**Orbis/BHVI/HKI consortium China Child Eye Health project – Barriers and facilitators for school-based screening model, factors for screening quality, gains and loss, factors for sustainability.**

HKI conducted a qualitative research through interviews to nine teachers and nine project managers and three focus group interviews with teachers, managers and school children’s parents. The research aim to explore:

Barriers and facilitators for school-based screening model, factors for screening quality, gains and loss, factors for sustainability.

* Barriers and facilitators for school-based screening model:
	+ Lack of full understanding of project objectives (school leaders).
	+ Work overload of teachers.
	+ Shortage of manpower in project hospitals.
	+ Low uptake of referral and eye service: Poor awareness of parents or misconception about eye problem, suspect the commercial purpose of screening.
	+ Lack of computer skills required for online screening data reporting (older teachers).
	+ Facilitators: Setup optical service and trained local personnel for optical service and screening (teachers), provision of free spectacles to the poor, and subsidies to screening teachers both respected and motivated them to do screening.
* Factors for screening quality:
	+ Both local hospital project staff and teachers believed that teachers could do good vision screening but not for identification of common eye disorders.
	+ Attitude of screening teachers: treat the screening as a task to rush in finishing, not checking the appearance of eyes, so teacher selection is vital.
* Gains and loss:
	+ Comments from project managers: Personal growth, technical improvement, well-established and friendly network with education sector, optometry service setup.
	+ Comments from teachers/schools: Learned knowledge and skill of screening, satisfaction from seeing students’ vision improvement, raised eye health awareness, and improved reputation among parents.
	+ Challenges: Screening supported in this project was the first eye screening for children in remote areas although it is a part of compulsory health checkup from ministry of education. Screening teacher’s attitude of following up referral uptake.
* Factors for sustainability: Whether continue the vision screening after the project ends.
	+ Teachers: half said no because of being too busy with teaching and half said yes because of having learnt knowledge & skill, a meaningful thing to do and can help students to reach their educational potentials.
	+ Project managers: Half said yes because the network having been established with teachers and schools. Another half commented that it would be difficult to continue solely with the efforts of hospitals. Education sector’s support and government’s incentive would be vital.

In conclusion, with the ever-increasing prevalence of refractive error and the shortage of ophthalmologists, school-based screening is a cost-effective and efficient approach to address school eye health. School-based screening provides a valuable alternative to hospital-based screening conducted by ophthalmologists. It is more convenient for children, less costly and can early detect children with suspected uncorrected refractive error and other common eye problems. However, there are also challenges for school-based screening, including attitude of screening teachers and parents’ awareness & attitude to school screening. Governmental policy support to teachers and relevant eye care professionals is vital to the sustainability of school-based screening program.