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Strengths and Limitations of the Design of Helen Keller International's ChildSight® Program Based on Lessons Learned Through the Implementation in Vietnam, 2011-2013

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ABSTRACT

The ophthalmology sector in Vietnam currently faces many challenges. The Asia-Pacific Region, including Vietnam, is reported to have the most cases of uncorrected refractive error in the world at approximately 62 million people. A 2009 study implemented by the World Health Organization also concluded that the Western Pacific region, including Southeast Asia, has 3.98% of the population suffering from uncorrected refractive error, with an estimated cost to the region's GDP of 111 billion dollars, or .86% of regional GDP (Smith, et al. 2009). In Vietnam alone it is estimated that one in five children suffer from some form of refractive error, commonly known as near-sightedness, far-sightedness or astigmatism; most of whom are undiagnosed and untreated. When left untreated, such refractive errors can worsen and lead to irreversible vision loss later in life (HKIVN(a), 2012). Helen Keller International is an international nongovernmental organization working in the public health sector in Vietnam to fight the causes and consequences of preventable vision loss. To accomplish this mission, it currently implements the ChildSight® School Based Vision Screening Program in dozens of primary and middle schools in Vietnam. Utilizing the PIM 71 CLC program design framework, this report will examine the strengths and limitations of the design of the ChildSight® Program based on the researcher's lessons learned during implementation of project activities in Vietnam from 2012 – 2013. After examining the ChildSight® Program's design strengths and limitations, the report concludes with a discussion of lessons learned and offers a set of recommendations HKI Vietnam may implement to improve the program's design, improve eye health of future participants, and scale up impact in Vietnam.

