

Meeting on low vision, with emphasis on (inclusive) education

Held in Dar es Salaam, October 16-17, 2007

Karin van Dijk, Facilitator

Introduction and objectives of the meeting

It is estimated that there are between 340.000 and 540.000 people needing low vision care in Tanzania. Precise data do not exist yet. Many of these are children aged 0 to 15 years as 45% of the population falls in this age group.

There are many children with low vision who do not access the necessary services. Many have neither access to an eye examination, nor do they go to school. Some children who are in schools/ annexes for the blind are being enrolled without any eye check. Many who have been seen by the eye care facility do not have the prescribed spectacles or devices. A particular concern is the lack of any (or use of) guidelines for admission of children to schools for the blind or annexes. There are a reasonable number of children who are not blind in these institutions.

A stakeholders meeting / workshop was held on October 16 and 17 at CCBRT in Dar es Salaam to identify activities and partners through a situational analysis of low vision care with emphasis on (inclusive) education to help highlight strategies to improve services for children in Tanzania. The initiative for the meeting came from Kilimanjaro Centre for Community Ophthalmology (KCCO) /Kilimanjaro Christian Medical College/Tumaini University and was co-hosted by the Ministry of Health.

Appendix 1 lists all participants.

The objective of the workshop was to collaboratively analyse the current roles and responsibilities of various organizations in the area of low vision and inclusive education in Tanzania in the following aspects:

- o The geographical coverage of organizations
- o The type of work undertaken
- o A SWOT (strengths, weaknesses, opportunities, threats) analysis of the present situation of low vision care and inclusive education

Appendix 2 lists the detailed objectives of the workshop.

All invited stakeholders were asked to present what they are currently doing relating to low vision care (both clinical, education and rehabilitation activities), how many people they are serving and where.

It was anticipated that the end product of this workshop will be a better understanding of current work as well as identification of potential partners who could be involved in mutually shared activities. In addition it is expected that the workshop will be the start of improved collaboration and communication between all involved. Identification of the

expanding services and support to the needy areas,
firm.

The meeting was seen as successful and most stakeholders invited attended. The mapping of services was started by compiling the information given in the presentations and by asking participants to check and complete missing information afterwards. The results of the mapping are compiled in a separate document.

The joint analysis of the current strengths and weaknesses of low vision care services in Tanzania showed that there are a variety of skills and expertise in Tanzania relating to both clinical and educational low vision care, but that these are concentrated in a few regions and do not offer services to all that need it. The lack of coordination and communication between all the parties involved in low vision care was singled out as the most important point that needs improvement as soon as possible. Appendix 3 shows the detailed outcomes of the SWOT analysis.

Summary of main points arising from presentations and discussions that need to be addressed to ensure access to good quality low vision care for children

- ➔ (Non) Cooperation / communication between eye care, education (NGOs / government) and parents/clients/organisations
- ➔ Rights of people with low vision (e.g. access to an eye check, to LV care, to appropriate education which includes use of print) need to be addressed
- ➔ Need for relevant and standardised national training in low vision of professionals: eye care, teachers
- ➔ Need for systems for early identification of visual problems in children
- ➔ Awareness of low vision /importance of use of vision needs to be raised in the community, in families of people with low vision, among teachers and among eye care staff
- ➔ Streamlining of systems to obtain and use distance corrections and low vision devices
- ➔ Importance of giving all children with low vision access to print and the use of remaining vision, as it was found that a minimum of 80% of children with visual impairment have enough vision to use print
- ➔ Need to increase access to education for girls with low vision, as currently only 40% of children with low vision in schools are female
- ➔ Current lack of services for people with multiple disabilities / deafblindness
- ➔ Lack of regular follow-up by children with low vision to eye care, after the first assessment / surgery (e.g. annually) and lack of follow-up by professionals to the children in schools

Main actions proposed

All participants agreed to the following actions:

- Organise regular meetings of all stakeholders, with central coordination by the Ministry of Health (in close cooperation with the Ministry of Education, special needs

Set up a national Coordinating Committee lead by the
representatives of the institutions that attended the meeting can be members.

This committee should undertake the following:

- ➔ Complete the gaps in the mapping started in this meeting, through sending out a questionnaire to all stakeholders. This will be organised by a small group, including the Ministry of Health, the Ministry of Education, CBM, OUT, KCCO/KCM College, MNH and TSB
 - Agreed deadline for making and sending questionnaire: early December 2007

- ➔ Results of the questionnaire will be compiled and presented at the next meeting of extended stakeholders
 - Planned for February 2008

- ➔ At the meeting in February 2008, the agenda will be (amongst others)
 - Presentation and discussion on the mapping of LV services
 - Establishment of closer networking
 - Contributions to draft policies and guidelines currently being developed, such as
 - Guidelines / policy for admittance of children with low vision to schools for the blind/ Annexes
 - Rights of children with visual problems /other special needs to early health (eye) care
 - Inclusive education for children with special needs
 - Manual with guidelines for teachers how to work with a child with low vision in the classroom

In addition, the following topics were suggested for the next and/or third meeting, as part of a continuous development of LV services in the country:

- Strategies to raise awareness of low vision, using mass media such as television, posters and brochures
- Formulation of policies / guidelines on provision of low vision care in order to harmonise services
- Planning of formal trainings for the different professionals working in low vision: eye care staff, teachers, rehab workers
- Strategies to increase early identification of children with low vision, through MCH clinics and (pre) schools

Karin van Dijk, October 20, 2007

Members meeting 16-17 October 2007 CCBRT Dar es Salaam

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THE WORKSHOP

- ❖ Map all organizations delivering and/or facilitating eye care, education and rehabilitation services for people with low vision in Tanzania. These include both government and non-government organizations.
- ❖ Describe the services delivered by each organization. These include the provision of eye examinations, medical and optical interventions; the assessment and training of clients; the support of teachers and other professionals in homes and schools of clients; and the formal training of staff.
- ❖ List numbers and demographic characteristics of clients assisted by each organization over the last 3 to 5 years.
- ❖ Make a SWOT (strengths, weaknesses, opportunities and threats) analysis of the current provision of low vision care
- ❖ Start developing collaborative strategies in order to harmonize services delivered, with emphasis on (inclusive) education. These strategies could include, amongst others, guidelines to ensure early access to eye care and access to appropriate (inclusive) education for all young and school-age children with low vision

In smaller groups a SWOT analysis of two main goals relating to provision of low vision care services was undertaken:

1. Cooperation between organisations currently providing / supporting low vision care for children

Strengths

- There are some resources available:
 - Trained staff in LV (ophthalmologist, optometrists, LV specialist teachers)
 - Funds
- Tertiary hospitals with LV services in Moshi and Dar es Salaam
- Expertise in running LV services
- TZ has a good community set-up
- Exams can be made in large print

Weaknesses

- Lack of coordination to cooperate
- Organisations are unaware of each others activities
- Poor communication between education and eye care (e.g. no feedback from teacher to doctor on report or no clear report from doctor to client/family/teacher)
- Uneven distribution of services

Opportunities

- TZ signed the UN convention for rights of People With Disabilities
- Many organisations are willing to support LV (especially donors)
- Vision 2020 explicitly mentions LV care as a priority
- Ministry of Health has mentioned guidelines for ensuring access to eye check for children in strategic plans

Threats

- Lack of policy to prevent overlap of services
- Low vision care is a low priority in the government

Goal 2: Use of print / use of vision, whenever possible, by children with low vision

Strengths

- Ministry of Health and of Education, TSB, KCCO, SSI, CBM, KCMC, CCBRT and others are already involved in LV
- Tertiary Eye hospitals + regional eye services in North provide clinical low vision care
- Many optometrists (who can do a refraction) are available

8 regions
(readily) available

- Open University Tanzania (OUT) provides audio/large print for students with VI in secondary/tertiary education
- All teachers have been trained to teach print literacy
- All school books available in print + at start of the school year
- LV Services for Secondary education now piloted (Moshi, Korogwe)
- Some District Education Offices support LV services (Shinyanga, Mwanza)
- Services for people with deafblindness (DB) are now being strengthened
- Parents association is involved in services for people with deafblindness

Weaknesses

- Poor communication amongst service providers / ministries
- Little low vision awareness in community, among VI people, among teachers
- Clinical LV care not available in 18 regions
- Uneven distribution of services
- Very few children are identified with visual problems at a young age (little early identification)
- No emphasis on low vision in training of eye care, teachers, special teachers
- Not enough teaching staff to train professionals
- Not enough eye care staff / teachers trained in LV
- Teachers trained in VI not always sent to schools with VI children
- Many special teachers learned only to teach braille
- Some teachers do not send children for clinical LV assessment
- Many children unnecessarily learning and using braille
- Lack of appropriate educational assessment
- Advice given by teachers/ doctors to use braille to ~~save~~ vision
- Lack of large print materials

Opportunities

- Ministry of Education reportedly developing guidelines for inclusive education for children with special needs
- Patandi teacher training college is discussing LV + DB modules
- Open University Tanzania (OUT) discussing LV training
- Sebastian University to open special needs training

Threats

- Classes are very large, which means possibly less attention for a child with low vision