



The Better Vision, Healthy Ageing Program Toolkit

March 2016

## **GUIDE TO COMMUNITY-BASED VISION SCREENING** **THE EYE HEALTH PROMOTERS MODEL**



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It draws on the experience of implementing the Better Vision Healthy Ageing Program in Sri Lanka in partnership with PALM Foundation, Berendina Development Services, the Plantation Human Development Trust, Sarvodaya Shramadana Movement, the Ministry of Health national Vision 2020 programme, the Kandy Centre for Sight, and the District Department of Social Services.

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***'We need vision to do anything. It is useless to live without vision. Vision is the most important thing in life.'***  
***(Older woman)***

## INTRODUCTION

Eye health problems are more common among elders than other age groups. Half of the people currently living with avoidable blindness are aged 70 years or older, and most of them live in poor regions of the world.<sup>1</sup> In Sri Lanka, national survey data from 2014 shows that the prevalence of blindness increases with age, occurring in 2.3% of Sri Lankans aged 50 years or above; 4.0% of those 60 years and over; and 8.4% of those over 70 years.<sup>2</sup>

The impact of visual impairment is greater on elders. Elders are often struggling financially, may have other health issues, and have difficulties accessing health services. Visual impairment makes it more difficult for elders to prevent and manage health problems and increases the burden of care on families, especially women. Good sight enables a better quality of life and allows elders to continue to play active roles in their families and communities.

Refractive error and cataract are the leading causes of blindness and visual impairment in elders in poorer countries; these conditions are easily treated with glasses and inexpensive surgery, respectively.

For more information about the prevalence, causes and effects of visual impairment and blindness in elders, please refer to *The Better Vision, Healthy Ageing Program Summary*.

In Nuwara Eliya district in Sri Lanka there is considerable unmet need for cataract surgery and correction of refractive error with glasses. There are many barriers which stop people from accessing eye health care and many of the barriers are experienced differently or to a greater extent by older people, particularly the very elderly and women. Qualitative studies with elders in Nuwara Eliya district found that barriers to accessing eye care services included: transport difficulties, costs of treatment, queues, fear, lack of knowledge about services, lack of awareness of visual impairment prevention and treatment, waiting times, and health care provider attitudes. Elders asked if services could be provided closer to their homes.

## THE NEED FOR COMMUNITY-BASED VISION SCREENING AND REFERRAL FOR EYE TREATMENT

Sri Lanka, like many other low- and middle-income countries, has a significant shortage of Ophthalmologists and Optometrists or Ophthalmic Technologists (OTs) to meet the growing need for care.<sup>3</sup> This includes too few eye care professionals to screen all elders every two years, or every year where there is existing disease such as diabetes, high blood pressure, history of cataract, or family history of glaucoma. Elders also face many barriers travelling to the hospital Eye Unit.

The Better Vision, Healthy Ageing Program team identified the need to bring eye health services closer to communities by screening elders for visual impairment at the community level. Community-level Elders' Clubs provide opportunities to reach elders with screening and referral for cataract surgery, glasses, or other eye care and eye health promotion messages. Elders' Clubs are a convenient and cost-effective setting to screen groups of elders in their community, rather than elders travelling individually to the eye clinic.

## THE EYE HEALTH PROMOTER MODEL

Following the model of a national Vision 2020<sup>4</sup> school program, which trained teachers to undertake stage one vision screening of children, the Better Vision, Healthy Ageing Program has trained elders to screen their peers using Elders' Clubs as a platform. The program has identified, trained and supported peer 'Eye Health Promoters' (EHPs) to undertake stage one vision screening of elders, and education about key eye health promotion messages.

1. Stevens, G et al (2013). Global prevalence of vision impairment and blindness magnitude and temporal trends, 1999-2010, *Journal of Ophthalmology*, Vol.120, pp.2377-2384
2. Vision 2020 Secretariat, Ministry of Health, Sri Lanka, International Centre for Eye Health, London School of Hygiene and Tropical Medicine (2016). National survey of blindness, visual impairment, ocular morbidity and disability in Sri Lanka: a report (2014-2015)
3. WHO. (2013) Universal Eye Health: A Global Action Plan 2014 - 2019. World Health Organization; <http://www.who.int/blindness/actionplan/en/>
4. VISION 2020: The Right to Sight is the global initiative for the elimination of avoidable blindness, a joint program of the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB). Many countries have implemented national Vision 2020 programs.

The advantages of training elders to provide vision screening and peer education include:

- Stage one vision screening is accessible to elders in their own communities
- All elders are encouraged to have their vision checked and to seek medical advice, if needed
- Elders will have their vision screened at regular two-yearly or annual intervals without problems or delays
- Trained EHPs are seen as useful and knowledgeable and gain respect in their communities
- Since most vision impairment is treatable, more elders will have improved vision and quality of life

**STAGES OF VISION SCREENING AND REFERRAL**

In this guide we describe the experience of implementing the EHP model in Nuwara Eliya. We hope that this will encourage others to introduce similar community level vision screening by peers.

The vision screening described in this guide is based on three stages. Each stage is described in the following sections:

Stage one: Screening in the community by elders who have been trained as EHPs.

Stage two: Screening in the community by OTs.

Stage three: Hospital-based assessment by OTs or medical doctors.

**STEP 1: SELECTION OF ELDERS TO TRAIN AS EYE HEALTH PROMOTERS**

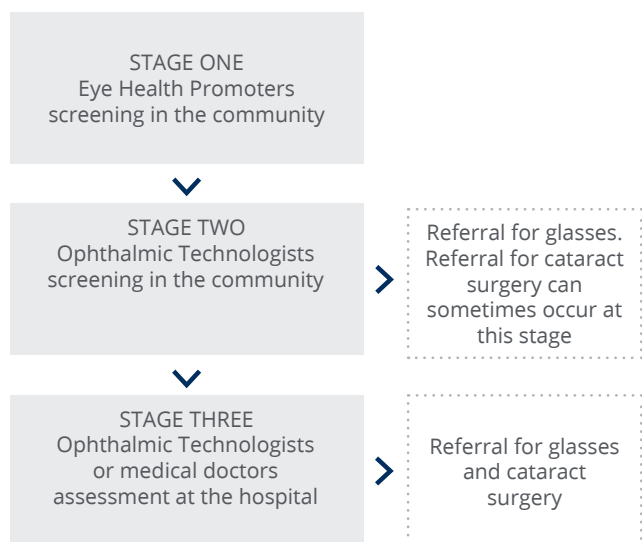
The leaders of the Elders’ Clubs identified elders in their club to train as EHPs. The selection criteria were:

- Able to read and write
- Good vision
- Fit and able to travel to other communities
- Good relationship with other club members
- Willingness to play this role

Similar selection criteria could be used, or these could be modified to suit a specific setting. Sometimes elders who attend training do not fit the selection criteria. It is important to ensure that those responsible for selecting elders understand the selection criteria and the role, and are able to explain this to the Elders’ Club leaders and club members.

In the Better Vision, Healthy Ageing Program, Program Officers were asked to check that the selected elders met the selection criteria.

It can be helpful to suggest other roles, such as peer health educators, to elders who are not suitable for the EHP role. It should be explained at the beginning of training that some trainees will become EHPs, while others may have roles as peer educators or greeting and registering elders.



## STEP 2: TRAINING OF THE EYE HEALTH PROMOTERS

In the Better Vision, Healthy Ageing Program experience, training and assessment of EHPs is done over three non-consecutive days. This is led by a medical doctor who is working as a program officer for the Sri Lankan Vision 2020 Programme. The first two days of the training are information-based sessions including a demonstration of the vision screening process. Training and assessment could also be conducted by OTs with supervision from a medical doctor or ophthalmologist. The third day is practical training, which is observed and assessed.

### FIRST TRAINING SESSION

#### *Objectives of the first training session*

1. To enable the elders to understand the role of EHPs and to make a decision about whether they want to volunteer
2. To improve elders' knowledge about the eye, vision and common causes of vision impairment
3. To enable elders to understand the key eye health promotion messages and feel confident to share these messages with others

#### *The role of Eye Health Promoters*

It is explained to the elders that they will be trained to undertake only stage one of vision screening.

They will be referring those who may require glasses to the OT, and those who may have cataracts to the local Eye Unit for appropriate assessment, diagnosis and treatment.

They will also play a role in peer health promotion, encouraging those with vision impairment to seek care and promoting healthy behaviours.



#### *Topics to cover in the training session*

The first session provides EHPs with the following information:

1. Background information:
  - a. Population ageing
  - b. The burden of vision impairment in the specific context
2. Information about the eye, vision and common vision problems:
  - a. The common causes of vision impairment and blindness
  - b. The structure and function of the eye
  - c. The common conditions that cause vision impairment
3. Treatments for common eye conditions:
  - a. Cataract surgery
  - b. Provision of distance and near vision glasses
4. Prevention of health issues that can contribute to eye conditions:
  - a. Prevention and management of non-communicable diseases (NCDs), especially diabetes and hypertension
  - b. Key eye health promotion messages

Introduce the elders to these topics using PowerPoint presentations or another method suitable to your context. Examples of presentations used in Sri Lanka can be provided on request.

Give the elders a handout of the training objectives and session outline. Also provide handouts with background information on eye health and health promotion messages, such as the documents in *The Better Vision, Healthy Ageing Program Toolkit: Vision health promotion messages for elders; Before, during and after your cataract surgery – Guide for elders and their families*; and the relevant pictures in the *Guide to using picture cards for health promotion*.

***'Due to eye surgery the freedom of the mind increased, because of that my health increased.'***  
***(Older man)***

### SECOND TRAINING SESSION

#### *Objectives of the second training session*

1. To enable elders to be confident to carry out stage one vision screening in their communities
2. To assist elders to develop their own action plan for stage one vision screening

#### *Topics to cover in the training session*

During the second session elders:

1. See a demonstration of the entire vision screening process from greeting the elders to completing documentation
2. Practice the vision screening process
3. Receive clear, written and illustrated instructions of the steps in vision screening
4. Learn how to refer elders to an OT for further assessment or to hospital for assessment and treatment using the appropriate referral forms (Appendix 1 and Appendix 2)
5. Receive a three-metre measuring tape and the single 'E' chart for distance vision testing
6. Learn how to record their findings
7. Listen to an elder talk about their experience of cataract surgery
8. Prepare an action plan setting out their next steps

This session should be practical and participatory. Elders find a long day of training tiring so we recommend that this session runs for no longer than five hours including two breaks.

#### *Recommendations for the training*

- Prepare handouts and presentations before the training
- Ensure a range of different expert presenters for information and interest
- Designate one person to take responsibility for the equipment
- Prepare the equipment before the training, including whiteboards, whiteboard markers, a microphone (if needed) and a multimedia projector
- Follow the *Ethical and Practical Guidelines for Working with Elders*

#### *Assessment after the second day of training*

At the end of this second day, assess the elders' willingness and appropriateness for the role of EHP. Observe the elders as they demonstrate the vision screening and their interaction with the 'patient'. Check the elders' understanding of the information presented. If you think an elder will not be able to play the role of an EHP well, invite them to become a peer educator in their community or to have the role of greeting elders and record keeping at screening sessions. Invite those who play the role of the EHP well to attend the third day of training, which involves supervised learning in the field.





### THIRD TRAINING SESSION - SUPERVISED LEARNING IN THE FIELD

#### *Objectives of the supervised learning in the field*

Based on what the elders have learnt in the first two days of the training, they can start to conduct eye health screening in the field.

During their first screening session of their peers, a suitable professional, such as an ophthalmologist, OT, ophthalmic nurse or assistant, should attend the screening, and observe how the elder is conducting the process. In the Better Vision, Healthy Ageing Program, this was a medical doctor working as the Vision 2020 Program Officer.

If an elder does not follow the screening process competently, show them the process again and continue observation. A checklist such as the example at Appendix 3 can be helpful in making the decision about whether the elder can play the role of EHP competently.

#### AFTER THE TRAINING AND LEARNING IN THE FIELD

Those elders that are fully competent after the assessment in the field become EHPs and are presented with an identity card, with their photo, on a lanyard. A template for this card is available at Appendix 4.

We have found that sometimes elders may appear to be competent after the first two days of training, but don't perform competently in the field. This is another opportunity to offer the elder a different role within the club or screening process.

#### SUPPORT, SUPERVISION AND FOLLOW UP

It is essential that EHPs are regularly supported and supervised at screening sessions in the community. Over time elders may become cognitively impaired, ill or disabled.

An ophthalmologist or doctor should review the practice of the EHPs at least once a year.

It is also important to ensure that the EHPs recognise their limits.

Monitoring is important to ensure they do not provide advice beyond their level of knowledge and the basic training program curriculum.

***'We can organise all the elders to come to one place and it is very easy for us, otherwise we can't get glasses even if we go three or four times.'***  
***(Older woman)***



### STAGE ONE VISION SCREENING AND REFERRAL BY EYE HEALTH PROMOTERS

#### PLANNING

Plan the dates and sites for EHP screening with the EHPs and relevant staff. It is helpful to establish a District Eye Care Committee to plan, coordinate and evaluate screening for elders across the district.

If you are implementing the EHP model where there are active Elders' Clubs, then include club leaders in the planning.

It is important to tell all the elders in the community about the screening session. This could be done through Elders' Club meetings, other local community organisations, using community loudspeakers, radio or displaying posters in public places.

If Elders' Clubs are active, the club leaders can help organise the logistics on the day of the screening.

#### SETTING UP THE VENUE

The EHPs travel to the designated location on the day of screening with the necessary equipment and stationery. This is provided to them in a bag and includes:

1. A three-metre measuring tape (or ribbon)
2. A single 'E' chart
3. One roll of masking tape to hold the single 'E' chart on the wall and mark the three-metre location for the chair
4. 20 hospital referral letters (Appendix 2)
5. 100 stage two referral pink cards (Appendix 1)
6. A5-sized hardboard to cover one eye
7. A pen torch to check for visible cataract



The EHPs should always wear identity cards with their photograph designating them as Eye Health Promoters. This helps elders to identify them and adds to their credibility.

If possible, arrange for the screening venue to provide chairs and tables, cloths to cover the windows and refreshments for the elders.

The venue should be arranged for the screening under the direction of the EHP. There should be a separate waiting and screening areas.

Measure a three-metre distance and put the single 'E' chart on the wall in a well-lit area where the screening will take place.

The vision screening session is an opportunity for elders to socialise with each other. Make sure that there is a comfortable waiting area, newspapers and health promotion materials.

#### REGISTRATION

A designated person greets the elders as they arrive, registers their names, and issues them with a pre-prepared number so they can be screened in order. Elders then know roughly when it will be their turn and they can return home if they wish.

This administrative role is often played by elders who had attended the EHP training, but who were not selected to undertake screening.

#### THE SCREENING

The Better Vision, Healthy Ageing Program found that it was easier for two EHPs to travel and undertake the screening together. This enabled one EHP to stand near the chart and the other to assist the elder to cover their eyes as needed. It also made other tasks easier for the EHPs.

##### STEP 1: COLLECT BACKGROUND INFORMATION

The EHPs ask the elder to confirm their age and sex and record this information in their record book.

The EHPs ask the elder the following questions:

- Have you been diagnosed with diabetes or high blood pressure?
- Do you have any eye pain?
- Have you had your vision screened within the past two years?
- Have you ever had cataract surgery?
- If yes, which eye was operated?

Record the answers in their record book (Appendix 6).



STEP 2: CHECK THE ELDER'S VISION

The EHP asks the elder whether either of their eyes are blind. They check this by covering each of the elder's eyes in turn and holding up their own fingers to be counted.

The EHP asks the elder to sit or stand three metres from the single 'E' chart on the wall. The purpose of the distance vision test is to screen for normal or low vision, and not to measure the distance visual acuity accurately.<sup>5</sup> The chart has a single large 'E' representing visual acuity at three metres of 6/60<sup>6</sup> and a second line of five 'E's representing visual acuity at three metres of 6/12.<sup>7</sup>

The EHP checks the vision of the right eye by covering the left eye with the A5 hardboard and asking the elder to read all the 'E's on the chart. This is then repeated for the left eye with the right eye covered.

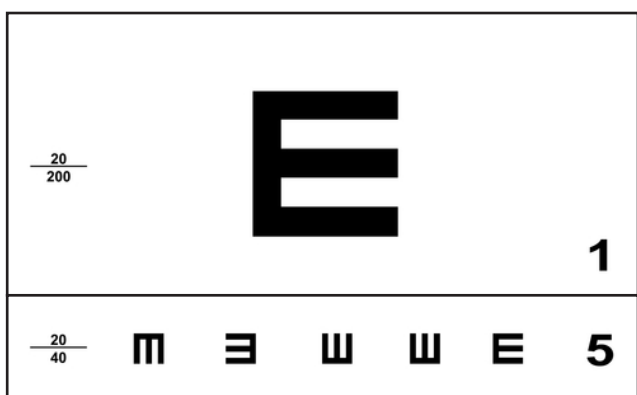
An elder's visual acuity is defined as 'normal' if they do not make any errors reading the 'E' chart.

An elder's visual acuity is defined as 'less than normal' if they make one or more errors.



STEP 3: CHECK FOR VISIBLE CATARACT

Next the EHP checks the elder's eyes for visible cataract with a torch in a darker area of the room. Although the majority of cataract are not visible to the naked eye, there are some instances in which the pupil can appear white because the lens is completely clouded by a dense cataract. If EHPs can see a cataract or the elder has any other visible eye problem, they are referred directly to the hospital Eye Unit. (Appendix 2) The elders are given instructions for how and when to attend at the Eye Unit.



5. J. E. Keeffe, J. E. Lovie-Kitchin, H. Maclean, H. R. Taylor A simplified screening test for identifying people with low vision in developing countries. Bull World Health Organ. 1996; 74(5): 525-532.
6. A person with vision of 6/60 or less is classified as legally blind.
7. A person with vision of 6/12 or less is classified as having reduced vision. Normal vision is measured at 6/6.



**STEP 4: COMPLETE THE NECESSARY REFERRAL PROCESS**

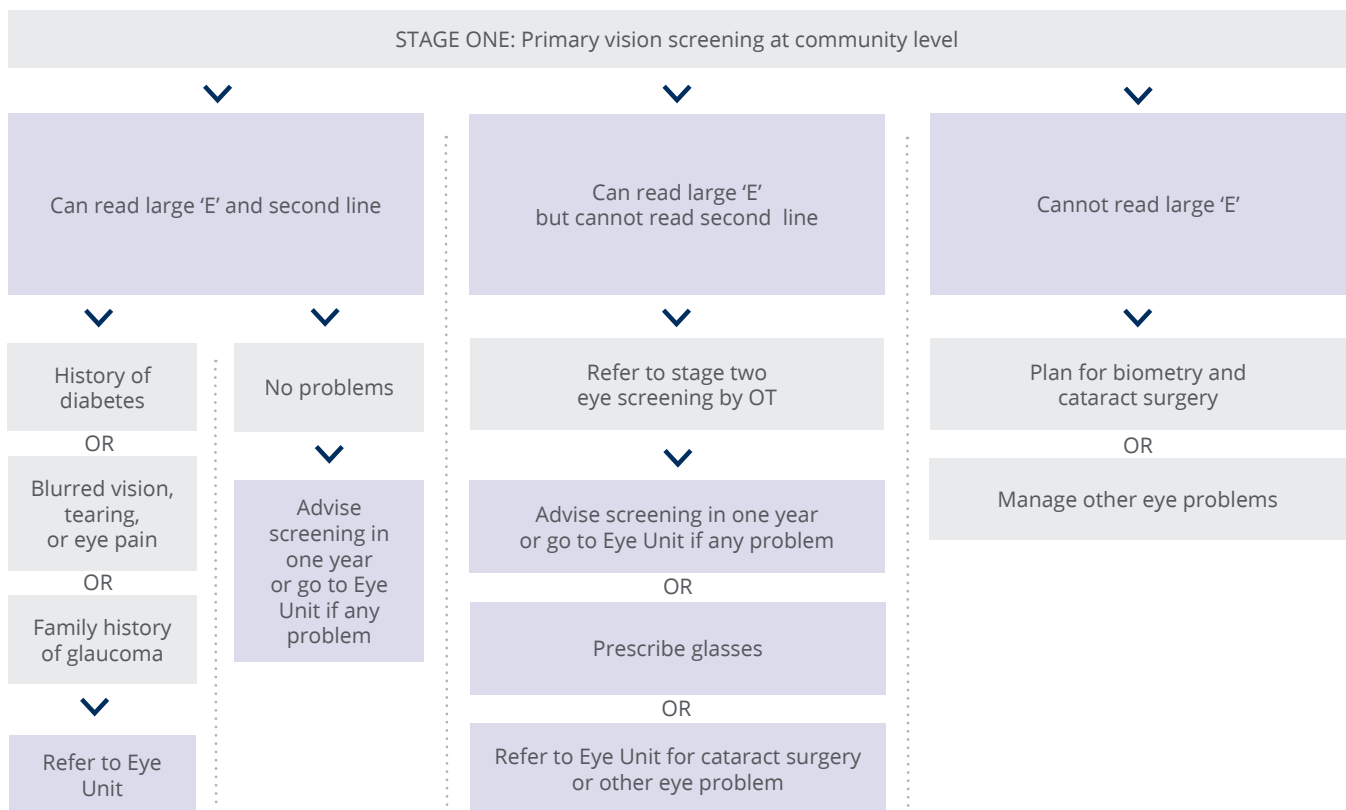
1. If the elder’s visual acuity is normal the EHP reassures them, but advises them that if they develop any vision loss or symptoms they should attend the Eye Care Unit at the Nuwara Eliya Hospital. No referral form is given.
2. If the elder’s visual acuity is less than normal, the EHP refers them to the OT to be assessed and prescribed glasses. They receive a pink referral form. (Appendix 1)
3. If the elder’s visual acuity is normal, but they have some other health problem (such as diabetes, or a visible cataract) the EHP refers them to the hospital for further investigation and treatment using the white form. (Appendix 2)
4. If their visual acuity is less than normal AND the elder has some other problem, they are referred to the Eye Care Unit at the Nuwara Eliya Hospital for further investigation and treatment. They receive both referral forms. (Appendix 1 and Appendix 2)

**STEP 5: DOCUMENT THE OUTCOMES OF THE EYE HEALTH PROMOTER SCREENING PROCESS**

Recording the outcomes of the EHP screening session is very important. All information should be entered in the screening outcome record book for each elder during the screening session.

At the end of an EHP screening session, the EHP should prepare the stage one outcome sheet with the list of elders referred to OT and elders referred to hospital (Appendix 7).

If less than 75% of the elders in a community have been screened by the EHPs, then a follow-up screening session should be completed as soon as possible.



## **STAGE TWO SCREENING BY THE OPHTHALMIC TECHNOLOGISTS**

After stage one screening by the EHPs has been completed, stage two screening by an OT should be organised in the community.

The details below are from the Better Vision, Healthy Ageing Program experience. This process should be modified to fit the specific context.

### **ORGANISE THE COMMUNITY OPHTHALMIC TECHNOLOGISTS SCREENING**

A time and date should be organised with the OT which also takes into account when elders are likely to be available to attend. Arrangements should be made for an appropriate venue, equipment and other logistics.

OTs can assess 50 elders in a one-day visit. If 50 elders do not require stage two screening from one community, then several communities can be screened together.

#### REGISTER THE ELDERS

Elders who require OT screening should have been given a pink card during the EHP screening. When the elders arrive for stage two screening, they are given numbers and screened in order. Elders who are frail or need to be seen quickly for any reason should be given priority.

#### OPHTHALMIC TECHNOLOGISTS SCREENING

OTs should screen the elders based on their training and the standard operating procedures (SOPs) for their country.

The Better Vision, Healthy Ageing Program developed specific referral forms for the OTs to use when making referrals for glasses or for further assessment and follow up at the hospital.

The OT issues a prescription for glasses to the elders who are identified as having refractive error and needing glasses for distance vision (Appendix 5).

If another vision problem is identified, the OT refers them to the hospital Eye Care Unit for further investigation and treatment using the white referral letter (Appendix 10).

#### DOCUMENT THE OUTCOMES

At the end of an OT screening session, organisers prepare a list of all elders and their outcome from the screening (Appendix 9). The pink OT referral cards are collected and checked against the list of elders who had been referred for stage two screening. If not all the elders who had been referred attended, they should be followed up and another screening organised as required.

The OT records each elder's vision assessment findings. There is a triple carbon copy book for elders who require glasses, in which the name, age, sex, and prescription is recorded. Elders are given a copy of the prescription and asked to keep this to receive their glasses. The other copies are used to request the glasses from the supplier and to keep track of the pending orders.

If an OT refers an elder for assessment at the hospital, it is explained to the elder that they will be taken to hospital on another day, and that the date and transport for this may be organised for them. They are given information about what to expect at the hospital visit and what they will need to take with them.



**STAGE THREE ASSESSMENT AT THE HOSPITAL**

Some elders will be referred for stage three assessment at the hospital by an OT, a medical officer or an ophthalmologist. This is usually those requiring cataract surgery or further investigation or care.

The process outlined below is from the Better Vision, Healthy Ageing Program experience.

**LOGISTICS AND TRANSPORT**

Program staff liaise with the hospital and local ophthalmologist to agree vision screening dates and the number of elders to be screened on any one day.

On the day of screening:

- The elders are advised to bring water, something to eat and an exercise book (or clinic book) to record any important information
- The elders are brought to the hospital by the Program Officer in a bus or hire vehicle
- The elders are greeted at the hospital by a designated liaison person
- The elders are taken inside where they are registered and receive a room number
- The Eye Unit staff conduct the history and examination according to the usual hospital clinic procedure
- At the end of the day, the elders are transported home

Program staff keep records of who has been referred for glasses and cataract surgery by taking photocopies of the patient held clinic or exercise books.

At the end of a hospital assessment session, program staff prepare a sheet which lists all the elders that have been assessed and their outcome from the screening (Appendix 9). They record which elders have been prescribed glasses or identified as requiring cataract surgery. Copies of this list are distributed to relevant hospital staff and program officers to ensure elders are listed for cataract surgery. It is also distributed to the Vision 2020 Programme staff, and Program Officers who follow procedures to order and distribute glasses.

If all the elders referred by the EHPs or OTs for hospital assessment have not been seen another visit to the Eye Unit is arranged.



THE IMPACT OF CATARACT SURGERY ON FAMILY LIFE

Arawanaachie is a 65-year-old retired tea estate worker. She lost her vision seven years ago because of cataract. Thanks to screening and referral for treatment through EHPs, Arawanaachie has now had cataract surgery and can see well again.

Arawanaachie’s family is living happily now that they are relieved of the burden of caring for her, and spend their time in their vegetable garden. Previously a family member or neighbour had to stay at home with her. Arawanaachie is now very happy to be able to see her grandchildren and other relations. Before the surgery she could identify them only by voice. She now goes to the garden with her children and works for enjoyment. She helps by cooking food for the family, taking her grandchildren to the child development centre and other jobs. She also encourages other elders to go for cataract surgery. As a result, eight elders went to the general hospital: four of them were identified for surgery and three for glasses.



## **VISION SCREENING THROUGH THE EYE HEALTH PROMOTERS MODEL – LESSONS FROM THE BETTER VISION, HEALTHY AGEING PROGRAM**

### **ATTENDANCE FOR STAGE ONE VISION SCREENING BY ELDERS**

Attendance for vision screening can be variable. In some areas a high proportion of elders from the community will attend screening, but in other areas the proportion is much lower. Factors that influence this include:

- The efforts made to inform the community about the screening
- Whether eye care ‘camps’ have been conducted previously (short intensive periods of cataract surgery to decrease surgery waiting lists)
- Whether elders are involved in paid or other work

### **EYE HEALTH PROMOTION MESSAGES**

At the beginning of the Better Vision, Healthy Ageing Program the EHPs would discuss eye health promotion messages with the elders when they gathered on the screening day (refer to document *Vision health promotion messages for elders*). However, this was not effective because the elders preferred to sit and chat while waiting. Instead, the EHPs now provide eye health promotion messages at a club meeting, at the time when they inform the members about the screening dates and times, and when distributing glasses.

### **VIEWS OF EYE HEALTH PROMOTERS ABOUT THEIR WORK**

Newly trained EHPs sometimes show concern that they will not be accepted to provide vision screening in their own community due to a perception that they may lack the necessary skills and knowledge. Some request to instead conduct screening at Elders’ Clubs in other communities. The EHPs have been pleased to find that even in their own community they are treated by their peers with respect. After a time they gain confidence, enjoy their role and take it seriously.

Occasionally some influential individuals, such as the local traditional healer, criticise the screening. It is important to make sure that local individuals who might be concerned or interested are told about the vision screening activity. If they have not been consulted they may object and create conflict.

## **SELECTION, TRAINING AND SUPERVISION OF EYE HEALTH PROMOTERS**

Careful selection, training and supervision of the EHPs is essential. It is important to ensure supervision in the field until confident of the EHPs’ competence. It is important to have other roles available for those who are not competent, such as peer health promotion. All elders should be treated with respect and dignity.

### **SUSTAINABILITY**

In our experience, the EHP Model has been coordinated and implemented by the Better Vision Healthy, Ageing Program team.

It is important to identify someone to take responsibility to coordinate, train and supervise the EHPs when the Program finishes. In Sri Lanka, the District Non-Communicable Diseases Officer, who also coordinates Vision 2020 Programme activities in the district, would be appropriate for this role, in collaboration with the community medical officers of health.

EHP screening sessions should be attended by a member of the local health team, such as a medical officer of health, public health nursing sister, or, in the tea estates, an estate medical assistant.

The district eye surgeon also has a key role to play in supporting the EHPs, providing feedback about their referrals, managing the work of the OTs, and ensuring that treatment is available to elders who need it.

### **INCREASE IN FAMILY INCOME AFTER CATARACT SURGERY**

Singaravel is a retired tea estate worker and an active member of Saraswathy Elders’ Club in Dessford tea estate. He is 65 years old, and suffered from loss of vision from cataract. His family found it difficult to look after him. Through the club he learned about the possibility of surgery, and was screened and travelled to Kandy for his operation, with support from his family. Now he is looking after the family’s cows and the family’s income has increased.

## CONCLUSION

With the rapid increase in proportion of older people in low- and middle-income countries, there is an increasing need for vision screening. While the shortage of eye care specialists remains a problem in many countries, the EHP model could help to overcome some of the barriers to accessing vision screening and services faced by elders. It addresses the detection of vision impairments and the prevention of vision loss through health promotion.

The EHP model is a good example of the many ways that elders can contribute to their communities. EHPs greatly enjoy their role and take it seriously. They are accepted and treated with respect by other elders. The EHPs are competent and can make a valuable contribution to reducing the unmet need for cataract surgery and correction of refractive error with glasses and the growing future burden of vision impairment in Sri Lanka.

*'We can make a list of elders who are in need through the Elder's Clubs, and we can inform those who are responsible for doing these services that there are this many numbers, you can come and conduct screening or eye clinic, then we can solve this problem.'*  
(Elder)



**APPENDIX 1. EYE HEALTH PROMOTER REFERRAL TO STAGE TWO SCREENING BY  
OPHTHALMIC TECHNOLOGIST**

REFERRAL TO STAGE TWO VISION SCREENING

Reg. No. :..... Date :.....

Name of the elder :.....

.....

Name of the club :.....

Village / Estate :.....

GN Division :.....

NIC No. :.....

.....

Name and Signature of  
Eye Health Promoter

**APPENDIX 2. EYE HEALTH PROMOTER REFERRAL TO STAGE THREE ASSESSMENT AT THE HOSPITAL**

Medical Officer of Health / District Medical Officer of Health / Medical Officer,  
Better Vision Healthy Ageing Program

The above mentioned program is conducted by Vision 2020 secretariat of MOH under close supervision of Directors of Health Services of Central province and Nuwaraeliya District.

Further Plantation Human Development Trust, Sarvodaya, Berendina and PALM foundation are also partners of this program.

I request you to extend your ready support to make this program a success.

Dr. Anvar Hamdani  
District Director of Health Services  
Nuwaraeliya

---

Referral Form

Referring to : District Medical Officer / Out Patient Department / Eye Unit

Date : .....  
Name : .....  
Reason : .....

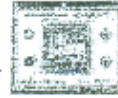
.....  
Visuion 2020  
Volunteer  
Nuwaraeliya

**APPENDIX 2. EYE HEALTH PROMOTER REFERRAL TO STAGE THREE ASSESSMENT AT THE HOSPITAL (ORIGINAL LANGUAGE)**



දිස්ත්‍රික් සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් කාර්යාලය  
නුවරඑළිය

மாஸட்ட சுகாதார பணிப்பாளர் காரியாலயம் - நுவரேலியா



**REGIONAL DIRECTOR OF HEALTH SERVICES - NUWAR AELIYA**

Date : 2015.07.08

සෞඛ්‍ය සේවක නිලධාරී / දිස්ත්‍රික් සේවක නිලධාරී / සේවක නිලධාරී

**සහජන් දෘෂ්ටිකේ සෞඛ්‍යමත් වියහැකිවීමක් වැඩිවීමක**

ඉහත වැඩිවීමක මගින් පළාත් සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් හා නුවරඑළිය දිස්ත්‍රික් සෞඛ්‍ය සේවක සේවක අධ්‍යක්ෂ ජනරාල් හෝ සමස්ත අධ්‍යක්ෂ ජනරාල් සමඟ සෞඛ්‍ය සේවක සේවක අධ්‍යක්ෂ ජනරාල් දැන් 2020 ලේඛන කාර්යාලය මගින් ක්‍රියාත්මක කරනු ලබයි. එහෙත් වැඩිවීම මානව සංවර්ධන කාර්ය, සේවාවේදය, සබැඳීමේදී සහ සාම්ප්‍රදායික-මෙම වැඩිවීමකට මැදිහත්වීම් සිදුකරයි. වැඩිවීමක සාර්ථකව ක්‍රියාවට නැංවීම සඳහා සියලුම සහය ලබාදෙන මෙන් කාරුණිකව ඉල්ලා සිටිමි.

සේවක ජනරාල් හමුදාව  
දිස්ත්‍රික් සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් (වැ.ස)  
නුවර එළිය

**සේවක අනුමැතිය**  
දිස්ත්‍රික් සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් (වැ.ස)  
දිස්ත්‍රික් සෞඛ්‍ය සේවා අධ්‍යක්ෂ ජනරාල් කාර්යාලය  
නුවරඑළිය.

**සංක්‍රමණික සම්මුතිය/ ප්‍රතිපත්තිය/ ප්‍රශ්න**

සංක්‍රමණික: දිස්ත්‍රික් සේවක නිලධාරී / බාහිර රෝගී අංශය/ අක්ෂි සායනය  
ප්‍රතිපත්තිය: மாஸட்ட வைத்திய அலுவலர்/ வெளிநோயாளர் மருத்துகம்/ கண் பரිவு

දිනය / මිනිසුන්: .....  
නම/නමුත්: .....  
රෝගී නම/මිනිසුන්: .....

දැන් 2020/07/08/2020,  
සේවක සේවක/නිලධාරී,  
නුවර එළිය / නුවරඑළිය.

Regional Director of Health Services	052-2222217	Telephone	052-2222966
Fax	052-2222217	Director (Finance)	052 -2234482

**APPENDIX 3. ASSESSMENT SHEET FOR SUPERVISION OF EYE HEALTH PROMOTERS**

THE BETTER VISION, HEALTHY AGEING PROGRAM

Assessment sheet for vision screening by EHP at Clubs

Observer Name :

Date :

Location :

1.	Areas to be monitored	Observers comments		
		Good	Bad	Comments
1.1	• Tools for screening			
1.2	• Floor arrangement			
1.3	• Time Management			
1.4	• Communication with leaders			
2.	Conducting screening			
2.1	• Basic ground rules			
2.2	• Communication with elders (Including that this is only first stage vision screening - if they develop a problem with their vision later they should attend the Eye Unit)			
2.3	• Key eye health promotion messages			
2.4	Screening steps			
3.	Documenting			
3.1	• Initial recording			
3.2	• Screening result			
3.3	• Referral and checking if they will need help to attend for eye care			
3.4	• Post-screening lists			
4.	General Observations			
4.1				
4.2				
4.3				
4.4				

**APPENDIX 4. EYE HEALTH PROMOTER IDENTITY CARD**

BETTER VISION HEALTHY AGEING PROGRAM

No. : .....

The owner of above photograph,

Mr./Mrs. ....

holder of NIC No: ..... of GN  
Division.....

has successfully undertaken the training to be  
an“Eye Health Promoter”, on.....

Signed by :

Senior Program Coordinator  
Better Vision Healthy Ageing Program

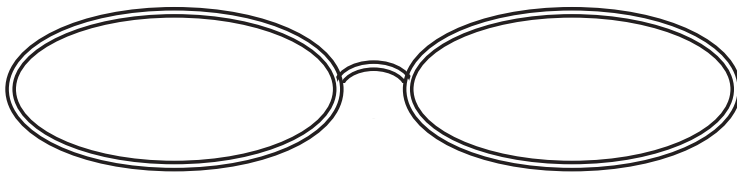


**APPENDIX 5. GLASSES PRESCRIPTION**

THE BETTER VISION, HEALTHY AGEING PROGRAM

Glasses Prescription

No :..... Date : .....



To be brought up at next examination for glasses

Lenses	SPH	CLY	AXIS	SPH	CYL	AXIS

Name : .....

Age : .....

GND / Club : .....

.....  
Name / Signature

=====



**APPENDIX 6. STAGE ONE - EYE HEALTH PROMOTER RECORD BOOK**

Name	Age		65																	
	Gender	M																		
	Do you have hypertension ?	Yes																		
		No																		
	Do you have Diabetes?	Yes																		
		No																		
	Do you have pain in the eyes?	Yes																		
		No																		
	Have you checked your vision during last 2 years	Yes																		
		No																		
	Have you undergone cataract surgery?	If yes in which eye ?	√ Right																	
		No																		
	(Check for blindness.)	If yes in which eye ?	√ Left																	
		No																		
	Any blindness?	If yes in which eye ?	√ Both																	
		No																		
	Can the elder read the "E" chart ?	Yes																		
		If no which eye ?	√ Both																	
	(Check for cataract)	If yes in which eye ?																		
		No																		
	Any cataract?	If yes in which eye ?																		
		No																		
	Remarks (What was given to elder? (Card or letter?)	Card & Letter																		

**APPENDIX 7. STAGE ONE - EYE HEALTH PROMOTER SCREENING OUTCOME RECORD**

THE BETTER VISION, HEALTHY AGEING PROGRAM

Stage One Vision Screening (by EHPs) Outcome Sheet

Date : \_\_\_\_\_ Name of partner organisation \_\_\_\_\_ :

Village / Estate : \_\_\_\_\_ Name of the club: \_\_\_\_\_

Name of the club leader and telephone number: \_\_\_\_\_

Name	Age	Sex		Screening outcome		
		Male	Female	Referred to OT for stage two screening (Elders Received card )	Referred to hospital (Elders received referral letters)	Elders who don't have any vision related problems
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

**APPENDIX 8. STAGE TWO – OPHTHALMIC TECHNOLOGIST SCREENING OUTCOME RECORD**

THE BETTER VISION, HEALTHY AGEING PROGRAM

Stage two: Vision screening by OT

Date of screening:

Partner:

GND:

Village:

Club names	Number of members in club			Number of members screened during stage one			Number of members screened by OT			Glasses beneficiaries			Number of members referred to hospital		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total

Name	Age	Sex		Screening outcome			Club name
		Male	Female	Spectacles	Hospital referral	None	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							



APPENDIX 10. HOSPITAL REFERRAL BY OPHTHALMIC TECHNOLOGISTS

**BETTER VISION HEALTHY AGING PROGRAM**

**Hospital Referral by Ophthalmic Technologists**

No :..... Date : .....

Name : .....

Age : .....

GND / Club : .....

**Reason for referring**

.....  
.....  
.....

.....  
Name / Signature

=====



