook Islands	Uzbekistan
Benin	Fiji	
Botswana	India	<b>LATIN AMERICA /</b>
Burkina Faso	Indonesia	<b>CARIBBEAN</b>
Burundi	Kiribati	Antigua
Cameroon	Marshall Islands	Argentina
Cape Verde	Micronesia	Barbados
Central African Republic	Mongolia	Belize
Chad	Nepal	Bolivia
Comoros	Pakistan	Brazil
Congo	Papua New Guinea	Chile
Ivory Coast	Philippines	Columbia
Djibouti	Solomon Islands	Costa Rica
Equatorial Guinea	Sri Lanka	Dominica
Eritrea	Thailand	Dominican Republic
Ethiopia	Tonga	Ecuador
Gambia	Tuvalu	El Salvador
Ghana	Vanuatu	Guatemala
Guinea	Vietnam	Guyana
Guinea-Bissau	Western Samoa	Haiti
Lesotho		Honduras
Liberia		Jamaica
Madagascar	<b>EUROPE</b>	Mexico
Malawi	Albania	Nicaragua
Mali	Bosnia - Hercegovina	Panama
Mauritania	Bulgaria	Paraguay
Mauritius	Croatia	Peru
Mozambique	Czech Republic	St. Kitts/Nevis
Nambia	Estonia	St. Lucia
Rwanda	Hungary	St. Vincent/ Grenadines
Sao Tome	Latvia	
Senegal	Lithuania	<b>NEAR EAST</b>
Seychelles	Poland	Cyprus
Sierra Leone	Romania	Egypt
South Africa	Slovak Republic	Israel
Swaziland	Slovenia	Jordan
Tanzania		Lebanon
Togo	<b>NIS</b>	Morocco
Uganda	Armenia	Oman
Zambia	Belarus	Tunisia
Zimbabwe	Georgia	Turkey
	Kazakhstan	West Bank/Gaza
	Kyrgyzstan	Yemen
	Russia	
	Tajikistan	
<b>ASIA</b>		
Afghanistan		
Bangladesh		

The IEF would like to highlight a few of the key points contained in the United States Agency for International Development (USAID ) document governing the procurement of goods and services. **Many of the items listed may not pertain to your grant budget approval.** The complete document will be sent to all "Seeing 2000" grant recipients.

#### Air Travel and Transportation

US carriers must be used, when available, for international travel.

#### Goods and Services

The following items may not be bought:

military equipment,	surveillance equipment,
abortion equipment and services,	luxury goods and gambling equipment,
weather modification equipment,	
commodities and services for support of police or other law enforcement activities.	

Items may not be bought from suppliers whose name appears on "Lists of parties Excluded from Federal Procurement and Nonprocurement Programs." USAID will provide the list upon request.

The following items may be bought with prior approval from USAID:

agricultural commodities,	motor vehicles,
pharmaceuticals,	pesticides,
rubber compounding chemicals & plasticizers,	used equipment,
US govt owned excess property,	fertilizer.

The purchase of used equipment or motor vehicles may be applicable to your grant. The IEF recommends that if the purchase of used equipment is a key component of your proposal to contact the IEF for information specific to your request.

Items must be bought from US sources, when available. A grantee may procure something from other than US sources if the following order of preference is met, including documentation. The order is:

- procurement was of an emergency nature,
- price differential for procurement from US sources exceeded by 50% or more the delivered price from the non-US source,
- compelling local political considerations,
- not available from US sources,
- buying local goods would best promote objectives of the Foreign Assistance program under the grant.

Printed or audiovisual teaching materials must be bought from US sources. However, when language appropriate materials are not available from US sources, they can be purchased elsewhere. Priority is given to in-country purchases. Third country purchases are allowable. Reference the USAID document to identify allowable countries.

**Attachment 7 PARTNERSHIP COMMITTEE, MEMBER AGENCIES AND OBSERVERS OF NON-GOVERNMENTAL INTERNATIONAL ORGANIZATIONS DEDICATED TO THE PREVENTION OF BLINDNESS AND THE EDUCATION AND REHABILITATION OF THE BLIND**

**Africa Luz**  
**Z. A. De Layatz II**  
**64500 Saint-Jean-de-Luz**  
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*Report on the International Eye Foundation's  
Programs Addressing Childhood Blindness*

**SightReach  
"Seeing 2000"**

The International Eye Foundation, as a result of its participation in the 1990 global meeting on the Prevention of Childhood Blindness hosted by the International Centre for Eye Health in London, initiated two programs directed at the prevention of blindness in children and the improvement of clinical and surgical services in the treatment of curable blindness. These programs are SightReach and "Seeing 2000".

SightReach, begun in 1993, is funded in part through the United States Agency for International Development's (USAID) Matching Grant program. SightReach is composed of two separate but interrelated components covering six countries in Latin America, Africa and Eastern Europe.

SightReach's first component seeks to redress an acute imbalance of eye care services in the countries of Guatemala and Honduras. IEF assists young ophthalmologists in establishing practices in underserved areas. The second component, ChildSight, seeks to enhance the technical and service abilities of Ministries of Health to provide sight restoring operations and general eye care services for visually impaired children. ChildSight aggressively seeks out visually impaired children; provides sight restoring operations where appropriate; and provides primary, secondary, and tertiary training in pediatric ophthalmology.

"Seeing 2000", begun in 1996 as a grants program, seeks to support and strengthen national and international NGOs and charity hospitals in developing countries to expand and improve their clinical and surgical services to blind and visually impaired children in underserved areas. The program's goal is to increase the quality and quantity of ocular surgery performed on children to ameliorate childhood blindness, supported by Congressionally earmarked funds mandated for this purpose.

"Seeing 2000" grant funds have supported the purchase of medical and surgical equipment for pediatric ocular activities, specialized training for pediatric ophthalmologists and paramedical staff, outreach activities and less often, subsidized surgery for children who would otherwise not receive surgery. To date, 24 projects have been funded in 13 countries on five continents.

Reports of the accomplishments and achievements of these two programs are attached.

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## INTERNATIONAL EYE FOUNDATION

### SIGHTREACH Component 2 - ChildSight

The IEF's SIGHTREACH project, begun in August 1993, has two components. Component two, "ChildSight," targets six countries on three continents (**Albania and Bulgaria in Eastern Europe, Eritrea and Malawi in Africa, and Guatemala and Honduras in Latin America.**) This brief summary report describes the objectives and accomplishments to date in each country.

#### **OBJECTIVE 1: Surveys of Children in Blind Schools.**

Surveys have been conducted in all six program countries. Some data has been published by Dr. Clare Gilbert at ICEH and IEF plans to report all data to WHO/PBL and at scientific meetings. The surveys in Guatemala and Honduras need to be repeated as results did not give enough detail for program planning.

#### **OBJECTIVE 2: Workshops on Identification of Ocular Conditions in Children, and their Treatment and Referral**

Apart from the specific activities described below, the IEF has provided teaching slide/script sets and videos on pediatric ophthalmology, especially retinopathy of prematurity (ROP), from the American Academy of Ophthalmology (AAO) to the teaching centers in these six countries.

#### **Albania**

Workshops to train general practitioners in eye care are being arranged as part of an MOH Family Physician Training Program. This program is funded by the European Union and others and focusses on re-training general practitioners who are responsible for the provision of health care to the majority of Albania's population. Each workshop consists of 1-2 days of instruction on eye care basics. Training of Trainers was conducted in February 1998 by Dr. May Khadem of Health for Humanity/Chicago, USA, IEF's partner in Albania.

#### **Bulgaria**

The IEF and MOH in Bulgaria have hosted four major childhood blindness workshops to "strengthen collaboration between pediatricians and ophthalmologists for early diagnosis and treatment of eye diseases in children." This addressed a specific request for a focus on ROP.

Four workshops, one for each area of the country, have been held with ophthalmologists, pediatricians, and "micro-pediatricians" or neo-natologists. Comprehensive topics discussed range from genetics, retinopathy of prematurity, and pediatric metabolic diseases and eye pathology to "The Experience of Families with Children with Visual Impairments in Bulgaria."

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1. **Plovdiv (south)** In August 1995, Drs. Marilyn Miller and Susan Day, both U.S. professors in pediatric ophthalmology, held a major Pediatric Ophthalmology Conference at the University Eye Center in Plovdiv with simultaneous translation. Although the conference focused on the northern region, ophthalmologists from around the country participated. They also held a small workshop on genetic eye diseases in Stara Zagora.
  2. **Pleven (north)** In June 1996, the IEF and MOH co-sponsored a similar workshop for the northern region.
  3. **Varna (east)** In October 1996, the IEF and MOH co-sponsored the third workshop in Varna for the eastern region.
  4. **Sofia (west/central)** In February 1997, the IEF, MOH, and Bulgarian Eye Foundation (BEF), established by the IEF, cosponsored two workshops on pediatric ophthalmology. Prof. Marilyn Miller from the University of Illinois Eye Center/Chicago, participated in both workshops. Approximately 200 ophthalmologists, pediatricians, and micro-pediatricians participated.

### **Eritrea**

Relations with the government proved to be exceedingly difficult. The MOH has insisted on conducting the workshops itself. As Dr. Desbele Gebreghiorgis, the only ophthalmologist in the MOH at the time, was at Johns Hopkins in the US for one year completing a Masters in Public Health (MPH) degree, there was no one at the MOH who would focus on blindness prevention. A country agreement with IEF was never signed, hampering our ability to implement workshops and training. Dr. Desbele has returned to Asmara, Eritrea. IEF continues to collaborate with him directly. However, his focus at this time is reconstruction and training of OMAs to provide clinical and surgical treatment. No further activity is planned at this time.

### **Malawi**

An evaluation of the OMAs (Ophthalmic Medical Assistants) trained by the ChildSight program was conducted in June 1997 by Jill Keffe and Karin Van Dijk (CBM/Malawi). This evaluation consisted of a non-random evaluation of children who had either been or not been prescribed spectacles by the OMAs. Refractive errors, fitting and size of frames, and documentation accuracy were analyzed.

Evaluation of children in the ITP (Itinerant Teacher Programs) was delayed due to two problems. First, the distance from mobile OMAs trained in low vision and second, not all OMAs have received training in low vision. This will improve as those OMAs will receive their scheduled low vision and refraction training. The goal is to assess all the children in the ITPs this year. Remaining project funds will be used to print referral slips, screening forms, Snellen charts, and the training curriculum developed by Karin van Dijk.

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## **Guatemala**

Two sets of ChildSight workshops were held. In the first, IEF trained rural health workers affiliated with local NGOs as well as health professionals from the Ministry of Health (MOH). The participants of these workshops, however, were not obliged to conduct screenings. Some organizations did hold screenings, many did not. Some screenings were held in sites without access to an ophthalmologist and follow-up has proved difficult. Eye camps were arranged for these areas, but some areas had to wait for months for a doctor to visit. For the second set of workshops, IEF has decided to concentrate in areas where SightReach ophthalmologists have established practices so the people will have accessible follow-up care.

## **Honduras**

Much has been accomplished in Honduras related to training and school screening. The National Committee for the Prevention of Blindness (NCPB), established with support from the IEF, continues to conduct follow-up screenings for children identified as needing the attention of an ophthalmologist.

The IEF and the National Committee for the Prevention of Blindness have signed an agreement with the Ministries of Health and Education to implement visual acuity screening in schools on a national level. This follows a year of a pilot project where IEF held 8 workshops for school teachers. 39 teachers were trained who, in turn, examined over 1,500 children. The Ministry of Education has passed legislation that all children will have their vision measured upon entering primary school. Manuals for the training of school teachers have already been elaborated by the NCPB in Spanish. Formal training of school teachers will begin in two departments, and expand throughout the country in subsequent phases.

## **OBJECTIVE 3: Strengthen Tertiary Centers Capability to Provide Pediatric Ophthalmic Services**

### **Albania**

In 1995, the IEF and Health for Humanity sponsored two visits by Dr. Kim Kearnan, a pediatric ophthalmologist from Chicago, to consult patients, perform surgery, and provide training to the ophthalmologists and "orthoptists" (ophthalmologists who only treat strabismus patients) caring for children. She specifically assisted in the improvement of the documentation of patients, their files, and basic examination skills.

IEF co-hosted with Health for Humanity the visit of pediatric ophthalmologist Dr. Edward Parelhoff to Vlora in November of 1996. During his visit he attended patients daily in the clinics with hospital staff, presented and taught pediatric surgical techniques to the ophthalmologists, presented lectures on pediatric ophthalmology, and conducted post-operative rounds. Included in the surgeries performed were four strabismus cases, the first ever to be performed in Vlora. His visit was also key in the identification of areas for improvement such as clinic management.

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Dr. Astrid Beci, an Albanian ophthalmologist working in Sjkoder in the north, was partially supported by IEF to participate in the Community Eye Health course at ICEH in London in 1994.

Dr. Sulejman Zhugli, sponsored by IEF, attended one AAO meeting in the US in 1994 to update on pediatric ophthalmology courses.

### **Bulgaria**

Professor Marilyn Miller, MD visited Bulgaria twice and Dr. Susan Day once to work with local pediatric ophthalmologists, pediatricians, and micro-pediatricians to strengthen their skills in managing ROP. Topics focused on retinopathy of prematurity (ROP) and congenital anomalies. Prevalence of ROP is rising as technology improves in saving the lives of premature infants. IEF and the BEF have supported workshops within Bulgaria conducted by local pediatric ophthalmologists, especially focusing services to the children identified as needing care from the blind schools survey.

Dr. Rositza Lolova spent six months at Aravind Eye Hospital in 1997 co-sponsored by the IEF's ChildSight program and the BEF's "Seeing 2000" project, under the tutelage of Dr. Vijayalakshmi, chief pediatric ophthalmologist, studying clinical care and improving her surgical skills.

Prof. Emil Filipov of Stara Zagora, IEF's ChildSight Advisor in Bulgaria, attended the AAO meeting and courses in 1995 sponsored by IEF. Prof. Blaga Chilova of the University Eye Center in Plovdiv, attended the AAO meeting and courses in 1996 sponsored by IEF.

### **Eritrea**

Dr. John O'Neill, a professor of pediatric ophthalmology at Georgetown University in Washington, DC, worked with Dr. Desbele at the Berhane Eye Hospital in Asmara in January 1996. He consulted patients, performed surgery, and provided training to the ophthalmologists and OMAs on staff.

### **Malawi**

Dr. Paul Steinkuller traveled to Malawi in February 1995, a country in which he had lived and worked for four years with the IEF, to assess the needs for pediatric eye care and advise the project how to best improve services for children. His recommendation was to work with CBM staff supporting low vision services.

### **Guatemala**

In February, 1997, Dr. Maynard Wheeler, pediatric ophthalmologist with the Connecticut Children's Medical Center, and Dr. Robert Sargent, a pediatric ophthalmologist with the Colorado Children's Hospital in Denver, Colorado, conducted pediatric ophthalmology lectures, consulted patients, and performed surgery at both the Roosevelt and Rodolfo Robles V. Hospitals in Guatemala City.

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IEF is supporting Dr. Ana Raquel Hernandez in her pediatric ophthalmology fellowship at the Fundación Oftalmológica del Valle in Cali, Colombia. She will finish her training in February 1998 and will return to the Robles Hospital in Guatemala City to work in the pediatric ophthalmology department.

In 1994, IEF supported Dra. Maria Eugenia Sanchez to spend four months under the tutelage of Dr. Vijayalakshmi, chief pediatric ophthalmologist, studying clinical care and improving her surgical skills.

In 1994, Dr. Orlando Oliva, and in 1995, Dr. Maria Eugenia Sanchez were sponsored by the IEF to attend the AAO meeting and courses in the US.

### **Honduras**

Dr. Robert Sargent, a pediatric ophthalmologist, from the Colorado Children's Hospital in Colorado, visited the San Felipe Hospital in Tegucigalpa to share his experience and present lectures on "complicated surgical cases" in pediatric ophthalmology. Dr. Sargent attended patients with staff in the clinic, performed surgery, and held lectures with ophthalmology residents and staff ophthalmologists in the evenings.

In 1996, Drs. Jorge Cisneros, Francisco Ehrler, and Claudia Silva Solomon were sponsored by the IEF to attend the AAO meeting and courses in the US.

The following table summarizes the activities of the ChildSight component of the SightReach program.

Objectives	Progress	Constraints	Remaining 9 months
1. Complete surveys Albania Bulgaria Eritrea Malawi Guatemala Honduras	completed (3/94) completed (9/95) completed (1/95) completed (3/94) completed (5/94) completed (2/95)	completed by: C. Gilbert S. Lewallen M. Eckstein Lewallen/Courtright F. Hermes F. Hermes/Benavides	re-do Guatemala's results write article/presentation
2. Conduct 4 workshops Albania Bulgaria Eritrea Malawi Guatemala Honduras	comp. #1(2/96)#2(2/97) comp. #1(12/95)#2(7/96)#3(10/96) none comp. #1(6/95)#2(7/96)#3(10/95)#4(11/95) comp. #1-4 (2/95) #5-6(7/97) comp. #1-4 (10/94) #5-8(3-4/95)	organizational political country agreement none none none	#3-4 #4 none additional follow-up further screenings w/ Respack Drs. assist in the development of natl screening program.
3. Strengthen tertiary centers/ Albania Bulgaria Eritrea Malawi Guatemala Honduras	Beci/Kearnan/Levinson/Parelhoff Miller/Day/Miller O'Neill Steinkuller Sanchez/Sargent/Wheeler/Hernandez Sargent	dependent of improving infrastructure  limited ophthalmic staff limited ophthalmic staff	Kearnan (2) Miller/Day to be determined Buckley ophthalmologies to India, establishment of self-sustaining an eye glass factory



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## INTERNATIONAL EYE FOUNDATION

### **"SEEING 2000"** INCREASING THE QUALITY AND QUANTITY OF OCULAR SURGERY IN CHILDREN TO AMELIORATE CHILDHOOD BLINDNESS

#### BACKGROUND

1.5 million children in the world are blind, with an additional 500,000 new cases per year (WHO, 1990). Available statistics demonstrate that approximately 70% of childhood blindness is due to corneal scarring and most of that is the result of vitamin A deficiency, amenable to vitamin A deficiency control programs.

Another 10% of this blindness is due to congenital cataract, primarily due to rubella during pregnancy. This amounts to 150,000 children blind or severely visually impaired from a condition that can be treated surgically. Cataract extraction in children must be performed before the age of six years in order for the retinal photoreceptors (rods and cones) to develop and receive light.

The remaining 20% of child blindness is due to congenital glaucoma that is treatable surgically, and a number of untreatable conditions including retinal dystrophies and genetic anomalies. Children also receive injuries to the eyes and a referral facility should be able to address the wide range of ocular injuries. Additionally, prevention of ocular injuries is a key component of primary eye care training programs.

It is extremely important to recognize that in addition to blind children, it is estimated that another one million are "functionally blind." These are children who have low vision that can be corrected with a simple pair of spectacles or low vision aids. The cost-benefit of improving vision for children in need of spectacles and low vision aids is very high.

The reasons for children not receiving clinical examinations, needed surgery, and/or vision aids for treatable diseases are many. These include the lack of proper and timely detection, lack of sufficiently trained pediatric ophthalmologists, lack of infrastructure and the lack of awareness among parents and primary health care providers about childhood blindness.

**"Seeing 2000"** seeks to support and strengthen national and international NGOs and charity hospitals in developing countries to expand and improve their **clinical and surgical services** to blind and visually impaired children in underserved areas. The goal is to increase the quality and quantity of ocular surgery performed on children to ameliorate childhood blindness.

#### SPECIFIC OBJECTIVES

"Seeing 2000" projects respond to at least two of the three Primary Objectives (Objectives 1-3), and may respond to the Secondary Objectives (Objectives 4-6), if the latter can demonstrate a contribution toward increasing ocular surgery in children.

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Primary Objectives:

1. Increase by 20% or more the number of children receiving needed surgery for correctable ocular conditions in the areas being served.
2. Increase by 50% or more the number of children under age six years receiving eye examinations in the areas being served by a project. This may include conducting a survey of facilities housing blind and visually impaired children using the WHO protocol and methodology.
3. Identify at least one ophthalmologist or clinical officer within each project area and enhance their capacity to treat children clinically and surgically through additional training.

Secondary Objectives *(if they contribute towards increasing ocular surgery in children)*:

4. Increase by 10% or more the number of visually impaired children enrolled in blind schools who can be visually rehabilitated (spectacles, low vision aids, etc.) and integrated into a regular environment/school.
5. Support existing efforts to increase awareness of ocular disease in children, its management and referral, in the medical communities of the regions being served through primary eye care workshops.
6. Support existing efforts to increase awareness of ocular disease in children among parents and the general public through education/promotion activities and local media.

TERMS OF AWARDS

The International Eye Foundation award grants for a minimum of 12 months to a maximum of 24 months, not exceeding \$25,000, to support activities that will contribute to or increase ocular surgery in children. Grant applicants are encouraged to utilize the majority of funding toward concrete project activities.

Grant recipients are required to comply with United States Agency for International Development's (USAID) terms and conditions governing the provision of goods and services. Grant recipients are required to submit monthly financial reports and in-depth quarterly reports (technical and financial) for the duration of the grant. Guidelines concerning the reports are given to grant recipients.

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**"Seeing 2000" funded Proposals starting August 1, 1996**

**Aravind Eye Hospital, Madurai, India**

***Project on-going***

Project Director: P. Vijayalakshmi, M.D., Chief of Pediatric Ophthalmology

Funding Requested: \$24,999

Funding Approved: \$25,000

Project length: 24 months

Collaborating Partner: Aravind Hospital is designated as a collaborating center for the prevention of blindness by the World Health Organization (WHO).

Purpose: Proposal funds are requested to develop a pediatric program to specifically find and bring for treatment children needing ocular care and surgery.

Accomplishments: The first three months of the project were dedicated to the training of five ophthalmic technicians for outreach screening activities in schools, government run pre-school groups and eye screening camps. The project has been very successfully in increasing their screening activities to identify children in need of ocular surgical and clinical care. During the first year of activities 48,526 children were screened and 1,757 children received surgical care.

**L. V. Prasad Eye Institute (LVPEI), Hyderabad, India**

***Project completed***

Project Director: Gullapalli N. Rao, M.D., Director

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: ORBIS International, Sight Savers International

Purpose: All of the proposal funds were requested for anesthesia equipment for a new pediatric eye unit.

Accomplishments: The anesthesia equipment facilitated the safety and efficiency of surgical care of the very young. LVPEI functions as a referral and training center for the region. During the first year of activities, 1,178 children under the age of six years were screened and 2,183 children (0 to 15 years) received surgical care.

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## **Lumbini Rana-Ambika Eye Hospital, Bhairahawa, Nepal**

### ***Project completed***

Project Director: S.P. Dhital, M.D., Lumbini Program Director

Funding Requested: \$24,964

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: Seva Foundation

Purpose: Grant funds are requested to increase the safety, awareness and utilization of child ocular surgery in the Lumbini Zone. Specific mention is made of increasing the competence of staff in administering general anesthesia.

Accomplishments: Three teams of outreach workers have conducted house-to-house eye examinations and screened 88,029 children under the age of six. In addition outreach workers screen children up to age 15 and conduct school eye screenings. Children with ocular problems are referred to one of six provincial clinics or the Lumbini Eye Hospital. Children with Vitamin A deficiency are given the first dose and instructed to visit the clinic for follow up care. Anesthesia equipment was put into place near the end of the first year of the grant after overcoming obstacles that their remote rural location presented. Three hundred and seventy-seven children received surgical care. "Seeing 2000" grant funds have played an important catalytic role in the increase of pediatric surgical activities and have motivated staff to overcome some difficult obstacles.

## **North West Frontier Province, Lady Reading Hospital, Peshawar, Pakistan**

### ***Project completed***

Project Director: Dr. Mohammad Daud Khan, MBBS, DO, FRCOphth, FCPS, FPAMS, Professor and Head of the Department

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: WHO/Prevention of Blindness for Pakistan, Sight Savers International and Christoffel Blindenmission

Purpose: Proposal funds are requested for additional operating supplies and equipment, staff workshops and outreach program.

Accomplishments: "Seeing 2000" enabled the creation of a dedicated pediatric screening clinic. As a teaching hospital, this new emphasis on pediatric ophthalmic care stimulated the interest and skills of the ophthalmic residents and strengthened the significance of pediatric eye care as a sub-specialty. "Seeing 2000" funding generated many spinoff activities including a population based survey of the prevalence of childhood blindness in the district of Bannu. "Seeing 2000" reporting resulted in more rigorous record keeping, including updating from a manual record keeping system to a computer data base and an overall improved health information system. 1,548 children received surgical care and 7,221 children were screened during the first year of the project.

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**Mount Sion Centre for the Blind, Papua New Guinea*****Project completed***

Project Director: Van C. Lansingh, M.D.,

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: Pacific Islands Council for Blind Persons was identified as the collaborating partner. Mr. David Blyth, President of the World Blind Union and the Director of the Pacific Islands Council for Blind Persons, provided a covering support letter. Christoffel Blindenmission will also pay for some of the daily office operations of the project.

Purpose: The requested funds are to support child ocular surgery in areas outside of the capital. Currently, patients must be transported to the nation's capital by airplane.

Accomplishments: "Seeing 2000" funding brought increased equipment and supplies to the project, improved services and increased recognition for services provided. Additional medical equipment and supplies improved access to care and onsite treatment. Increased and improved services brought the project recognition in the form of additional funding from the New Zealand government and accreditation from the government of Papua New Guinea as a university level ophthalmic training center. Children receiving surgical care were 161 and 303 children under six years of age were screened for eye disease.

**Lions Sightfirst Eye Hospital, Lilongwe, Malawi*****Project on-going (final report pending), 2nd year funded***

Project Director: Moses C. Chirambo, M.D., Director

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: Sight Savers International and the International Eye Foundation

Purpose: Proposal funds are requested for additional training of Ophthalmic Medical Assistants.

Accomplishments: Training and outreach activities have continued with "Seeing 2000" funding. The number of children benefiting from surgical care is 532 and 21,404 children have been screened for eye disease during the project's first year.

**International Centre for Eye Health, London, England*****Project completed, one time survey***

Project Director: Clare Gilbert, FRCOphth., M.D. Msc

Project Location: 19 Blind schools in South Africa and the Northern Transvaal Region of South Africa

Funding Requested: \$25,000

Funding Approved: \$17,000 - first phase only

Project length: 12 months

Collaborating Partner: Christoffel Blindenmission

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Purpose: The project is divided into two phases. The first phase consists of a survey of 19 blind schools. The survey will identify children that can be visually rehabilitated and collect nationwide data on the causes of blindness in children. The second phase is the strengthening of eye care services in the Northern Transvaal region.

Accomplishments: The survey of blind schools examined 1,311 children and provided needed and valuable information in the treatment of curable childhood blindness.

**Unidad de Oftalmología, Facultad de Medicina, Pontificia Universidad Católica de Chile, Santiago, Chile**

***Project on-going***

Project Director: Hernán V. Iturriaga, M.D.

Funding Requested: \$10,802

Funding Approved: \$11,000

Project length: 12 months

Collaborating Partner: Eugenio Maul, M.D. was listed as collaborating partner. In addition, there was a support letter from Fondo Nacional de la Discapacidad (FONADIS).

Purpose: By subsidizing the costs of eye surgeries, the proposal expects to stimulate the interest and capacity to perform pediatric ophthalmology.

Accomplishments: Two ophthalmologists are receiving onsite training in pediatric ophthalmic techniques. The program is focusing only on congenital cataract and glaucoma surgery. Forty-three children have received surgical care.

**Bulgarian Eye Foundation, Sofia, Bulgaria**

***Project on-going***

Project Director: Petja Vassileva, M.D., Ph.D., M.P.H.

Funding Requested: \$24,600

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: International Eye Foundation

Purpose: Proposal funds are requested to support a two-week in-country surgery clinic for six ophthalmologists from various regions of the country and training abroad for one doctor. The proposal's aim is to train ophthalmologists, practicing in underserved areas, in pediatric ophthalmology.

Accomplishments: A three and a half month long training in pediatric ophthalmology at Aravind Eye Hospital was successfully completed by Dr. Rositza Lolova. In addition, six ophthalmologists from various regions received hands-on-pediatric strabismus training.

The project has conducted outreach activities in rural underserved areas and schools for the blind. One thousand, one hundred and seventy-two children were screened for eye disease and thirty-four children received surgical care.

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**"Seeing 2000" funded Projects starting February 1, 1997**

**Centro Cristiano de Servicios Medicos, Inc., Hospital Dr. Elias Santana, Santo Domingo, Dominican Republic**

***Project on-going***

Project Director: Juan Batlle, M.D.

Funding Requested: \$25,000

Project length: 12 months

Collaborating Partner: Christoffel Blindenmission/Ecuador was identified as the collaborating partner.

Purpose: Proposal funds are requested to subsidize congenital cataract and glaucoma surgeries for low-income patients.

Accomplishments: During the first 6 months of the project 44 indigent children received surgical care. The Hospital reports nearly a 20% increase in new patients under the age of five years.

**Hospital Roosevelt, Guatemala City, Guatemala**

***Project on-going***

Project Director: Arturo Quevedo, M.D.

Funding Requested: \$25,000

Project length: 12 months

Collaborating Partner: Dr. Arturo Quevedo, Fundacion de Ojos de Guatemala is listed as collaborating partner.

Purpose: Proposal funds are requested for additional surgical equipment to enable the hospital to perform pediatric eye surgery daily and facilitate the performance of emergency eye procedures.

Accomplishments: During the first nine months of the program, 264 children received surgical services.

**Hospital "Rodolfo Robles V.", Guatemala City, Guatemala**

***Project on-going***

Project Director: Miguel Rene Escobar Mendez, M.D.

Funding Requested: \$25,000

Project length: 12 months

Collaborating Partner: International Eye Foundation

Purpose: Funds are requested for additional staff training and additional supplies and equipment for the hospital's new Pediatric Ophthalmology Unit.

Accomplishments: During the first six months of the program, 273 children received surgical care and 408 children were examined for eye disease.

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**"Seeing 2000" funded Projects starting June 1, 1997**

**San Bartolome Maternity and Children's Hospital - Lima, Peru**

***Project on-going***

Project Director: Luz Gordillo, M.D.

Funding requested: \$25,000

Funding approved: \$25,000

Project length: 12 months

Collaborating Partner: None identified. Hospital is supported by the Ministry of Health.

Purpose: Grant funds are requested to detect and attend the cases of Retinopathy of Prematurity (ROP) at the Hospital Materno Infantil San Bartolome.

Accomplishments: The project has done extensive work in increasing awareness of ROP. The program director has appeared on television and radio programs. The program is coordinating with UNICEF's "Kangaroo" program for premature babies. The program has developed a method for reporting expenses in local and US currencies that is being used as a model for other projects. The project maintains extensive follow up records.

**AI - Shifa Trust Eye Hospital - Rawalpindi, Pakistan**

***Project on-going***

Project Director: Haroon Awan, M.D.

Funding requested: \$25,000

Funding approved: \$25,000

Project length: 12 months

Collaborating Partner: World Health Organization

Purpose: To increase the number of children receiving surgery for correctable ocular conditions by their identification in eye screening camps and at the 5 blind schools. To enhance the capacity of ophthalmologists to treat children surgically and clinically with training at the Al-Shifa Trust Eye Hospital. To increase awareness of ocular disease in children in existing health care personnel and the general public.

Accomplishments: During the first six months of the project, 7,492 children were screened. Screening camps were conducted in seven villages and 74 children were identified for surgery. During the first six months of the project, 165 children received surgical care. Two ophthalmologists are attending the 1998 meeting of the American Academy of Pediatric Ophthalmology and Strabismus. Drs. Marilyn Miller and Susan Day conducted onsite training in March 1998.

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**Tilganga Eye Centre - Kathmandu, Nepal*****Project on-going***

Project Director: Sanduk Ruit, M.D.

Funding requested: \$26,500

Funding approved: \$25,000

Project length: 12 months

Collaborating Partner: None

Purpose: To increase staff for screening eye camps and surgical eye camps. A strong focus will be on the recognition of amblyopia and its appropriate therapy.

Accomplishments: The Centre is reporting a dramatic increase in pediatric patients. There is a 44% increase during the first half of the program compared to the first half of the baseline data. Eye camps and other outreach activities continue.

**Matebeleland South Comprehensive Eyecare Programme, Gwanda - Zimbabwe*****Project on-going***

Project Director: Sanjay Dhawan, M.D.

Funding requested: \$23,975

Funding approved: \$25,000

Project length: 12 months

Collaborating Partner: Sight Savers International

Purpose: To increase the quality and quantity of pediatric eye care services by the purchase of instruments and equipment and increasing the skills of a pediatric ophthalmologist and anesthetic assistant.

Accomplishments: Dr. Dhawan participated in the 1997 American Academy of Ophthalmology meeting and participated in pediatric ophthalmological workshops.

Mr. Maposa received pediatric anesthesia training. Gwanda Provincial Hospital is receiving many referral cases as word has gotten around that Gwanda Eye Unit will cater to children's eye problems on a priority basis.

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**"Seeing 2000" funded Projects starting August 1, 1997**

**North West Frontier Province, Lady Reading Hospital, Peshawar, Pakistan**

***Second year of funding, Project on-going***

Project Director: Dr. Mohammad Daud Khan, MBBS, DO, FRCOphth, FCPS, FPAMS, Professor and Head of the Department

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: WHO/Prevention of Blindness for Pakistan, Sight Savers International and Christoffel Blindenmission

Purpose: The project site has moved from Lady Reading Hospital to Hayatabad Medical Complex. The purpose of this second grant is to dedicate a bed for pediatric service in the operating theater, i.e., improve services in the operating theater by purchasing equipment that will be exclusively used for child ocular surgeries. This will improve access, quality and quantity of surgery for children.

Accomplishments: Pediatric surgical cases continue to increase. The use of para-medicals in screening and other appropriate activities has increased. Outreach screening activities in rural areas continue.

**"Seeing 2000" funded Projects starting September 1, 1997**

**Layton Rahmatulla Benevolent Trust - Karachi, Pakistan**

***Project on-going***

Project Director: Mr. M. Sharif Lillah

Funding requested: \$25,000

Funding approved: \$25,000

Project length: 12 months

Collaborating Partner: Sight Savers International

Purpose: To establish a dedicated pediatric eye unit at Korngi Hospital, Karachi and identify a dedicated doctor for this unit.

Accomplishments: Activities are underway.

**El Maghraby's Blind Schools survey- Cairo, Egypt**

***Project on-going***

Project Director: Badia A. Baz Al-Sherif

Funding requested: \$25,000

Funding approved: \$25,000

Project length: 12 months

Collaborating Partner: Al Noor Foundation

Purpose: Case detection, surgical intervention, low vision aids and rehabilitation for blind and visually handicapped school children enrolled in the 17 schools for the blind in the greater Cairo area.

Accomplishments: Preliminary activity has begun.

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**"Seeing 2000" funded Project starting November 1, 1997**

**Lumbini Rana-Ambika Eye Hospital, Bhairahawa, Nepal**

***2nd year of funding approved***

Project Director: S.K. Shrestha, M.D., Lumbini Program Director

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: Seva Foundation

Purpose: Grant funds are requested to increase the safety, awareness and utilization of child ocular surgery in the Lumbini Zone. Specific mention is made of increasing the competence of staff in administering general anesthesia.

Accomplishments: Activities are underway to further strengthen outreach activities. An anesthesiologist has been identified.

**"Seeing 2000" funded Project starting March 1, 1998**

**Foresight - Australia / Port Moresby General Hospital, Papua New Guinea**

***Project on-going***

Project Director: Prof. Frank Billson

Funding requested: \$25,000

Funding approved: \$ 15,000

Project length: 12 months

Collaborating Partner: Laila Foundation/PNG, Port Moresby General Hospital, PNG

Purpose: Grant funds are requested for pediatric surgical instruments and equipment to upgrade the facilities at Port Moresby General Hospital to reduce visual disabilities in children resulting from trauma.

Accomplishments: Grant activities have not yet been reported.

**L. V. Prasad Eye Institute (LVPEI), Hyderabad, India**

***2nd year of Project on-going***

Project Director: Gullapalli N. Rao, M.D., Director

Funding Requested: \$25,000

Funding Approved: \$10,000

Project length: 12 months

Collaborating Partner: ORBIS International, Sight Savers International

Purpose: All of the proposal funds were requested for anesthesia equipment for a new pediatric eye unit.

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**The following projects have been approved for funding but have not yet initiated grant activities:**

**Dr. R. P. Centre, All India Institute of Medical Science - Delhi, India**

Project Director: Harsh Kumar, M.D.

Funding requested: \$25,000

Funding approved: \$25,000

Project length: 18 months

Collaborating Partner: Division of Neonatology, Department of Pediatrics at the All India Institute of Medical Sciences

Purpose: Treatment of children with Retinopathy of Prematurity (ROP). Children will be identified through early eye screening. Activities to increase the awareness of ROP will be conducted for local ophthalmologists and the general public. \$5,000 of the budget is earmarked for the publication of an ROP manual suitable for developing countries.

**Lions Sightfirst Eye Hospital, Lilongwe, Malawi**

***First year of Project on-going(final report pending), 2nd year funded***

Project Director: Moses C. Chirambo, M.D., Director

Funding Requested: \$25,000

Funding Approved: \$25,000

Project length: 12 months

Collaborating Partner: Sight Savers International and the International Eye Foundation

Purpose: Proposal funds are requested for additional training of Ophthalmic Medical Assistants.