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## INTRODUCTION

There is an increased realisation by the South African Government of the need to structure partnerships with Non Governmental Donor Organisations (NGDOs) and the Private Sector to improve the delivery of services within the Public Sector. This stems from the limited ability of the Public Sector to provide "public goods" entirely on their own in an efficient, effective and equitable manner. Partnerships created with NGDOs and the Private Sector have the potential to create a powerful mechanism for addressing longstanding challenges by leveraging the strengths of all partners involved.

The KwaZulu-Natal Child Eye Care Programme is an example of one such partnership and demonstrates the cumulative achievements of a Public, Private, NGDO Partnership.

## DEFINITIONS

### Public Sector:

Refers to Provincial Governments with the mandate of delivering "public goods"

### Non Governmental Donor Organisations:

Philanthropies or "Not for Profit" Organisations

### Private Sector:

Refers to Commercial Enterprises

### Partnership:

A voluntary and collaborative agreement between one or more parties, in which all participants agree to work together to achieve a shared goal or common purpose.<sup>1</sup>

## OVERVIEW OF THE KZN CHILD EYE CARE PROGRAMME

- 40 million South Africans depend on Public Health Care<sup>2</sup>
- Of these, 13 million are children (<16 years)<sup>2</sup>
- A Refractive Error Study conducted in South Africa<sup>3</sup> in 2003, found that 63% of reduced vision in children was due to Refractive Error and of those children who needed spectacles, only one in five actually had them
- There are currently less than 15 Optometrists servicing the Public Sector of KwaZulu Natal (KZN)<sup>4</sup>
- Further, Ophthalmic Nursing Staff is limited
- Anecdotally, School Health Services (inclusive of eye care) has a coverage of approximately 20%. Coverage is sporadic

In 2005, NGDO, the International Centre for Eye Care Education engaged the KZN Department of Health and the KZN Department of Education in discussions on the need for a comprehensive child eye care programme that would deliver eye care services to all primary school children within the province. The aim of the envisaged programme was to:

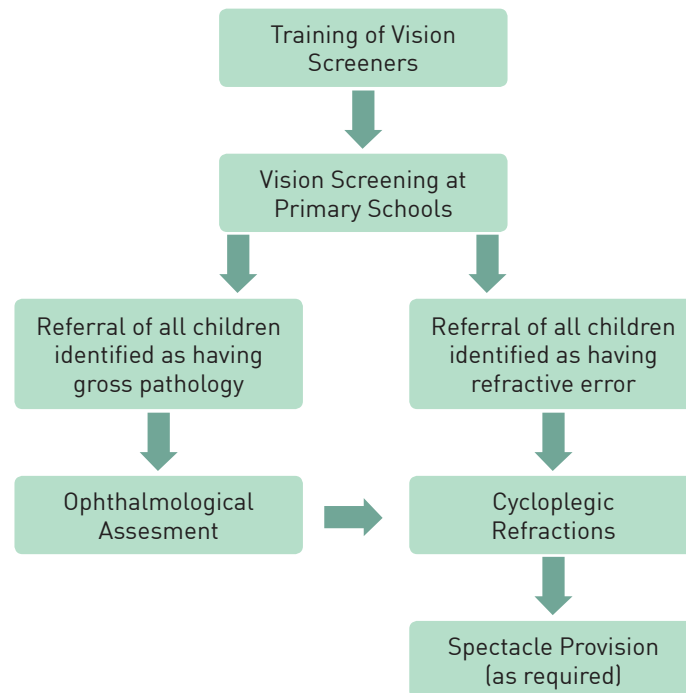
- Address the current back-log of refractive error services to all primary school children within the Province of KZN
- Develop the Capacity of the Public sector (KwaZulu Natal Department of Health and KwaZulu Natal Department of Education) to deliver ongoing eye care services to primary school children
- Develop a "Model" for the delivery of eye care services to children in KwaZulu Natal with a view to rolling out the model nationally
- Given the institutional capacity of ICEE within KZN, a partnership was then created with the KZN Department of Health and the KZN Department of Education. This partnership leveraged the technical strength of ICEE in addressing the challenge of refractive error in children within KZN – a novel arrangement with more than one government department i.e. Health and Education jointly engaged in implementation.

## RESULTS

The KZN Child Eye Care Programme consisted of two components:

1. Mainstream Vision Screening & Refractions of those referred
2. Low Vision Assessments at all Schools for the Blind in KZN.

For the purpose of this poster, only Mainstream Vision Screening & Refractions will be discussed:



## RESULTS

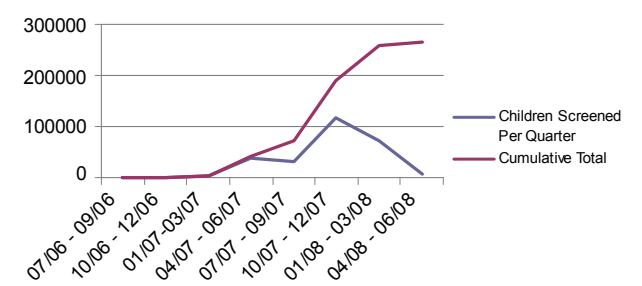


Fig.2 Screening Results For Period July 2006 to June 2008

Together with ICEE, US AID and the relevant Government Departments, a total of 82 individuals were trained in vision screening. This training was conducted utilising the expertise of ICEE's Training Department, whilst candidates selected for training was guided by the Department of Health. Vision screening was then rolled out successfully in primary schools across the province under the careful guidance of the KZN Department of Education. To date a total of 266 000 primary school children have been screened.

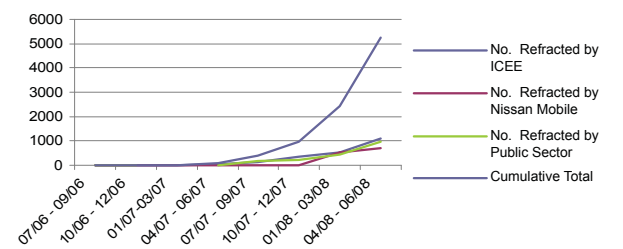


Fig.3 Refraction Results For Period July 2006 to June 2008

Initially, all children referred from the vision screening programme were directed to Eye Clinics within the Department of Health. However this placed strain on the already resource constrained department. As such, ICEE began utilising locum optometrists in areas where the backlog had increased. One of the biggest challenges faced by the programme was the low uptake of refractive services by children within the rural areas. Given the socio-economic status of the children seen, this came as no surprise. The use of a Mobile Eye Clinic was appropriate, as it made eye care services accessible to children in need within rural areas and subsequently increased the uptake of services.

## CONCLUSION

The KZN Child Care Programme has grown over the last 2 years with contributions from a variety of partners. These partnerships have allowed:

1. Public Sector leveraging private technical skill and finance to strengthen the delivery of eye care services to children at primary schools
2. Sharing of scarce resources between sectors to maximise benefits for the broader population
3. Improvement to the quality of eye care services rendered to school children
4. Promotion of the equitable allocation of resources

In the complex world that we live in, problems cannot be solved by one person/organisation only. Through innovative partnerships, skills and expertise can be combined so that the gaps can be bridged. The KZN Child Eye Care Programme is an example of such a paradigm shift, and as such the cumulative efforts of various partners have positively affected the lives of close to 266 000 school children across the province of KwaZulu Natal while maintaining the role of the public sector for long term sustainability.

## ACKNOWLEDGEMENT

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## REFERENCES

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