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Considerations in the design of a Child Eye Health Programme for Nampula, Mozambique

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Introduction

There are almost twelve million children (<18 years) in Mozambique with minimal access to eye care. ¹ It is estimated that in Mozambique 1-1.2% of children have visual impairment. ²

There is currently no national, regional or provincial plan for eye health in Mozambique, no plan for child eye health, and only sporadic and unstructured paediatric eye health screening. ^{3,4}

Given the service deficiencies in Mozambique, it is likely that children have limited access to eye health services including spectacle provision.

Aim

To gain an understanding of the complex qualitative issues pertinent to child eye health in Nampula, a province in northern Mozambique with over 2.2 million children, ⁵ by identifying challenges and considerations in the design and effective implementation of a Child Eye Health Programme (CEHP) .

Methods

The Sampling Method

A targeted sampling approach was adopted, focused on key stakeholders with involvement in the education or health service, and working at different perceived programme operation levels in a potential CEHP.

Operation Level	Stakeholder Interviewed
Community & Social	Mozambique Eyecare Project Country Coordinator Portuguese NDGO Project Manager and Representative Optometrist who volunteered in the community Missionary Priest who lives in the community
Education	Principals and Teachers at 3 schools Primary School Teacher Training Institutes Secondary School Training Institute Deputy Provincial Director of Education in Nampula
Health	Officer at the Ministry of Health
National & International	Development Specialist for Education at Bilateral Aid Agency UNICEF publicity agent based in Maputo

Fig 1: Stakeholders identified and the role of the representative who was interviewed.

Data Collection and Analysis

Questions were designed to ascertain the current situation regarding educational, health and community challenges which may affect the design of a child eye health programme, using a variety of methods (Fig 2). This Information was then analysed by identifying common themes.



Fig 2: Methods of Data Collection employed in the qualitative study



Fig 3: Classroom in Rural School



Fig 4: School Assembly

Results

Four, interrelated themes emerged from the data analysis (see Fig. 5)



Fig 5: Themes identified through the qualitative research

These were further broken down into relevant sub themes (Fig 6).

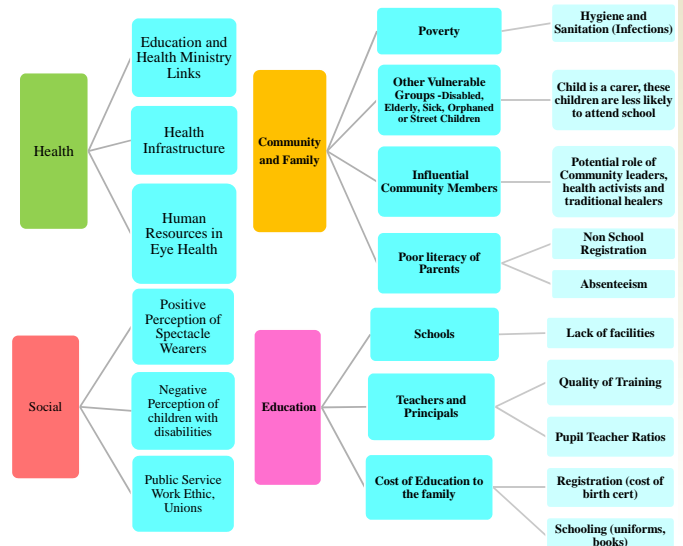


Fig 6: Themes and sub themes identified through the qualitative research

Discussion

The many barriers to a healthy child accessing education and health services identified are further incapacitating for blind or visually impaired children.

The study gave key stakeholders (e.g. teachers) a platform to express their contextual eye health observations. Teachers demonstrated an active willingness to engage in school screening campaigns, which suggests that the teaching profession could be well placed to contribute to any emergent CEHP.

Conclusion

A school eye health programme in isolation will not identify all visually impaired and blind children. Identifying potential barriers and opportunities will ensure that programme design is sustainable and appropriate to the local setting.

Familiarity and engagement with stakeholders in existing child health and educational systems in Nampula, will inform the design of a child eye health programme and has the potential to enlighten child eye health programme design in other countries.

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