

USAID Child Blindness Program

Request for Application (RFA)

No. PGRD – 14 – 0002 Child Blindness Program

Date of Issue: November 13, 2015

Letter of Interest (LOI) Deadline: December 15, 2015 at 5pm EST

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LIST OF ACRONYMS

ADS	Automated Directives System
CBP	Child Blindness Program
CFR	Code of Federal Regulations
D&E	Delivery and Expansion
IAPB	The International Agency for the Prevention of Blindness
LNGO	Local Non-Governmental Organization
LOI	Letter of Interest
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PGRD	Partners for Global Research and Development
PIO	Public International Organization
PVO	Private Voluntary Organization
RFA	Request for Application
ROP	Retinopathy of Prematurity
SAM	System of Award Management
USAID	United States Agency for International Development
USD	United States Dollars
USG	United States Government

I. BACKGROUND

Pursuant to the authority contained in the Foreign Assistance Act of 1961 and United States Agency for International Development (USAID) Contract AID-OAA-C-13-00088, Partners for Global Research and Development (PGRD), on behalf of the USAID Child Blindness Program (CBP) is seeking applications for activities aimed at increasing the number of children provided with quality eye care services and increasing global knowledge of pediatric eye care through innovation and the implementation of best practices. Awards will be administered in accordance with provisions contained in the Automated Directives System (ADS), Section 302.3.4.12, "Grants Under Contracts," ADS Chapter 303, "Grants and Cooperative Agreements to Non-Governmental Organizations" and within the terms of the ADS 303 Mandatory Standard Provisions for U.S. and Non-U.S. Non-Governmental Recipients, and 48 CFR 31.2 (for-profit organizations).

CBP features prominently in USAID's approach to eliminate blindness worldwide. Funding under this program originated through a congressional directive in 1991, and since then, has helped over three million children receive eye care. This global grant fund has awarded approximately \$28 million to 61 projects in 57 countries, through 54 local and international non-governmental organizations (NGOs).

Examples of CBP's work include providing sight-restoring surgery, screening children for eye diseases and conditions, and delivering eyeglasses to schools. Blind children receive specialized education to learn Braille, to use a cane, and/or to improve their daily living skills.

II. OBJECTIVES OF THE GRANTS PROGRAM AND REQUEST FOR APPLICATIONS (RFA)

CBP supports two primary goals:

Goal 1: To increase the number of children provided with quality eye care services by:

- Increasing the availability and accessibility to quality eye health and vision services for children and other vulnerable populations
- Improving the capacity of eye care organizations by strengthening administrative, technical, and/or financial functions

Goal 2: To increase global knowledge of pediatric eye care through innovation and the implementation of best practices by:

- Testing, designing, and expanding the scale of innovative approaches for eye care in various country contexts
- Increasing the evidence base for effective approaches leading to scale-up of pediatric eye care programs

Grant Categories

In fulfillment of these goals, this RFA will fund grants under two categories:

1. Delivery and Expansion (D&E)
2. Innovation and Knowledge (Innovation)

D&E Projects must be carried out in low-income and lower-middle-income countries (as defined by the World Bank: <http://data.worldbank.org/about/country-and-lending-groups>).

Innovation projects may be based in any country, regardless of economic status; however, they must ultimately be designed to benefit vulnerable populations in low- and lower-middle-income countries.

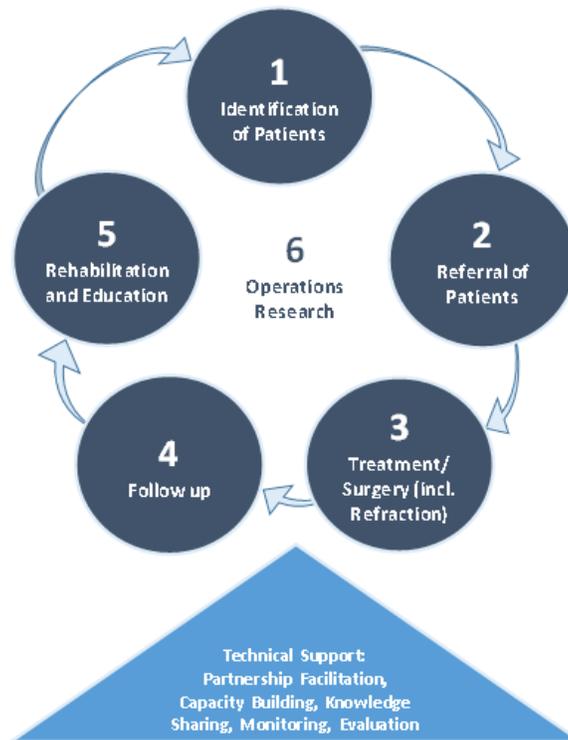
1. Delivery and Expansion Grants (D&E)

The purpose of these grants is to increase the number of children provided with quality eye care services.

All applications submitted under this category must demonstrate:

- Continuum of Care. Interventions along the Continuum of Care include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical treatment, and low vision and rehabilitation services for children who can no longer be helped by clinical care. Proposed activities must be integrated within a Continuum of Care as defined in this RFA. The Continuum of Care is a best practice that ensures a child has access to all the services s/he may need for their care. Every point in the Continuum of Care is critical. Without the availability of all the services illustrated in Graphic 1, the child is not likely to achieve maximum visual potential. Projects may provide all of these services in-house or document the linkages that exist with other service providers to maintain the continuum. Service elements that must be in place include: 1) identification of patient, 2) referral of patients, 3) treatment and surgery, 4) follow up and optical services, and 5) rehabilitation and education.

Figure 1: CONTINUUM OF CARE: PROVIDING A BEST PRACTICE IN PEDIATRIC EYE CARE



- **Sustainability.** All projects must demonstrate the ability to continue to operate beyond the period of CBP funding. Applications must articulate a long-term vision plan for the activity and plans to recover revenue from activities and/or other sources. Where this project is an add-on to government or national services, coordination and cooperation with government and existing national systems is imperative. The nature of this coordination both during and after the life of the project must be clearly explained and suited to local conditions. The expectation that the government will simply take over project activities beyond end date without a specific and accepted plan is not considered a viable sustainability strategy.
- **Capacity Building.** Strengthening local organizational and/or human capacity through lasting improvements to quality services directly supports CBP's goals. Proposed activities must therefore enhance systems through the development of personnel, infrastructure, administrative, technical and/or financial functions. For example, applicants may propose to build capacity by training clinical personnel to teach Braille; hiring administrative staff to write and implement procurement policies; or by installing equipment to increase the quality and number of surgeries.
- **Best practices.** All projects must demonstrate best practices and standard protocols. Only procedures that have been tested, replicated and are evidence-based to produce the highest quality results should be considered. Standards may be local, national, or international based on the situation. For example, in the case of a pediatric cataract surgery, the project would ensure proper sterilization of equipment and supplies; or for the treatment of retinopathy of prematurity (ROP), hospital or national policies would be utilized.

In the event an innovation or novel technology is being tested, proper justifications must be provided to ensure the safety and scientific basis for any deviation from standard practices.

- Gender, socio-economic, and geographical equity. Applicants must describe how their activities and services will be provided across all levels of society in the project area, including across gender and socio-economic class, and between urban and rural areas. Applications must demonstrate that services and benefits are equally accessible and affordable to children and vulnerable populations.
- Monitoring and Evaluation (M&E). All applicants selected for Phase II will be asked to submit a detailed M&E plan along with corresponding data regarding progress against project indicators. Grantees must propose at least one M&E visit from a third-party evaluator to be completed at mid-term of the individual project implementation period. This may be a local, regional, or CBP consultant and must be part of the proposed grant budget. CBP will work with the grantees to identify, develop scope of work, and oversee all third-party evaluations.

As noted the D&E category encourages accessing larger numbers of children than a project or organization may currently be reaching. A clear rationale, sustainability plan, and the critical need for CBP funds must be provided in any application. Groups currently reaching large populations of children must detail why these projects would not simply continue to function without a new funding source.

2. Innovation and Knowledge Grants (Innovation)

The purpose of these grants is to increase global knowledge of pediatric eye care through innovation and the dissemination of information and best practices.

Innovation grants are particularly tied to the Research Agenda and must demonstrate a clear connection between the project and a gap in knowledge or data as identified in the Agenda.

All applications under this category must demonstrate one or more of the following:

- Innovation. Support of the creation and discovery of new ways to solve problems that will have a significant impact on the elimination child blindness.
- Knowledge Sharing. Activities focused on gathering and disseminating critical information and/or data regarding the delivery of services to enhance pediatric eye care.

In addition, Innovation Grants must take into consideration the six (6) themes noted as requirements under the D&E category. Innovation Grants are also required to incorporate an M&E visit at the mid-term of the project.

Partnerships

Applicants for either the D&E or Innovation category may partner with organization(s) they consider are strategic and to leverage the expertise or experience of the

partner(s) to perform a specific task or accomplish a certain objective within the proposed project. If applicants choose to partner with another organization, the grant budget and the application must clearly show the cost of the partnership (may choose to use either sub-grants or subcontracts) and clearly define their roles and responsibilities.

Partnering with another organization may be particularly useful for building capacity where the applicant may seek the assistance of an experienced partner to provide technical assistance in a given area. A few examples of eligible partnerships include: 1) a partnership between a past CBP grantee and a new applicant; 2) a partnership between a central hospital and a group of community-based clinics; or 3) a partnership between a university and a non-profit organization to test a new design concept for technology to improve cataract outcomes. These illustrative partnerships are meant to provide guidance regarding how the applicant may design its activities in response to this RFA, but are not meant to be either exhaustive or prescriptive.

Illustrative Activities

The following illustrative activities are meant to provide guidance regarding how the objectives and results of this RFA may be accomplished. They are not meant to be exhaustive or prescriptive. Applicants should carefully review these activities to understand CBP's vision, but should be flexible and innovative in their proposed methodologies and activities.

D&E Grants

- Delivering a range of pediatric eye care services, treatment and surgery by tertiary and/or secondary level eye hospitals
- Providing eye examinations, refraction and/or eyeglasses
- Providing low vision aids and therapy and rehabilitation services
- Strengthening pediatric eye care infrastructure and services in a hospital
- Enhancing the capacity of programmatic, administrative, technical, and/or human resource functions, to directly impact the quality and quantity of services
- Scaling up of a successful project to increase services

Summaries of CBP's current projects can be found on the CBP website ([usaid.gov/childblindness](https://www.usaid.gov/childblindness))

Innovation Grants

- Testing of new equipment, procedures or practices to prove their effectiveness
- Documenting the effectiveness of protocol(s) or system(s) currently in use in the field of pediatric eye care to provide evidence of best practices
- Identifying gaps in knowledge in the field which can be addressed to improve the delivery of services

III. ELIGIBILITY

Eligible Applicants

The following types of organizations may apply for grants under this RFA. All applicants must be legally registered:

- U.S. Not-For-Profit Organizations, including Private Voluntary Organizations, foundations, and private universities.
- U.S. For-Profit Organizations (note that profit or fee is not allowed under grants)
- Non-US For-Profit and Not-For-Profit Organizations (note that profit or fee is not allowed under grants)
- Applicants otherwise qualified to receive awards under applicable US laws and regulations (e.g., Nondiscrimination, Lobbying, Debarment/Suspension, Terrorist Financing, etc.).

Applicants must:

- Be registered or incorporated legally.
- Be able to legally operate in the country where the proposed grant activities will occur.
- Have sound managerial, technical, and institutional capacities to achieve proposed project results.
- Apply a system of internal controls in order to safeguard assets, protect against fraud, waste, and conflicts of interest.
- Be in good standing with all civil and fiscal authorities.
- Possess financial accountability and maintain detailed records of all expenses
- Be willing to sign applicable assurance and certifications required by USAID based on the value of their grant.
- Focus their activities on pediatric and vulnerable populations.
- Provide the Data Universal Numbering System (DUNS) number to CBP. Information on how to obtain a DUNS number can be found at <https://fedgov.dnb.com/webform>.

Applicants may submit up to three (3) LOIs from a single organization.

In order to be considered a local non-governmental organization, an applicant must meet all of the following criteria:

1. Be a local entity organized under the laws of the recipient country. Being registered to operate in the recipient country does not automatically make an organization local. The organization must have been organized in the recipient country in order to qualify as a local organization.
2. Has its principal place of business in the recipient country. If the organization has its headquarters, including its president/CEO or board of directors, in a different country, it is not considered a local organization.
3. Is majority owned by individuals who are citizens or lawful permanent residents of the recipient country or is managed by a governing body, the majority of whose members are citizens or lawful permanent residents of the recipient country.
4. Is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.

Ineligible Applicants

CBP will not fund projects targeted to:

- Prevention of Xerophthalmia
- Prevention of Onchocerciasis
- Prevention of Trachoma
- Serve populations in upper-middle and high-income countries as defined by the World Bank (<http://data.worldbank.org/about/country-and-lending-groups>).

The following organizations are not eligible to apply for grants under this RFA:

- Organizations that appear on System for Award Management (SAM) list and have been debarred by the US Government, or who are otherwise ineligible to receive funding due to sanctions or other restrictions with regards to US, host country or international law.
- Organizations that appear on United Nations (UN) 1267 blocked list.
- Faith-based organizations that are not in compliance with ADS 303.3.28, which is in accordance with the Executive Order 13279, Equal Protection for the Law of Faith-based Community Organizations. (Proposing inherently religious activities as part of the programs or services being proposed under their application. Inherently religious activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from USAID, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.)
- Entities who are affiliated with, or who are subsidiaries of PGRD.
- Government entities, government-controlled institutions and public universities. Applicants may, however, work with the government to accomplish their objectives.
- Public International Organizations (PIO).
- US, local, or other non-governmental or commercial organizations proposing projects in Iran, North Korea, Syria, or Cuba.

Restrictions on Grant Funds

Grant funds may not be used for activities that are:

- Not aligned with CBP's objectives and goals
- Not approved by USAID
- Inconsistent with international standards of human rights or with democratic goals of racial and ethnic tolerance and harmony
- Ceremonies, parties, celebrations or "representation" expenses except for those which are specified in the grant (for example, opening ceremonies) to promote the visibility of USAID in the communities USAID is trying to serve
- Prohibited by ADS 303, such as involuntary sterilization programs; abortion-related activities and biomedical research; activities that promote or advocate the legalization or practice of prostitution or sex trafficking; travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences," (available at <http://www.usaid.gov/policy/ads/300/350maa.pdf>) or as approved by USAID

Please take note of the following:

- Applicants will not be reimbursed for the costs incurred in preparation and submission of an application or an LOI. All preparation and submission costs are at the applicant's expense.
- Issuance of this RFA does not constitute an award commitment on the part of CBP. CBP reserves the right to award grants to any, all or none of the applications submitted in response to this RFA.
- CBP reserves the right to negotiate independently with any applicant and to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- CBP will check the references provided by the applicant.

IV. GRANT APPLICATION PROCESS

The CBP grants application process involves the following three phases:

1. **Phase I.** The applicant will complete and submit the attached *Letter of Interest (LOI) Template* (see Attachment A). The CBP grants evaluation committee members will review LOIs submitted by the applicants and will accept or reject them. Those applicants whose forms are rejected will be notified and provided with a brief explanation for the rejection. The applicants whose forms are accepted will move on to the second phase of the grant round, which is explained below.
2. **Phase II.** The applicants that advance from Phase I to Phase II will be asked to submit a full application using the *Full Application Template* provided in Attachment B. The full application will be evaluated by the Grants Evaluation Committee in accordance with the criteria listed in this RFA.
3. **Phase III.** Applicants whose projects successfully meet the RFA criteria and are recommended for approval will then be invited to participate in a negotiation phase. During this phase, CBP will work with the applicant to refine the project budget, technical application and define milestones. CBP will examine the applicant's organizational ability to manage USAID funds and will check references. CBP will work with the applicant to develop a Branding and Marking Plan, as well as, if necessary, an Environmental Mitigation Plan.

Maximum Grant Duration and Amounts

The maximum amounts to be awarded per grant under this RFA and their duration are as follows:

	Maximum Duration	Maximum Amount
Local and other Non-US, Non-Governmental Organizations	18 months	US\$350,000
US-Based Organizations	18 months	US\$100,000

Evaluation Criteria

During Phase II of this process full applications will be evaluated based upon the following criteria:

Criteria	Maximum Points
Knowledge of location and conditions and problem to be addressed	15
Appropriateness of solution(s), adherence to CBP priorities, and clear linkages between activities and results	30
Organizational and management capacity	20
Monitoring and Evaluation (M&E) and Work Plan	15
Budget and Budget Narrative	20
Total Score	100

Administrative details regarding Fixed Obligation Grant (FOG) awards

CBP will largely award grants through the use of USAID FOGs. The information provided below is intended to assist applicants to better understand when FOGs are used, budgeting and negotiations (milestones and deliverables), payment methods, and cost share commitments. In addition, subcontracting information is provided for grantees to carefully consider in their proposals.

FOGs are *results-oriented* payments that are directly tied to the **achievement** of specific and **measurable** milestones. A milestone is based on an important product to be completed by the applicant, such as the completion of training of 50 eye care health workers. Tasks are tied directly to milestones (an individual task may have its own milestone if the task is significant, or several tasks together may result in a single milestone).

During Phase III, the budget is negotiated and finalized based on agreement between the applicant and CBP. The negotiation of the budget is very detailed and precise to ensure that the milestones and the costs assigned to them do not change during the course of the grant implementation. Additional funding is not available later in the process; for this reason a well-defined budget is critical.

Payments **are not based on actual cost** incurred in meeting the milestone; rather the amount to be paid is fixed during the negotiation phase before a grant agreement is signed. The payment schedule is outlined based upon milestones achieved, the time period needed to complete the milestones, and other factors intrinsic to the successful implementation of a project.

Payments are broken down into percentages of the total obligated amount. For example, it may be agreed that upon the completion of training 50 eye care health workers, the grantee will receive 20% of the total obligated budget. Before payment is made the grantee must provide proof that the activity has been completed. Thus, fund disbursements are directly dependent upon verifiable project progress and certified milestone completion certificates.

CBP believes when grantees propose cost share, the level of ownership for the project and potential for sustainability is raised. Applicants, therefore, are encouraged to include cost share that is appropriate, reasonable and verifiable. Cost share is any cost (in-kind and/or cash) the grantee will contribute to the total budget in order to implement the proposed activities. Because cost share is not a requirement under CBP's grants program, it is not considered a selection criteria of an application and does not impact final selection of the grant. Please note that all applicants proposing cost share must report on the cost share, including submission of verifiable receipts, and will be accountable for meeting all cost share commitments. For additional information on the USAID cost share regulations please refer to ADS 303 RAA 14 <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>.

It should be noted that costs for international travel are allowed and must abide by specific rules (RAA5 Fly America Act Restrictions (<http://www.gsa.gov/portal/content/103191>)). No equipment over \$5,000 can be purchased without clear justification, actual quotations from the manufacturer or distributor, and approval by USAID. Quotations will be requested from applicants that advance to Phase III negotiations.

Details regarding how to apply for grant funds are detailed below.

Phase I: Submitting an LOI

Following the release of this RFA, applicants are invited to submit an LOI, which consists of:

Attachment A: Completed LOI Template (Attachment A) – This form must be completed in full and must be signed. Incomplete and/or unsigned forms will not be accepted.

Language: All LOIs must be in English.

Currency: The budgeted costs must be represented in U.S. Dollars at the current exchange rate. If there are fluctuations, CBP will work with the grantees to adjust at the negotiation phase.

Format: LOIs must be submitted in the format provided as Attachment A in both Microsoft Word and PDF and must not exceed 3 pages (excluding the cover and acknowledgement pages). Forms must be submitted on letter-sized paper (8 1/2 x 11”) with 1” margins and a font size of 11 Arial. The only exception to font size is within tables, where a 10 point font size is accepted. Any LOI form submitted in any other format will not be considered for evaluation.

Authorized Signer: The LOI must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.

Note: Applicants submitting an LOI should carefully review Phase II materials to be informed of the requirements necessary to submit a full proposal.

Phase II: Submitting a Full Application

THIS SECTION APPLIES ONLY TO APPLICANTS INVITED TO ENTER PHASE II

If invited to continue to Phase II the following:

Attachment B: Full Application Template

Attachment C: Work Plan Template

Attachment D: Monitoring and Evaluation Plan Template

Attachment E: Full Application Budget Template

Attachment F: Budget Narrative Template

Attachment G: Budget Instructions and Cost Principles (Provides instructions for the preparation of budget information.)

Attachment H: Signed Certifications

- a. Certification on Lobbying
- b. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals
- c. Certification Regarding Terrorist Financing; and
- d. Certification of Recipient that prior documents are given in consideration of and for the purpose of obtaining any and all Federal grants

In addition to the above, proof of legal registration or incorporation is required. This may be the organization's registration documents and/or by-laws.

Applicants must complete all forms in full. Incomplete grant applications will not be considered.

Language: All applications must be written in English.

Currency: The budgeted costs must be represented in U.S. Dollars.

Application Format: Applications must be submitted in the format provided in Attachment B in Microsoft Word and PDF. CBP has provided clear instructions directly on the application template regarding page limits. Please read the instructions on the form carefully in order to determine page limits. Applications must be typed on letter-sized paper (8 1/2 x 11") with 1" margins and a font size of 11 Arial. The only exception to font size is within tables, where a 10 point font size is accepted (this includes tables within the document). Any application submitted in any other format will not be considered for further evaluation. The budget and budget narrative are not included in these page limits. Please review carefully the instructions contained in Attachment B.

Budget Format: Budgets and budget narratives must be submitted in the format provided in Attachment C. The budget must be prepared in accordance with the instructions provided in Attachments D-E and must be submitted in Excel format. The budget narrative may be submitted as either a Microsoft Word or PDF document.

Authorized Signer: The application must be signed by a person duly authorized to submit an application on behalf of the applicant and to bind the applicant to the application.

Phase III: Project Negotiation

Applicants who have successfully completed all required documentation, have successfully met all application criteria, and have been recommended for final consideration will be invited to participate in Phase III of the application process. At this time, unsuccessful applicants will receive notification that their applications were not selected along with brief explanation of the reasons for not being selected.

During this time successful applicants will work in close collaboration with CBP staff to address questions and clarifications from the evaluation committee, more clearly define their activities, milestones, timelines, and monitoring and evaluation (M&E) plans as well as to complete a(n):

- Branding and Marking Plan that will better define the products and equipment that will be marked with the USAID identity and how that will be done.
- Environmental Mitigation Plan, if one is needed. The Environmental Mitigation Plan will be required of applicants whose activities are deemed to have an unintended adverse impact on the environment such as the production of biomedical waste.

Submission of LOIs and Full Applications and Deadlines

Phase I:

Complete LOIs must be submitted to email address: childblindness@pgrd.org by **December 15, 2015, 5:00 pm EST (Eastern Standard Time)**.

Phase II:

If invited to Phase II, applicants must submit complete applications to email address: childblindness@pgrd.org. The date for full application submission will be provided once applicants receive approval of the LOI.

Applicant Questions:

CBP will entertain questions from applicants during both Phase I and II aimed at clarifying aspects of the RFA requirements and objectives. Questions must be submitted via e-mail to childblindness@pgrd.org before the deadlines established below. CBP will post responses to questions by the date presented below.

The grant evaluation process under this RFA will be managed in accordance with the timeline presented below.

Activity	Deadline
RFA Released	November 13, 2015
Applicants may submit written questions about the RFA requirements - Phase I	November 20, 2015 at 5:00 pm EST
Phase I answers to applicant questions posted on CBP website	November 25, 2015 by 5:00 pm EST
LOIs due	December 15, 2015 by 5:00 pm EST

GLOSSARY

Blindness

Visual acuity of less than 3/60 or 20/400, or a corresponding visual field loss of less than 10 degrees, in the better eye with the best possible correction.

Cataract

Clouding of the lens inside the eye which impedes the passage of light into the back of the eye and the retina. Un-operated cataract is responsible for half the world's blindness, and is a major cause of blindness in children in developing countries. Cataract is usually due to aging and seen in the elderly, although it can be congenital or caused by injury to the eye.

Congenital Cataract

Newborns can be born with cataract. It can be hereditary or can be caused when the mother contracts rubella in her first trimester of pregnancy.

Continuum of Care

The Continuum of Care refers to various interventions that make up a comprehensive eye service for patients. For children with eye disease or refractive error, interventions include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical care, and low vision, and rehabilitation services for children who can no longer be helped by clinical care.

Glaucoma

A group of conditions that cause increased pressure within the eye (not related to high blood pressure) causing damage to the optic nerve and eventually blindness.

The International Agency for Prevention of Blindness (IAPB)

A coordinating, umbrella organization leading international efforts in blindness prevention.

Low Vision

Visual acuity of less than 6/18 or 20/60 but equal to or better than 3/60 or 20/400, or a corresponding visual field loss of less than 20 degrees, in the better eye with the best possible correction.

Neonatal Conjunctivitis

In newborns, a serious infection of the conjunctiva, the inside lining of the eyelids causing swelling.

Refractive error

Any of a set of conditions including myopia, hyperopia, astigmatism, and presbyopia that results in an unfocused image falling on the retina leading to blurred vision. It is the main cause of visual impairment that can be corrected by eye glasses.

Retina

The layer at the back of the inside of the eye which receives light images and sends them through the optic nerve to the brain where the images are interpreted.

Retinopathy of Prematurity

Abnormal blood vessel growth in the retina in a premature infant.

Visual acuity

The clarity or sharpness of vision measured at a distance of six meters or 20 feet. Normal distance vision is when the patient can read the letters on the 6/6 or 20/20 line.

Visual impairment

Low vision or blindness that cannot be corrected medically, surgically, or optically.

Vulnerable Populations

People who would not otherwise have access to eye care resources.