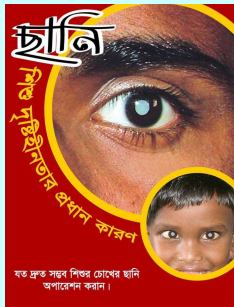
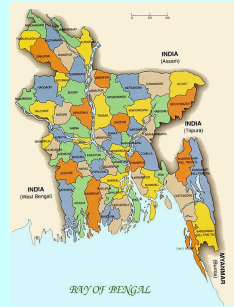


Mohammad A Muhit, Shehab Choudhury, Anwar Hossain, Johurul Islam Jewel, Issa Mainuddin, Clare Gilbert
 International Centre for Eye Health (ICEH), London School of Hygiene and Tropical Medicine, UK
 & Child Sight Foundation (CSF), Bangladesh



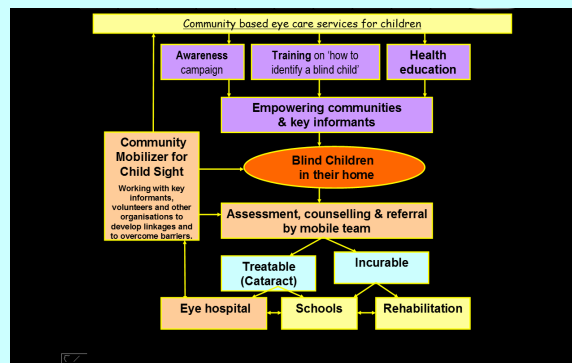
Introduction and aim:

Globally, over 200,000 children are unnecessarily blind from cataract(1). Majority of cataract blind children live in developing countries, without being detected and referred for surgery. Early detection, referral and surgery is essential for good visual outcome. Over 1/3rd of all blindness in children in Bangladesh is due to cataract (2). The challenge is to find them early, and to develop a referral system. The aim of this paper is to describe a large scale program, which is based on a model of 'community based action for detection and referral of cataract blind children' from remote villages in Bangladesh. This community based programme and Key Informant Method (3,4) was developed and piloted by ICEH and used in Bangladesh and Malawi (5,6). Since 2003, CSF has been using the Key Informant Method in various districts of Bangladesh to detect and refer cataract blind children for sight restoring surgery. Data from 2005-7 are presented here.



Methods:

Key Informant Method (KIM) utilizes trained volunteers for case detection of children with cataract. KIM is implemented by one project staff (CM-community mobilizer) in one sub-district (all age population 250,000 and child population 100,000) in 6 weeks. The CM trains 50-100 volunteer KI from each sub-district through half-day workshops (each workshop attended by 20 KI). After training, KI spend about 4 weeks to network and disseminate the information for case detection & list all blind children, including children who are blind from cataract. All identified children are examined in the sub-district by an ophthalmologist. Children, who have cataract, are referred to partner eye hospitals for cataract surgery.



Results:

- From 2005 to 2007, 8 field staff (community mobilizer) of CSF trained 12,097 volunteer key informants.
- Key informants identified a total of 14,232 blind children (VA worse than 6/60 in better eye), all were examined by ophthalmologists.
- Of them, 4,221 children had unoperated cataract in both eyes.
- Each community mobilizer was able to identify 593 blind children and about 175 cataract blind children every year.
- Each staff (CM) referred children for 350 cataract surgeries per year.
- This model program demonstrates that every paediatric ophthalmology unit may employ one full-time staff (CM) and ensure that at least 300 paediatric cataract surgeries are offered to children from remote & rural areas, every year.

Discussion :

Globally, cataract is the leading treatable cause of blindness in children. Recent data from various Asian & African countries indicate that there are thousands of children staying blind without knowing about the treatment and without accessing surgical services. Key Informant Method can be effectively used in rural communities in Asia and Africa to reach the most difficult to reach children and can ensure that children with cataract are detected early and referred promptly for cataract surgery. Moreover, community volunteer's (key informant) training provides an opportunity to empower people with information and knowledge about eye diseases, so that they can help themselves by identifying and referring children with cataract. General increase of awareness and community participation can play a major role in sustaining the impact of key informants in reducing cataract blindness in children.

Conclusions & implications:

Bangladesh has an estimated 40,000 blind children, of which 12,000 cataract blind. Over 1/3rd of these children have already been identified by this ongoing programme. It is expected that by using Key Informant Method, by 2010, all blind children will be identified and cataract blindness will be eliminated. Other countries with large population and high prevalence of childhood cataract may benefit from similar approaches.



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