**Orbis/BHVI/HKI consortium China Child Eye Health project – Low vision**

BHVI conducted a survey and assessment on low vison service. The survey was about practitioners’ awareness of low vision, barriers to services and barriers to access using multiple choice questions and open-ended questions to evaluate the hospitals’ LV capacity, human resourcing, equipment availability, barriers to providing LV services and barriers to patients accessing LV services. Four county level optometrists and four ophthalmologists participated in the survey.

The finding was that most of the LV practitioners were able to identify LV patients correctly and provide appropriate LV aids. All participants believed that a lack of awareness and interest in the community was the major barrier to patients accessing access LV service. Most practitioners (n=7) considered effectiveness of LV care to be the major barrier faced in providing LV care, and the majority (n=6) agreed that including LV as a part of relevant practitioner’s curriculum could improve LV practice and referral pathways. While many LV practitioners did not think that a lack of awareness among practitioners is a barrier, they still agreed that creating awareness among practitioners can improve LV practice and referral pathways. It was concluded that raising awareness and education of LV to practitioners and not just patients should become priority in increasing access to services for LV patients. As LV practitioners, optometrists and ophthalmologists are responsible not only for identifying patients and prescribing LV aids to them, but promoting LV and building bridges among key stakeholders such as patients, hospital management, disability organisations and other practitioners who have limited knowledge of LV.

The assessment on LV was about developing human resources for low vision in Shanxi Province, China. 12 LV clinics have been established in Shanxi. While there is a network of key informants, low referral numbers remain a problem. It was found out that challenges faced by the LV practitioners include lack of confidence due to limited clinical exposure from low patient numbers, low community awareness including among ophthalmologists, low priority due to limited income generation and time allocation. The recommendation for strategies to overcome these include LV refresher training to improve confidence, a mentoring network, meetings with department heads to strengthen support and increase time allocation for LV services, an incentive scheme, prioritising LV services as a charitable service, increasing linkages and building referral networks. LV services were also extended to the elderly to increase awareness, clinical exposure and provide assistance to those in need. Increasing patient numbers and workplace support have increased LV practitioners’ confidence.