

VISION 2020: THE RIGHT TO SIGHT – INDIA

REPORT ON LOW VISION CONSULTATION

19 December, 2014

HV Desai Eye Hospital, Pune

A one day consultation on Low Vision was organised by VISION 2020: The Right to Sight- India at HV Desai Eye Hospital, Pune on 19 December 2014. The workshop was supported by CBM and hosted by H V Desai Eye Hospital, Pune. The purpose of workshop is to set a direction to improve quality low vision services in a well coordinated manner. The consultation was successful as a good number of low vision experts from different organisations actively participated in the same. Participants from GO's, INGO's, NGO have participated in the workshop to provide their valuable inputs. Number of participants was 25 (List is enclosed at Annexure-1).

Background of the workshop:

Low Vision Workshop held in November 2013

A two day workshop on Low Vision was organised by VISION 2020: The Right to Sight- India on November 15-16, 2013. The workshop was sponsored by CBM and hosted by H V Desai Eye Hospital, Pune with an aim to enhance the service delivery system for underserved population of Low Vision (LV) people. The workshop was successful with the enriching participation of nearly 75 officials representing NGOs, INGOs and the Government.

Objectives of the workshop were:

1. To raise awareness and orient on low vision care services among various stakeholders
2. To share existing models and lesson learnt in LV service delivery
3. To disseminate information's on available resources (Appliances and equipment – provision and supply)
4. To identify Operational Research on low vision care services

As a result of discussion during workshop, the leading challenges were identified and strategies to overcome by the challenges were suggested on various areas such as; Governance/policies, human resources, Finances, infrastructure/technology, service delivery, health information, and communication perspective, to improve the low vision services. Further, Way Forward-Action Points had emerged. A working group was formed to take the discussions to the next level. However, no

progress is noted in the last one year with regard to the action points that emerged. Furthermore, there need to be more clarity and details on action points for relevant players to move forward.]

One day consultation is planned to revisit the action points and take them forward.

Purpose: Developing an action oriented consensus on strengthening low vision services in India

Objectives of the consultation were:

Objectives of the consultation:

- Develop an operational 'vision (goal) statement' for how do we jointly understand our efforts with 'Low vision' care should lead to?
- Provide an impetus to the working group vis-a-vis the low vision strategies and action points that emerged in the workshop held in November 2013
- Explore the possibility of forming 'national level consortium' for low vision with a clear focus and commitment from member organizations, and work out its action plan

National level consortium, if formed, will prepare draft action plan/ToR with the achievable deliverables

Specifically, the consultation aims at

1. Revisiting the challenges, strategies and way-forward emerged in the previous Low Vision workshop
2. Responding to *what, how and why* for each of the action points to be able to develop a detailed component wise action plan for further guidance to the eye care institutions.
3. Develop vision statement for low vision services
4. Form a national level consortium for low vision and develop a draft action plan/ToR for consortium along with key deliverables

Agenda:

Time	Agenda item	Resource Person
08:30 - 09:00	Registration	
09:00 - 09:15	Welcome by HV Desai and VISION 2020 India	Mr Nitin Desai
	Objective setting	Mrinal Ray Madhaw
09:15 - 10:00	<ul style="list-style-type: none">Overview on previous low vision workshop	Dr. Tanuja Britto/Col. Deshpande
	<ul style="list-style-type: none">Revisiting the output of previous workshop	Dr. Tanuja Britto/Col. Deshpande
10:00 - 11:00	Group work [based on previous workshop output]	Facilitators:
	Component wise - " <i>what is needed, why it's needed, and how it can be done?</i> "	1. Dr Bhusan 2. Mr. Madhavan
11:00 - 11:45	Group work presentation and discussion	Group Representatives
11:45 - 12:00	TEA Break	
12:00 - 12:30	Brainstorm and draft vision statement for low vision (Common Statement for Discussion on forming national level consortium)	Dr Sandeep Buttan/ Dr Suraj Singh
12:30 - 13:00	LUNCH Break	Dr Sandeep Buttan/ Mr. Madhavan
13:00 - 14:00	Brainstorm on key role of consortium	Mr. Prasanna
14:00 - 15:30	<ul style="list-style-type: none">In general to low vision area	Kumar/Dr. Uday
	<ul style="list-style-type: none">In particular to output of group work	
15:30 - 16:30	Draft action plan with key deliverables	Dr Sandeep Buttan
16:30 - 16:45	TEA Break	
16:45 - 17:00	Summary workshop	Col Deshpande
	Conclusion	



The consultation started with the welcome of participants by Col Deshpande from HV Desai Eye Hospital and Mr Mrinal Ray Madhaw on behalf of VISION 2020: The Right to Sight India. After welcome and introduction of the participants, an overview on previous low vision workshop was presented by Dr Tanuja Britto and Col Deshpande. They put light on the previous low vision workshops outputs.

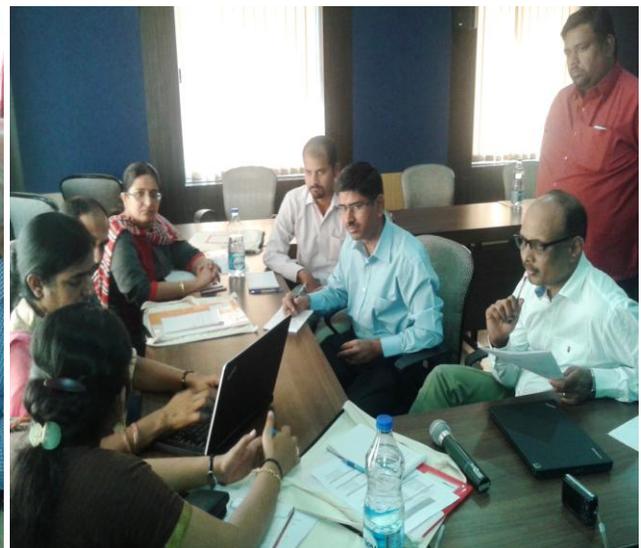
The agenda for the workshop focused on the set aims and objectives and the discussions on the various aspects of low vision. The group Group work [based on previous workshop output] focused on Component wise - "*what is needed, why it's needed, and how it can be done?*" The group work was facilitated by Dr Bhusan Punani and Mr Madhavan.

Following three groups were formed to discuss the various aspects of low vision:

- **Vision, mission & goals group:** Responsible to discuss and draft the Vision and Mission statement for Low Vision for common statement for uniform understanding
- **Partnership Group :** Discussed on awareness, Partnership & service models of Low Vision
- **Resource Group:** Group discussed on Human financial and infrastructure resources.



Vision & Mission Group



Partnership Group



Resource Group

Subsequent to the entire group work, presentations were made by the groups followed by the discussions.

Outcome of the group Work:

Vision & Mission group:

- Vision & Mission statement drafted and Goals discussed:

Vision statement-

- Ensure and enable focused rights based inclusion and empowerment of individuals with low vision.

Mission statement-

- By 2025 to achieve universal coverage for quality low vision services with involvement/ participation of all relevant stakeholders towards an inclusive society.

Goals-

- *Advocacy/policy:*
 - Low vision to be included (gets its due focus) as an essential component within all relevant State and National level policy & strategies.
- *Service Delivery:*
 - Health: Integration of low vision services with (existing) general health care delivery system at all levels.
 - Education: universalize Access to inclusive education
 - Operational methodologies for service delivery

Partnership Group:

What is needed	Why it's Needed	How it can be done	Any other remarks
Awareness			
Awareness on low vision <ul style="list-style-type: none"> • Conditions • Need for low vision care • Available low vision services • Government schemes & concessions 	<ul style="list-style-type: none"> • to make the in-house professional and public and other stakeholders understand about low vision 	<ul style="list-style-type: none"> • creating standardized awareness material – fliers, films in regional languages, social media, Mail • in schools, public places • Exhibitions and workshops national level 	<ul style="list-style-type: none"> • Availing government support • Vision 2020 with the help of eye professionals / NPCB / others • NGOs / INGOs
Partnership – coordination			
<ul style="list-style-type: none"> • Mapping of NGOs & INGOs, NHFDC And government departments, rehabilitation centers and other related professionals low vision centers AIOS, State ophthalmic & optometric society • Coordination other stakeholder 	<ul style="list-style-type: none"> • To make new amendments and increase the uptake of low vision services 	<ul style="list-style-type: none"> • Education department through teachers at state levels • Health department • identification of mechanism coordination • Skill development mission • Livelihood mission (Ajeevika) • CBR mission 	<ul style="list-style-type: none"> • Develop an app for mapping • Social media
Service delivery			
<ul style="list-style-type: none"> • Identifying low vision children and provide service • Collect all low vision children in one district and allot a day for work up with them • Incorporating with other health related screening programs (eg: Diabetes) 	<ul style="list-style-type: none"> • To reach the unreached • To cover more number of people 	<ul style="list-style-type: none"> • Incorporating at PHC, Secondary level and tertiary level • Education department 	<ul style="list-style-type: none"> • Eye hospitals to collect the children from different districts and allot a day in a month or week • Involve more of social workers

Resource Group:

What is needed	Why it's Needed	How it can be done	Any other remarks
Human resources			
<ul style="list-style-type: none"> Asha workers & ICDS Regular teachers/ special educators. Resource teachers Parents Professors & lecturers Ophthalmologist, Pediatrician & Neuro physician. Optometrist Ophthalmic Assistants Vision Technicians Rehab Specialist 	<ul style="list-style-type: none"> 11 million blind, 1:7 77 million low vision (This magnitude represents the presenting VA) 	<ul style="list-style-type: none"> Training , different modules for different cadres. Awareness Motivation Curriculum standardization. Whom do you train on a priority basis <ul style="list-style-type: none"> Optometrist Special educators, resource teachers, itinerant teaches (1 lakhs) 	<ul style="list-style-type: none"> Advocacy
Finances			
<ul style="list-style-type: none"> Fund 	<ul style="list-style-type: none"> For effective service delivery 	<ul style="list-style-type: none"> Have knowledge about the financial resource agencies. Have a booklet stating the financial resource address Management team should know to write the proposal to get the funds. Knowledge about various software available to track the latest innovations. 	<ul style="list-style-type: none"> SSA, ICDSS, Bal swasth Kendra karyakram, CSRADIP, NRHM, NRI (Abroad funding) , Online Marketing. National skill development council, AJWIKA – Syst of livelihood mission in India 1000 crore budget. National Skill Development Mission Sec 32,33 of PWD of India reservation of Jobs 1 – 3 % blind or Low vision. Sec 34 of PWD

			reservation of 3 % IIM • CBR – Mission under the Ministry of Social justice it covers the low vision • Den Dhayal Scheme (DDRS) of support to NGOs. Scheme for low vision centre
<i>Infra structure / Technology</i>			
<ul style="list-style-type: none"> • Primary Set up -20 – 30K • Secondary Set up – 50k - 1 lakh • Tertiary Set Up – > 1 lakh. • Use of technology in training & services Eg: Telemedicine, E Learning etc. • 	<ul style="list-style-type: none"> • To meet the demand at all levels 	<ul style="list-style-type: none"> • Project related to Product development. Eg: IIT , Optometry & Ophthalmology Internship Project. • Low vision resource centre in India (To avoid customs) 	<ul style="list-style-type: none"> • Conversion of effective project into market.

Consortium

After Group work presentation and discussion, Dr Sandeep briefed out the need to form a Consortium. In his presentation, he focused on the following advantages of forming the Consortium:

- Better coordination among key players
- Extend current activities to include new ones for different client groups;
- Deliver services in broader geographical area
- Deliver more holistic interventions that include areas of activity that any one agency alone are unable to deliver;
- Resource pooling (financial & non financial)
- Joint front for policy influencing (advocacy)

Post lunch as a structure, following three committees was designed to discuss Governance/ policy, planning, resourcing, implementation, coordination, guidelines, technical inputs etc.:-

1. Steering Committee,
2. Working Committee and
3. Technical committee

The next step was focused on:

- Defining groups
- Expectations
- Roles and responsibilities
- Group composition (membership and leads)
- Resource commitments

The roles and responsibilities of the groups were discussed within the specific groups and were presented and discussed in the meeting.

A) As per the discussion expectations from Steering Committee are:

- **To provide leadership** for the consortium (except technical leadership)
- **Responsible for sound Internal governance** (policy, monitoring, information systems, financial management)
- Act as the **face of the organization** (for policy, advocacy , inter agency coordination and resource mobilization)
- **Monitoring** performance and coordination of working and technical groups
- Approval of **National strategic planning** (on recommendations of working group)
- Approve **annual plans and budgets**.
- **Coordination & networking** with funding and support bodies.

B/1) Expectation from Working Committee are:

- Resources (Personnel, material, Trained persons)
- Data
- Website and dissemination of information
- One stop place for all information
- Communication and coordination
- Working groups
- Corpus for low vision working group
- Working group need to develop a plan with a budget
- Device bank and coordination

B/2) Suggested Roles and Responsibilities of Working Committee are:

- Developing preferred work packages
- Developing action plan
- Monitoring and evaluation
- Virtual meetings
- Ensuring implementation
- Coordination

- Follow up
- Possibilities for research
- Allocation of resources
- Tapping of resources
- Resource mapping and drawing
- Mapping and tapping of resources
- Providing inputs for advocacy
- Ensure implementation of recommendations given by the technical committee
- Blending Vision and Mission statements in the work we do
- Link
- Guidance

C/1) Expectation from Technical Committee are:

1. Technical guidelines & inputs
2. Creating the curriculum and disseminating the same (Two modules, separate on Clinical & Non Clinical)

C/2) Roles & Responsibilities

Clinical	Non Clinical
<ul style="list-style-type: none"> • Ophthalmologist • Optometrist • Ophthalmic Assistants • Vision Technician • Rehab Professionals • Psychologist & Neurophysician. • Physiotherapist & Others. 	<ul style="list-style-type: none"> • Asha Workers • Anganwadi workers • Professors & Lecturers • Social workers • Special educators, Regular Teachers.

1. Setting up the Minimum infrastructure required. (In the manual).
2. Setting up the time table for training
3. Enable the credit points for training sessions. (Through Chitkara University, OCI, Etc..)
4. Monitoring Action Plans and deadlines.
5. Revising the existing manual.
6. Developing an app for mapping the low vision resource centre.
7. Low vision device supplier facilitation
8. Research & innovations

Dr Sandeep also requested all participants to give their inputs on Low Vision Manual published in 2013 to update the same. He requested participants only to give their input in case it is very specific and essential to be covered.

Action Points:

- Identify the Committee members (Steering, Working & Technical) of Consortium to set the priorities for internal governance and also to prepare white paper on Low vision management
- Share specific inputs for LV Manual (if needed)



Group photo of Participants

Vote of Thanks:

- Our special thanks to CBM for their support for this programme. We would like to thank PBMA's H V Desai Eye Hospital for hosting the consultation and for taking care of local hospitality.
- We are thankful to Sightsavers for their technical support in designing and facilitating the programme.
- Our special thanks to Mr. N P Pandya for his kind presence in the workshop and to host dinner at Desai Brothers.
- We would also like to thank facilitators of the workshop Dr. Uday Gajiwala, Dr Bhusan Punani, Dr Sandeep Buttan, Mr Prasanna Kumar, Dr Tanuja Britto, Dr Suraj Singh, Mr Madhavan and Col Deshpande for their able support for making the event a success.
- Our thanks to all the participants of the Low Vision consultation for their active participation.

