

Appendix 2 - Example of operational planning tools

Operational planning for school eye health requires several stages which are summarized below:

1. Determine coverage of planned program area
2. Estimate the number of children to be screened and the number needing spectacles, referral and other interventions
 - a. Estimate the number of teachers to be screened and who require eye care services
3. Assess the human resources and services available for eye care in children;
4. Estimate the workload for screening, refraction and dispensing
5. Develop protocol for screening, refraction, dispensing and health promotion activities
6. Identify the supply chain for providing spectacles and determine clear referral pathways
7. Determine location, frequency & timeline of the programme
8. Hire management team

1) Coverage of planned programme

Type(s) of schools to be included

	Yes	No
Government		
Private		
Informal (e.g., faith-based)		
Other		

Obtain list of schools and estimate of number of children to be included

Provider	Type of school (age group)	In geographical area		To be included in the program	
		Number of schools	Average enrolment	Number of schools	Target to be screened
Government	Primary only (5-10)				
	Middle only (10-13)				
	Secondary only (11-18)				
	All ages (5-18)				
Private	Primary only				
	Middle only				
	Secondary only				
	All ages				
Informal	Primary only				
	Middle only				
	Secondary only				
	All ages				
Other					
Total to be screened					
	Aged 5-10 years				
	Aged 11-18 years				

2) Assess unmet need for school eye health – refractive errors

Uncorrected refractive errors		Estimate*
<u>Children aged 5-10 years:</u>		
Number of children to be screened		
Estimated prevalence of uRE	%	
Estimate of number requiring refraction*		
Estimate of number requiring spectacles		
<u>Children aged 11-18 years:</u>		
Number of children to be screened		
Estimated prevalence of uncorrected uRE	%	
Estimate of number requiring refraction*	*	*
Estimate of number requiring spectacles		

^aUse data from the table above

*Assume 40-50% of children who fail vision screening will not require spectacles or referral for other eye condition, so this number will be almost double the number requiring spectacles

Assess need for school eye health – other eye conditions

Is trachoma known to be endemic in the proposed program area? Yes / No

Is vitamin A deficiency known to be endemic in the proposed program area? Yes / No

Other eye conditions	Estimate
<u>Children aged 5-10 years:</u>	
Number of children to be screened	
Estimated prevalence with other eye conditions (approx 10-15%)*	
Number to be referred	
<u>Children aged 11-18 years:</u>	
Number of children to be screened	
Estimated prevalence with other eye conditions (approx 5-10%)**	
Number to be referred	

*referral for cycloplegic refraction and other eye conditions

**referral for other eye conditions

Reflect on potential inequalities : How might out-of-school be reached? Are there any gender inequalities that should be addressed?

3) Assess the resources and services available for eye care in children

Resources available for eye care in children – service providers to be included

Lead referral / management eye care centre

Name and location _____

Identify other service providers who will be included in the program, bearing in mind the need, population density, distances etc.

Other eye centres being included and the services they will provide

Name of facility	Government / NGO / private	Town / city	Services: screeners; refraction; dispensing; primary eye care; surgery; low vision care; other
1.			
2.			
etc			

Resources available for eye care in children – Human Resources

Human resources available

- In main referral centre

	Total
Number of ophthalmologists	
Number of optometrists	
Number of mid-level ophthalmic personnel who can refract children	
Number of mid-level ophthalmic personnel with adequate competencies to assess children with eye conditions	
Number of low vision experts with adequate competencies to assess children	
Number of dispensing opticians with adequate competencies to assess children	

Human resources available

- In other eye centres

Eye care provider_____	Total
Number of ophthalmologists	
Number of optometrists	
Number of mid-level ophthalmic personnel who can refract children	
Number of mid-level ophthalmic personnel with adequate competencies to assess children with eye conditions	
Number of low vision experts with adequate competencies to assess children	
Number of dispensing opticians with adequate competencies to assess children	

Human resources – total available to be included in the program

Ophthalmologists
 Optometrists
 Mid-level ophthalmic personnel
 Refractionists
 Dispensing opticians
 Low vision workers
 Other, specify

4) Estimating the workload for screening, refraction and dispensing

In year 1 it is recommended that all children aged 5-18 years are screened.

	Number to be screened (from table above)	Number to be refracted	Number to be dispensed spectacles	Number to be examined by eye care provider
Aged 5 -10 years				
Aged 11-18 years				
Total				

Important question:

Are there adequate resources available for each component?

If not, the target number of children to be screened needs to be reduced.

In year 2

- Primary school children: it is recommended that all children entering primary school are screened, and that all children given spectacles the previous year re-examined and re-issued spectacles, if required.
- Secondary school children: all children given spectacles the previous year re-examined and re-issued spectacles, if required.

In year 3

- Primary school children: it is recommended at all children entering primary school are screened, and that all children given spectacles are re-examined
- Secondary school children: screen all children, including those given spectacles