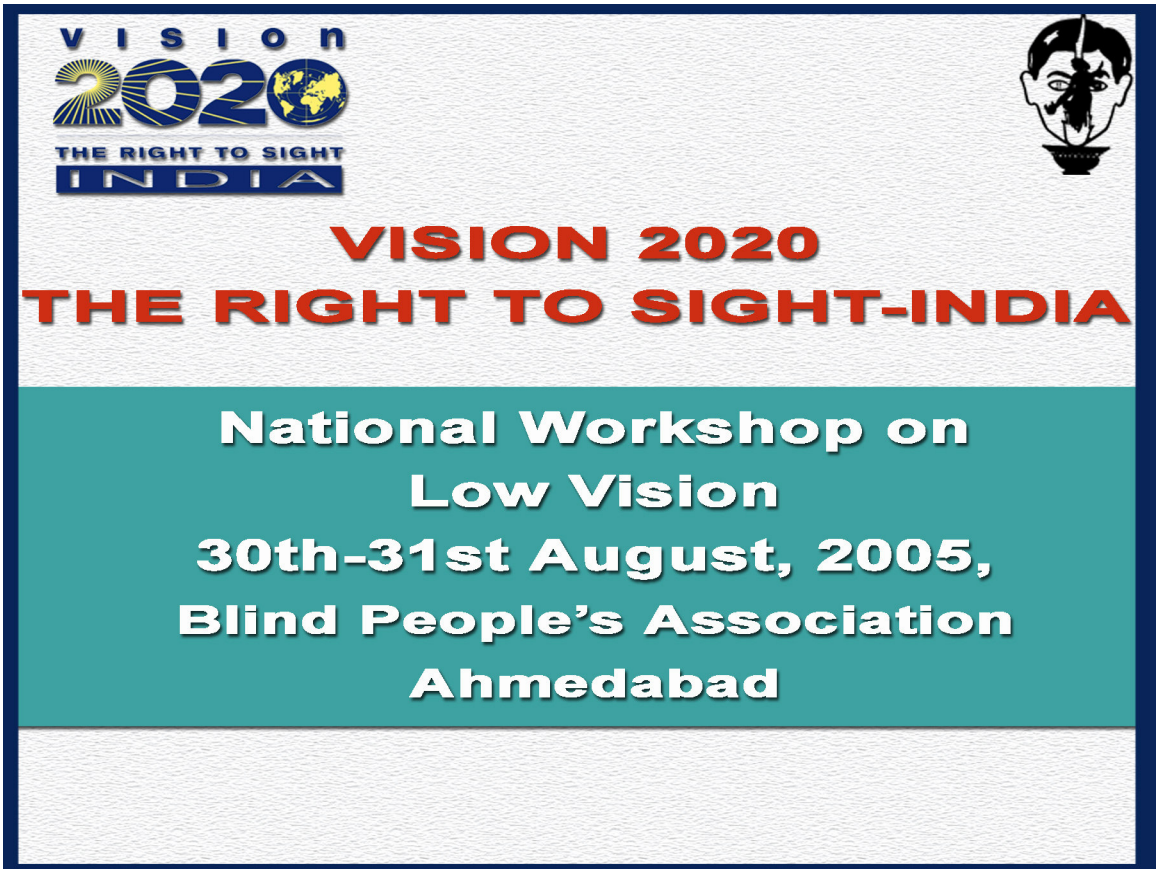

Post Programme Report on

National Workshop on

"LOW VISION"

Venue

Blind People's Association, Vastrapur, Ahmedabad.

Date

30th & 31st August 2005.

Introduction

Low Vision is a bilateral impairment to vision that significantly impairs the functioning of the patient and cannot be adequately corrected with medical, surgical, therapy, conventional eyewear or contact lenses.

It is often a loss of sharpness or acuity but may present as a loss of field of vision, light sensitivity, distorted vision or loss of contrast.

Low vision often may occur as a result of birth defects, injury, and the aging process or as a complication of disease. Low Vision services do not cure the cause of the vision problem but rather utilize the remaining vision to its fullest potential.

Low vision care does not replace the need for other concurrent treatments such as laser, medication and surgery. Low vision doctors prescribe prescription eyewear, filters, microscopic - telescopic eyewear, magnifiers, adaptive equipment, closed circuit television systems, independent living aids, training and counsel patients.

Having identified the problem, we need to identify the solution for the problem. This is in the form of various interventions at the clinical level, preventive and curative care and also at examining what we have to do at the community level to educate the people. Besides knowing the solutions rather we need to have standardized well-defined indicators or benchmarks for all these interventions made and also find out the success of the outcome.

Need

The need for a low vision service can be calculated using data from population-based studies such as prevalence of blindness and low vision surveys. If the accurate prevalence of low vision is not known, the number of people with low vision can be estimated by multiplying the number who are blind (vision < 3/60 in the better eye) by a factor of 3. (**There are around 135 million people suffering from Low Vision problem across the world**). The majority of these would be those with treatable causes such as refractive errors and cataracts. However, there will be those with incurable eye conditions with some residual vision which can be effectively utilized with the provision of low vision care. Such conditions may include retinal degenerations, dystrophies, albinism, and conditions where normal vision may not be achieved even after treatment, such as diabetic retinopathy and glaucoma. Depending on the cataract surgical rate and coverage of refractive services, it is estimated that approximately 20%-25% of the total number of visually impaired people may benefit from low vision services.

Low Vision & Vision2020:The Right to Sight

VISION 2020: The Right to Sight has provided a new impetus to the concept of comprehensive eye care encompassing eye health promotion and prevention of blindness, treatment of eye disease and rehabilitation services for people with incurable eye

conditions. The hitherto under-developed component of 'low vision', along with services for refractive errors, has been identified as a priority area for intervention. Low vision care provides assistance to those who have some remaining vision, through use of low vision devices, training in the effective use of residual vision and advice on environment. It also links eye care with education and rehabilitation services to ensure a comprehensive eye care service.

Low vision services can be offered at primary, secondary and tertiary levels. At the primary level, community-based workers identify and refer people with low vision to a higher level of service and advice on environmental modification. At the tertiary level, a team of trained professionals offer advanced care in a specially developed low vision clinic. The critical interface between these two levels is that of secondary, district level low vision care.

VISION 2020 recommends planning eye care programmes for a defined unit of population such as a district. (An arbitrary population of 0.5 million) It is important to consider population density, geographical coverage and accessibility while planning for low vision services at a district level.

In this regard, Vision2020-India had organized the **National Workshop on Low Vision** in association with BPA, from 30th- 31st August 2005 at Ahmedabad .It was a two day workshop and the participants were from Govt., INGOs, NGOs and other concerned agencies from all parts of the country.

Objectives

The main objectives of the workshop are:

- To discuss the magnitude and burden of the problem. (At different levels)
- To discuss the present Low Vision management practices and the changes required
- To bring all stakeholders (Govt, INGO, NNGO, Community and Individuals) to a common platform to discuss the issue and build consensus among on designing and establishing Low Vision Centers uniformly through out India
- To develop a workable strategy on supportive mechanism to integrate Low Vision services at primary/secondary/tertiary eye care centers in the policy frame work.
- To utilize the out come of the collective experience for developing frame work a **National Manual** on integrated Low Vision Services at deferent levels.

Methodology

The methodologies adopted to achieve the said objectives were as follows:

a) There were presentations on contentious issues by the reputed resource persons
b) Audio video presentations
c) Case studies
d) Group work and Discussion
e) Institutional Visit

Participants

A total of 58 delegates from different parts of the country had participated in the Workshop. The participants of the workshop were Central and State government officials, National practitioners, Non-Governmental organizations, INGOs representatives and Optical Industries from all over the Country. Resource persons from different parts of India such as Dr. S.A Khan, LV Prasad Eye Institute, Hyderabad, Dr. Subhra Sil, Chaitanya pur, West Bengal, Dr. Sunita Lulla, Vene Eye Institute and Research Centre, New Delhi, Mrs. Sumana Samuel,Sharp Memorial School, Dehradun, Dr. Vandana Nath , Blind People's Association, Ahmedabad, Dr. Tanuja Britto, Joseph Eye Hospital, Thrichy participated and offered their inputs and also helped the group members to have better perception of resource mobilization.

Venue and Dates

The Venue for the National workshop on Low Vision was the Auditorium, **Blind People's Association, Ahmedabad**. The dates were 30th & 31st August 2005.

Proceedings

Day-One (30th August 2005)

Inaugural Session

At the outset **Mrs. Nandini Rawal,** Project Director, Blind Peoples Association in her welcome address appreciated the participation from all corners of the Country and extended warm welcome to all participants and the guests on the dais. Later on **Dr. Bhusan Punani**, Executive Director, Blind Peoples Association welcomed all the guest on the dais and briefed their introduction to all the participants. **Mr. PKM Swamy,** Executive Director VISION 2020-India gave overview of the workshop. The workshop was inaugurated by **Mr. Ashok Bhatt**, Hon'ble Minister of Law, Justice, Health & Family Welfare and Valedictory address by **Dr. Amarjit Singh** IAS, Commissioner Health and Family Welfare, Government of Gujarat. Dr. Amarjit Singh, in his address

assured that, any pilot programme related to the Low Vision will be encouraged in the Gujarat state. **Dr. S.A. Khan**, Head, Low Vision department, LV Prasad Eye Institute presented the "Magnitude and Burden of Low Vision problem" in global level and in India level. He also explained the present low vision practices in India particularly at LV Prasad Eye institute. In his presentation, he highlighted the burden of the problem in future and appeals to address the issue right now at all level. **Mr. Bikash Chandra Mohanta**, Programme Manger, VISION 2020-India gave the vote of thanks.

Having had an orientation to the topic, all delegates divided into three groups. Each group had delegates from East, West, North and South. All three groups were given different topics to discuss among themselves. The topics were:

- Present low vision management practices (clinical & non clinical)
- Present Low vision services at different level and HR requirement
- Supportive mechanism required to rehabilitate the LV persons (cost effective aid, certificate, different schemes and benefits from Govt. , INGO and local institutions)

Resource persons were assigned to all groups to guide them. All the groups discussed for an hour and came up with their observations.

In the first plenary session *group-1(A)* and *group-1(B)* presented their observation before experts shared their experience on the themes earmarked. **Dr. Subhra Sil** shared her experiences and made observations on the group work. She presented a paper on the theme "Low Vision Services at different level and HR requirement" Present Low Vision management practices (Clinical)". Later on **Dr. Sunitha Lulla Gur** shared her experiences and made observations on the group work. She presented a paper on the theme "Present Low Vision management (Non-clinical)". At the end of the first plenary there was the Q&A session where resource persons answered the quarries of the participants on the above topics. The main lessons from the group presentations and the presentations from resource persons were noted.

The same method was adopted for the other two sessions also. At the beginning of the second session, *group-I1 (A)* and *group-I1 (B)* presented their observation before experts shared their experience on the themes earmarked. **Dr. Tanuja Britto** shared her experiences and made observations on the group work. She presented a paper on the theme "Low Vision Services at different level and HR requirement".

Similarly in the third plenary session, *group-I1I (A)* and *group-I1I (B)* presented their observation before experts shared their experience on the themes earmarked. **Dr. Vandana Nath & Mrs. Sumanna Samuel** shared their experiences and made observations on the group work. Together they presented a paper on the theme

"Supportive mechanism to rehabilitate the LV persons (Cost effective aid, certificate, different schemes and benefits from Govt, INGO and local institutions)".
At the end of the plenary there was the Q&A session where resource persons answered the quarries of the participants on the above topics. Dr. S.A. Khan clarified the doubts of the participants from his reach experience in the field. The main lessons from all the group presentations and the presentations from resource persons were noted.

Day-Two (31st August 2005)
In the post lunch session Delegates were divided into four groups. Each group had their own theme to discuss and had their leader to monitor the discussion. Working briefs for the themes were provided before hand to concentrate on. Group I & Group III worked on the theme "Development of guidelines and managing Vision Centres at Primary level". Similarly Group-II and Group- IV worked on the theme "The financial and Non-financial (policy) support and action plan for development and spread of Vision Centers at Got, INGO &NNGO levels". Each group discussed at length till evening and noted their recommendations.

Day-Two (22nd December 2004)
The day begun with Morning Prayer. Mr. Swamy briefed the last day proceedings and also the planned schedule for the day ahead. All the participants were again sat in their respective groups. Based on the presentations, their experience and future need, groups were asked to suggest their opinion on the following areas.

- **Development of guidelines for disease control interventions, establishing and managing low vision centre at primary/ secondary/ tertiary level)**
- **The financial and non-financial support for development of infrastructure, HR and technology to spread low vision services by Govt., INGO, NGO**
- **Ensuring community participation in low vision services (management and sustainability)**
- **Content and structure of a manual on low vision services (national)**

All the groups sat for an hour and came out with recommendations. The recommendations were presented before the delegates. All these were debated, discussed and refined. The agreed points were noted for final recommendation and for consideration in the report.

Concluding Session

In the concluding and valedictory session **Dr. Amarjit Singh** IAS, Commissioner Health and Family Welfare, Government of Gujarat was there as chief guest. VISION 2020-India felicitated with pride the following individuals that have contributed to the Low Vision care in India.

1. Dr. S.A. Khan, LV Prasad Eye Institute, Hyderabad
2. Dr. Subhra Sil, Vivekanada Mission Ashram, West.Bengal
3. Dr. Sunita Lulla, Venu Eye Institute & Research Centre, New Delhi
4. Dr. Bhusan Punani, Blind People's Association , Ahmedabad
5. Dr. Tanuja Brito, Joseph Eye Hospital, Thrichy
6. Mr. Ramani, National Association for the Blind, Mumbai

Reading materials were made available to all participants. In the concluding remarks Mr. Swamy expressed vote of thanks to one and all for making the workshop successful.

Recommendations

I. Guidelines for establishing and managing Low Vision Centers at Primary Level

A. Rationale for establishing a Low Vision Centre (LVC)

- Each Person has Right to Sight.
- Social acceptance and independence
- Making use of residual vision
- It should be integral part of primary eye care especially in Vision Centre.

B. Human resource required

- There should be at least one Mid Level Ophthalmic Personnel (MLOP) trained in Low Vision.
- CBR worker (exposure to Low Vision Services)
- Special educator (Trained in dealing with LV persons)

C. Training of Human Resource

- MLOP training in Govt. sector/ Reputed Eye Institutes.
- Candidates should preferably be selected from the community with minimum qualification 10 + 2.
- Curriculum of Low Vision should be added in the MLOP training.
- Conduct periodic reorientation training for existing MLOPs – formal / non-formal (distance).
- Training should be supported by the Central Government/ INGOs

D. Infrastructure / Equipment

- Trial set, Trial Frame (Adult and Child), Vision Testing Drum, Plane Mirror Retinoscope, Streak Retinoscope, Snell en's Charts, Binomag / Magnifying Loupe, Schiotz Tonometer, Torch (with batteries) Lid Speculum, Epilation Forceps, Foreign body spade and needle, Direct Ophthalmoscope (used by Medical Officers), Rechargeable batteries, Slit lamp (optional), Vision Charts for pre-verbal children and Vehicle or logistic support (optional).
- Low Vision assessment Kit.

E. Financial / Non-financial resources

- Any agency may set up a Vision center with provision of **Low Vision assessment** facility with the support of Government, NGOs, Community (panchayats, local leaders etc.)
- Appropriate costing of a additional cost to the VC needs to be done
- It could be set up in a rented premise or within a PHC facility or in CBOs.

II. Guidelines for establishing and managing Low Vision Centers at Secondary Level

A. Rationale for establishing a Low Vision Centre (VC)

- Each Person has Right to Sight.
- Comprehensive eye care service at secondary level.
- Clinical and non-clinical assessment may be taken simultaneously.
- It should be an integral part of secondary eye care Centre.

B. Human resource required

- There should be at least one ophthalmologist trained in Low Vision.
- Two optometrist trained in Low Vision screening.
- Rehabilitation worker (specially for Blind and Low Vision persons)
- Special educator (Trained in dealing with LV persons)

C. Training of Human Resource

- CME for the ophthalmologist
- Curriculum of Low Vision should be added in the MLOP training.
- Special short term training for Ophthalmologist/ optometrist/ Educator/ counselor
- Training should be supported by the Central Government/ INGOs

D. Infrastructure / Equipment

- Secondary Eye hospital equipments **plus** perimeter, near vision test equipment, mobility training, and vision enhancement training facility.
- Optical and non-optical Low Vision devices for assessment and prescribe.
- Low Vision assessment Kit.

Low vision assessment kit for eye care professionals in developing countries

List of items

Optical devices

- Spectacle +16.00D lenticular design spherical CR 39 adult frame 1
- Spectacle +16.00D lenticular design spherical CR 39 child frame 1
- Spectacle +24.00D lenticular design spherical CR 39 adult frame 1
- Spectacle +24.00D lenticular design spherical CR 39 child frame 1
- Half eye spectacle +5.00Dsph with 5 prism 1
- Half eye spectacle +8.00Dsph with 8 prism 1
- Hand-held magnifier 3x 1
- Hand-held magnifier 2.5x 1
- Pocket magnifier 3x 1
- Pocket magnifier 6x 1
- Stand magnifier 6x 1
- Hand-held monocular distance vision telescope 3x Galilean 1
- Hand-held monocular distance vision telescope 4x Galilean 1
- Absorptive lenses 80% tinted grey 1
- Absorptive lenses 80% tinted brown 1
- Absorptive lenses 80% tinted yellow 1

Non-optical devices

- Reading guide 1
- Writing guide 1
- Signature guide 1
- Felt-tipped pen (black ink) 1
- Soft lead pencil 3B 1
- Note (currency identification) 1
- Bold line paper 1
- Color identifier 1
- Needle threader 1
- Bags & spiral binding 1

Visual Acuity Charts

- Distance vision (letter and E chart) - Log MAR 1
- Near vision - graduated print size 1

Instruction Manual 1

E. Financial / Non-financial resources

- All secondary eye hospital may set up a low Vision center with the support of Government, NGOs, corporate/ Community (local leaders etc.)
- Appropriate costing of the additional cost to the existing centre needs to be done.

III. Guidelines for establishing and managing Low Vision Centers at Tertiary Level

A. Rationale for establishing a Low Vision Centre (VC)

- Each Person has Right to Sight.
- Comprehensive and advance eye care service at tertiary level.
- Clinical and non-clinical assessment may be taken simultaneously.
- It should be integral part of tertiary eye care Centre.
- Research and development.
- Optical and non-optical device manufacturing

B. Human resource required

- There should be at least one full time ophthalmologist trained in Low Vision.
- Three optometrist trained in Low Vision screening.
- Rehabilitation worker (specially for Blind and Low Vision persons)
- Two Counselor
- Special educator cum trainer (Trained in dealing with LV persons)
- Consultant for manufacturing LVDs
- Administrator

C. Training of Human Resource

- Advance training in Low Vision to Ophthalmologist/ refractionist
- CME for the ophthalmologist
- Special short term training for Ophthalmologist/ optometrist/ Educator/ counselor
- Orientation to different latest optical and non-optical devices
- Training should be supported by the Central Government/ INGOs

D. Infrastructure / Equipment

- It should have provision for all clinical and non-clinical test for the Low Vision person
- Optical and non-optical Low Vision devices
- Manufacturing unit

E. Financial / Non-financial resources

- All tertiary eye hospital must set up a low Vision center with the support of Government, NGOs, corporate/ Community (local leaders etc.)

Appropriate costing of Low Vision unit (additional cost) needs to be done

Monitoring, Evaluation, Documentation and MIS

- Financial / Progress report of Govt. Vision Centres (Primary) should go to MO-PHC (secondary) and from there to DBCS to State Program Manager (tertiary) to GOI-NPCB.
- Private / NGO set up may have own Management Information System (MIS). Reporting requirement would be based on the requirement of supporting agency.
- Following reports can be maintained at the Primary level and reported Secondary Hospital. The compiled data of the same may pass on to tertiary level from Secondary level.
    - Out-patient records (BCVA, treatment etc.)
    - No of persons with Low Vision
    - Training session attended/ visited by each LV person.
    - Inc. & Exp. Records
    - Stock list
    - Inventory etc.

Sustainability

- Plan for sustainability at the initial level
- Need based approach
- Networking and coordination with other local agencies
- Seeking continuous support from skilled personal

IV. The Financial and Non-financial (policy) support and action plan for development and spread of Low Vision Centers at Govt., INGO and NGO levels

A. Policy measure

- Mapping of area served by each low vision services to avoid duplication of effort and to ensure co-operation between Govt., NGOs and local community.
- It is important to have a link with a "Primary-Secondary-Tertiary" level eye care facility in Govt., NGO or private sector. A Low Vision Centre should be set up after establishment of this link formally.
- Transport of referred patients to secondary/ tertiary facility should be the responsibility of the latter
- Totally free service is not to be encouraged (except for the very poor).
- Nominal registration fee may be charged.
- Referred patients may pay according to policy of secondary/ Tertiary facility.

B. Resources for LVC and role of INGO and local Community

- Non-recurrent cost would include infrastructure, equipment and cost of training man-power. This cost should be mobilized from Govt., NGOs & local community.
- Recurring cost would include salaries, consumables, overheads and social marketing. This expenditure will be met through Govt. /INGO support, registration fees, spectacles and Low Vision Devices.
- Wherever possible INGOs should establish strong linkages with Government to set up or strengthen Low Vision Centers. INGOs should provide one time cost (Capital cost).
- Community awareness should increase through teachers, religious groups and self help groups. They should also play a vital role in providing place; identify suitable person and forming a Local Advisory Committee to act as a local guardian.

C. Validation / Monitoring

Following data, activities and revenue sources should be periodically monitored:

- No. of patients examined
- No. visit made
- No. of optical , non-optical devices prescribed/ given
- Referrals
- Follow-ups
- School screening
- Volunteer training
- Revenue from registration and spectacles
- Revenue from referral patients (at secondary eye hospitals)
- No referral compliance
- Qualitative: satisfaction and Impact of services of LVC
- Techniques: uniform data base for all LVCs

D. Time frame & Target (2002-2007)

- All tertiary Care Eye Centre should have Low Vision Centre
- Training to ophthalmologist and refractionist in all Secondary Eye hospital
- Identification of Training Centers & Curriculum
- Job description
- Handy Manual on Low Vision management for practitioners.

<u>Content of Manual on Development and Management of Low Vision Services</u>

The Manual should contain the following:

1. Need for Low Vision services
2. Low vision & Rehabilitation services at various levels.
   (a) Primary (b) Secondary (c) Territory

- Quality standards
- Specific protocol for individual attached to Low Vision care with detailed job description
- Community participation

- Strategies to become self supporting
- Link with secondary/ tertiary hospital
- Monitoring
- Documentation/Data formats
- Do's & don'ts and ethical practices
- Available in regional languages
- More pictorial content
- Specific guidelines on Information Systems

3. Accounts plan

4. Appendix
    - Reference
    - Information about Low Vision Devices
    - Information about training on Low Vision & Rehabilitation

Shape & structure of the Manual

ELECTRONIC	**PRINT**
e.g. CD, Website	Hand book 50 pages

Involvement

Vision 2020-India

1. Identification of resource persons
2. Consultation with Government, NGO, INGO
3. Set up

Resource/ agencies

Low Vision working group in Vision 2020: The Right to Sight – India forum

Cost factors

1. Volume
2. Numbers

Annexure

I. **Programme Schedule**
II. **List of participants**
III. **Set of paper presented by groups**
IV. **Set of paper presented by the resource persons**