



**Knowledge hub**  
-  
**Collection of best practices**

**Summary of the best practice**

1. Title of the best practice (e.g. name of policy, programme, project, etc.) \*

Preventing vision loss for children in Rural China (Anhui, Inner Mongolia and Yunnan)

2. Country or countries where the practice is implemented \*

China

3. Please select the **most relevant** Action Track(s) the best practice applies to \*

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) \*

The Fred Hollows Foundation China

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. \*

integrating eye health education activities into existing school health education program; children;

6. What makes it a best practice? \*

With various capacity building activities, the project strengthened the local capacity of education and health care of those working in hospitals, schools and vision centres. The improved service capacity not only strengthened the profile of local hospitals and schools, but also brought in services that had not been previously available in the project sites. The enhanced access to quality eye health services for children living in less developed locations has demonstrated that they, just as other children living in wealthier regions, should enjoy equal rights to health. More importantly, the project has proven the model is feasible and achievable in remote China. By working with multiple groups such as children, teachers, doctors and parents, the project has established a strong foundation for future attempts to embark other initiatives targeting eye health issues for marginalised groups who were previously neglected.

## Description of the best practice

### 7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

- i) Which population was affected?
- ii) What was the problem that needed to be addressed?
- iii) Which approach was taken and what objectives were achieved? \*

i) This study explored methods to prevent vision loss in school children in rural China. With the worsening of eye problems among school children, China has recently started to realise and develop several measures to counter future and more damaging consequences - this project focussed on those children in rural areas.

ii) There were three studies that helped show the need:

- A meta-analysis of 12 cross-sectional, school-based studies conducted between 2012 and 2017 in rural and urban migrant schools in seven Chinese provinces found that the prevalence of visual impairment (uncorrected visual acuity  $\leq 6/12$  in either eye) rose from 19.0% at age 6 to 66.9% at 17, with the overall age-adjusted prevalence higher for girls (35.8%) than for boys (30.1%,  $p < 0.001$ ).
- In another study, the prevalence of visual impairment and glasses ownership among Han Chinese and Hui minority junior high school children in Ningxia Hui Autonomous Region, China was explored. A population-based cross-sectional study where vision screening was conducted on 20,376 children (age 12–15 years) in all 124 rural junior high schools in Ningxia. Personal and family characteristics, glasses ownership, and academic performance were assessed through a survey questionnaire and standardized mathematics test, respectively. As such, we know that the prevalence of visual acuity (VA)  $\leq 6/12$  in either eye was significantly higher among Han (54.5%) than Hui (45.2%) children ( $P < 0.001$ ).
- Finally, another report found that the increasing prevalence of visual impairment in Chinese schoolchildren was associated with indicators of economic development. Girls and children living in urban areas had the highest prevalence of visual impairment, although the most rapid relative increases were in rural areas.

iii) Despite the COVID19 pandemic restrictions, it managed to screen more than 166,000 young students and presented the result as an important tool for advocacy as well as professional interventions. Such a large scale and detailed data is unprecedented, especially in the project sites.

With various capacity building activities, the Project strengthened local capacity of education and health care of those working in hospitals, schools and vision centres. The improved service capacity not only strengthened the profile of local hospitals and schools, but also brought in services that had not been previously available in the project sites. The enhanced access to quality eye health services for children living in less developed locations has demonstrated that they, just as other children living in wealthier regions, should enjoy equal rights to health. More importantly, the Project has proven the model is feasible and achievable in remote China.

## 8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation? \*

i) The project activities included:

- Advocacy: to raise awareness on the prevention and rehabilitation of untreated refractive errors.
- Prevention and treatment: Working with the relevant departments to reinforce advocacy on appropriate use of eyes, promote regulated screening, diagnosis and treatment, on the basis of science, of refractive errors, and improve overall services of optometry and vision correction for children and adolescents.
- System building: to build a comprehensive, equal and accessible eye health medical service system; to explore and build grassroots eye disease prevention working model and include basic eye care into the primary health service system.
- Capacity building: to carry out training of management and medical staff on prevention and treatment of eye diseases.
- Data collection: to carry out continuous and effective surveillance on the incidence and prevalence of major eye diseases leading to blindness and vision loss; to fully assess comprehensive eye health service capacity; to explore the use of information technology in prevention, diagnosis and referral making of eye diseases.
- Working mechanism: to strengthen (health department's ) communications, coordination, organisation and task divisions with education to ensure effective results; to improve relevant policies to encourage the participation of non-governmental organisations, private medical organisations, charities, businesses and individuals in the work of eye health public education and disease prevention and treatment.

ii) The project was carried out over 3.5-years implemented between June 2019 and December 2022 and located in:

- Yunnan Province (Qujing Municipality: Huize County, Luliang County; Zhaotong Municipality: Zhenxiong; County; Pu'er Municipality: Mojiang County, Pu'er City [Paused for 2020 and restarted in mid-2021]; Honghe Prefecture [Terminated])
- Inner Mongolia (Baotou City, Hohhot Municipality)
- Anhui (Fuyang Municipality: Jieshou City)

iii) The key implementation actors and collaborators included: The Fred Hollows Foundation China (lead), schools (teachers, parents and children), doctors, administrative government agencies (health and education), hospitals and vision centres.

iv) The budget was CNY 5,000,000.

## 9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? \*

i) With various capacity building activities, the project strengthened the local capacity of education and health care of those working in hospitals, schools and vision centres. The improved service capacity not only strengthened the profile of local hospitals and schools, but also brought in services that had not been previously available in the project sites. The enhanced access to quality eye health services for children living in less developed locations has demonstrated that they, just as other children living in wealthier regions, should enjoy equal rights to health. More importantly, the project has proven the model is feasible and achievable in remote China. By working with multiple groups such as children, teachers, doctors and parents, the project has established a strong foundation for future attempts to embark other initiatives targeting eye health issues for marginalised groups who were previously neglected.

ii) Despite the COVID19 pandemic restrictions, it managed to screen more than 166,000 young students and presented the result as an important tool for advocacy as well as professional interventions. Such a large scale and detailed data is unprecedented, especially in the project sites.

Based on the data and information collected from the interviews, online survey, site observation and literature review, the Project has achieved what it promised to achieve. It demonstrates strong effectiveness in project management and implementation, by enhancing local capacity, quality of and access to eye health services for children. In terms of relevance, the Project is in line with the national policy in China, in which the strongest measures are taken to contain and reduce the prevalence of eye health issues, especially that of refractive errors, among children. With the strong ownership of local stakeholders, including organisations and individuals, the Project has a promising future of sustainability.

iii) Yes. Please request the project evaluation from The Fred Hollows Foundation China.

## 10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? \*

i) The integration of services and key stakeholders in children's lives was the trigger for transformation.

ii) Based on the data and information collected from the interviews, online survey, site observation and literature review, the Project has achieved what it promised to achieve. It demonstrates strong effectiveness in project management and implementation, by enhancing local capacity, quality of and access to eye health services for children.

iii) The number of project sites should be reduced, together with refocusing on working with the education system, in order to focus the limited resources and manpower on building a model strong and convincing enough to be taken up by other regions and even by national level agencies.

## 11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”.  
What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? \*

It is a project with long-term and visionary perspective. With the ever worsening of eye problems among school children, China has recently started to realise and develop several measures to counter future and more damaging consequence. The Project was started nearly five years ago, before the national initiative. It takes a subject on which the whole country is looking for effective models. Therefore, experiences generated from the Project would undoubtedly make a valuable reference for future policy making at the national level, and for actual execution at the local levels.

The Project has provided strong and large-scale data to support the argument for the severity of children’s eye health problem, especially myopia and other refractive errors. Despite the COVID19 pandemic restrictions, it managed to screen more than 166,000 young students and presented the result as an important tool for advocacy as well as professional interventions. Such a large scale and detailed data is unprecedented, especially in the project sites.

With various capacity building activities, the Project strengthened local capacity of education and health care of those working in hospitals, schools and vision centres. The improved service capacity not only strengthened the profile of local hospitals and schools, but also brought in services that had not been previously available in the project sites.

The enhanced access to quality eye health services for children living in less developed locations has demonstrated that they, just as other children living in wealthier regions, should enjoy equal rights to health. More importantly, the Project has proven the model is feasible and achievable in remote China.

By working with multiple groups such as children, teachers, doctors and parents, the Project has established a strong foundation for future attempts to embark other initiatives targeting at eye health issues for marginalised groups who were previously neglected. The overall environment and raised awareness would be essential to implement quality work in these aspects.

The Project is a champion in working across different administrative government agencies, namely health and education. This is particularly important as eye health and health in general is a cross-sectoral issues and must be addressed by concerted actions across different departments and organisations.

The beauty of development work lies in its nature of experiment and model building.

Please request The Fred Hollows Foundation China project review where there are 9 recommendations for future adaption.

## 12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. \*

- Fred Hollows Foundation China Programme. (2020a). Exploring Comprehensive Eye Care and Service Model for Children: School-Based Eye Health Project 2019-2020 Project Model Review.
- Fred Hollows Foundation China Programme. (2020b). Project Visit to Establish Dual Evaluation System Yunnan Health System International Non-Governmental Organisation Health Cooperation Projects: Fred Hollows Foundation (Australia) Kunming Office.
- Fred Hollows Foundation China Programme. (2021). Exploring Eye Care and Services Model: School-Based Eye Health Project.