

**Second National Stakeholders Meeting on Low Vision  
& Inclusive Education  
Dar es Salaam, Tanzania  
June 10<sup>th</sup>, 11<sup>th</sup> 2009**

Report by Karin van Dijk

## **Introduction**

This meeting was organised by the Ministry of Health and Social welfare (MOHSW), in cooperation with the Ministry of Education and Vocational Training (MOEVT), Kilimanjaro Centre for Community Ophthalmology (KCCO) and the Tanzania Society for the Blind (TSB), as a follow-up on a meeting in 2007. The first stakeholders meeting 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 objective of this first 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

A report, including the mapping of services, was sent to all participants.

It was expected that the workshop would be the start of improved collaboration and communication between all involved. Identification of good practices and of gaps in services, to determine best strategies for developing low vision services further in Tanzania were seen as the next steps to be taken.

The main objectives of this second meeting were:

- ▶ Review current evidence of good practices and the activities of partners involved in all aspects of comprehensive low vision care
- ▶ Start to determine the best strategies and partnerships necessary to improve services for children in Tanzania

Appendix 1 has the complete agenda as it was implemented during the two days. Appendix 2 shows the list of participants.

## **Opening**

The meeting was opened by Dr. Edward J. Kirumbi, Coordinator (acting) of the National Eye Care & Onchocerciasis Control Program. He expressed thanks to Dark & Light Blind Care and CBM for their support for these next two days. He highlighted the need for partnership as a key to success in achieving VISION 2020 in Tanzania and explained that the Ministry of Health is keen to work with all partners to ensure that Tanzanian children receive the best possible clinical care and education services possible. He explained that low vision services need to be part of eye care, education and rehabilitation services, and therefore require good coordination and communication between all the different services. He highlighted that it is important we learn from current practices to ensure all children with special needs and/or visual problems have access to quality eye care, surgery, glasses and/or low vision devices, and secondly that they have access to their local school where possible. He expressed the hope that this meeting will provide practical recommendations related to policy development; to linking eye care with education, and to the training of human resources.

Mr Kalumuna from the Special Needs Education in the Ministry of Education (MOEVT) held the next opening speech. He said the MOEVT is committed to ensuring that children with low vision will be included in all educational institutions country wide, and is working on the second draft of National Strategy on Inclusive Education, 2009-2017. He highlighted the fact that many children with low vision are enrolled in school but may not be fully participating, and the need for support services such as eye health services. When LV children can effectively and actively participate in education settings they will and can perform better.

## **Overview of current low vision related services in Tanzania**

It is estimated that there might be between 18,000 and 36,000 children with Low vision in Tanzania. However exact data is not available. It is known that there are around 1500 children in education, less than 10%, mostly in the 30 Annexes/schools for the Blind.

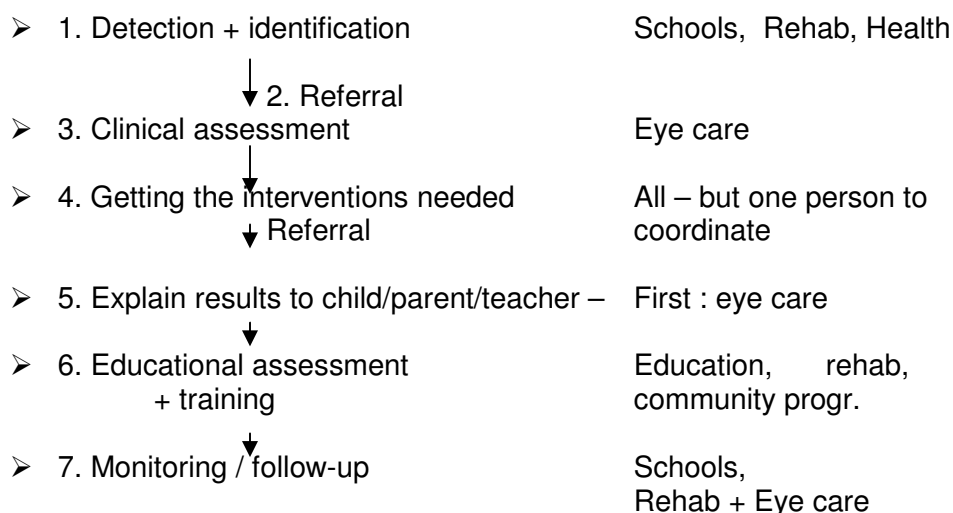
There are low vision services related to eye care and to education scattered throughout the country, but not everywhere, and not necessarily both in the same districts and regions.

## **Key points learned from examples of services in Tanzania, with an emphasis on good practices**

There were six presentations on good practices of services and programmes in Tanzania. Appendix 3 lists the presentations.

Participants listed the key learning points after each presentation related to the different stages of comprehensive low vision services.

Diagram 1: stages of comprehensive low vision care



Appendix 4 lists the key points learned, which centred on the importance of linkage between eye care and education, clear responsibilities for services at district level, the need for guidelines and standards to ensure children are only admitted to appropriate education after thorough eye examinations. Access to glasses and assistive devices, appropriate learning materials and the need for regular follow-up were also emphasised as keys to success. All these were used as a basis to look at pragmatic steps that could improve services.

### **Developing policy to ensure children with low vision enrol in appropriate schools with their best possible vision**

As a result of highlighting the points learned from good practices and from those that need improvement, participants discussed as a first step, improving the identification of children with LV. Most suggestions related to a better use of existing structures and programmes, such as MCH clinics, outreach activities, health workers and teachers

Participants worked in separate ‘eye care’ and ‘education’ groups on determining pragmatic ways to improve services. An important topic was to discuss who can take responsibility to ensure action is taken. The questions used for the discussions are listed in Appendix 5. The emphasis was on the children currently in Annexes or waiting to be enrolled. The results of the discussions were presented (see Appendix 6) and can feed into an admittance policy to appropriate educational placement for children with low vision, as agreed by everyone.

The overall recommendations for improving services and ensuring children receive a thorough eye examination and its intervention, before being admitted to the appropriate educational facility (mainstream school – Annex) are as follows:

## **Recommendations**

1. Develop admittance policy to ensure quality low vision services for children that need to go to school
  - a. In a taskforce (low vision sub committee under National Prevention of Blindness Committee) that will set criteria as listed under #3 below
  - b. Use this report as a basis and consult policies from other countries
  - c. Keep the taskforce small and workable
  - d. Involve the relevant ministries
  
2. Use existing (government) structures to include low vision services in eye care and education. Both the National Eye Care Policy guideline(2007) and the draft Strategy for Inclusive education (2009-2017) will be used to ensure appropriate service development.
  - a. The policy needs to fit into the ‘National Eye Care Policy Guideline’, 2007, of the MOHSW. This policy lists clear guidelines under 1.6 that can also relate to low vision services, has clear policy strategies for rehabilitation of people with blindness and low vision (2.5), has guidelines for technical competence (4.2) and human resource development (5.2).
  - b. The policy needs to fit into the proposed ‘National Strategy on Inclusive Education, 2009-2017. Ensuring children with low vision have access to eye care and its interventions before being enrolled in school, will help to lift the barriers to presence, participation and learning.
  
3. The following key elements are recommended to be part of the admittance policy
  - a. Formal linkage between eye care and education: designating regional eye coordinator and regional education officer to coordinate low vision services, within eye care, within education, and within community programmes; at district level the district eye coordinator can liaise with the special needs officer / district education officer.
  - b. Clinical assessment should minimally consist of 2 steps with the following activities:
    - I. For all children with special needs / visual complaints
      - Diagnosis of the cause of the vision problem (ophthalmologist)

- Near and distance visual acuity (optometrist)
  - Retinoscopy + subjective refraction (optometrist)
  - Assigning responsibility to ensure access to affordable glasses (Cooperation between local education authorities and eye care services need to ensure all children obtain the glasses needed)
- II. For children with low vision
- Assessment of need for magnification and non-optical interventions (optometrist with low vision training)
  - Assigning responsibility to ensure that children obtain the magnifying and non-optical devices
- c. For each of the activities above, the required skills of staff need to be determined
- d. Description of what low vision is
- e. Criteria related to learning medium, such as near vision level and print
- f. Guidelines for school examinations
- g. Guidelines for children with albinism as they need special consideration due to the current security situation
4. Updating of the mapping of low vision services (from 2007) to avoid duplication between service providers. It is recommended the MOHSW and MOEVT take the lead and request for information.
- a. Mapping of current trainings for eye care and education staff can be part of it in order to start developing strategies for upgrading staff in low vision care
  - b. Regular sharing of evidence of good practice, e.g. through articles, could be part of the process
5. Suggestions were made that all children get a general health check before education and that an eye check can be part of the health check; this can be taken up with cooperation between MOEVT and MOHSW
6. A third national stakeholders meeting needs to address strategies to develop human resources for comprehensive low vision care, using diverse methods such as inclusion of low vision into curricula of existing training institutions, short-term formal trainings, informal sharing of expertise.

### **Closing remarks**

The Ministry of education representative, Mrs Mlelwa, highlighted the following:

- ◆ The meeting has allowed for planning for activities for inclusion of LV into educational services
- ◆ MOHVT, MOEVT and NGOs are in partnership but need to involve other stakeholders from the grass roots.
- ◆ We need to remind ourselves to be determined and committed – this will ensure good communication and collaboration and implementation of what has been achieved in this workshop
- ◆ It is not easy to implement without funding – budgeting of activities in 2010 proposed for separate LV budget in both Ministries
- ◆ Meeting has allowed for gaining of Knowledge and skills: please share this with other stakeholders.

On behalf of MOHVT and the acting National Eye Care Coordinator Mrs Kingo gave the following closing messages:

- ◆ Linking of eye care and education in providing low vision care is vital
- ◆ Geographical coverage of LV services is important and needs addressing between Ministries and NGOs
  
- ◆ As a next step training – what and who needs to be trained, needs consideration

## Appendix 1: Agenda - National Stakeholders Meeting on Low Vision & Inclusive Education, Dar es Salaam, Tanzania; June 10-11, 2009

### Main objectives

- ▶ Review current evidence of good practices and the activities of partners involved in all aspects of comprehensive low vision care
- ▶ Start to determine the best strategies and partnerships necessary to improve services for children in Tanzania

Facilitator: Karin van Dijk

Time	Topic
<b>Wednesday, June 10</b>	
0900-0930	Opening by Ministry of Health & Social Welfare and Ministry of Education & Vocational Training
0930-1030	Introductions & goals of the stakeholders meeting Summary of outcomes of 1 <sup>st</sup> Stakeholders Meeting  Overview of current low vision related services in Tanzania
1030-1100	Break
1100-1230	Examples of services in Tanzania, with an emphasis on good practices
1230-1400	Lunch
1400-1600	Examples of services in Tanzania, with an emphasis on good practices Key points: Services needed by children with low vision in Tanzania with an emphasis on inclusive education
<b>Thursday, June 11</b>	
0900-1030	Strategies to develop quality low vision services for children with specific attention to policy development
1030-1100	Break
1100-1230	Continued
1230-1400	Lunch
1400-1600	Way forward <ul style="list-style-type: none"> <li>▪ Development of human resources</li> <li>▪ Coordination and communication for comprehensive low vision services</li> <li>▪ Proposed plan of action</li> </ul> Closing remarks: MOHSW & MOEVT

<b>Second Low Vision Stakeholder Meeting: June 10th 11th 2009</b>		
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### **Appendix 3: List of presentations relating reviewing evidence for good practice**

1. Children in schools for the blind: 2007 Survey carried out by: Dr. Bernadetha Shilio & team – by Dr Paul Courtright

#### Summary:

- Large % of children in schools for the blind and annexes are not blind
    - o However, Braille is form of teaching for most
  - Most children enrolled in last few years
    - o Half are age 9 or more (where have they been?)
    - o Very few of new enrollees had a file
  - Overall, few children had a file
    - o Even if had a file, few had an exam noted in the file
  - Very few wearing glasses
  - Children are admitted before any eye examination is done
2. Two case studies presented by TSB (Mr Roy Maeda) on the good collaboration between eye care and education and results of regular follow-up

Summary: networking between eye care and education, with support of itinerant teachers, ensure child has access to surgery, glasses and devices and good follow-up

3. Improving Follow up for Children who have received Cataract Surgery, by Dr Tim Lavy – CCBRT

#### Summary: In order to improve follow up:

Support transport costs, provide counseling to parents, set up tracking system, use cell phone reminders and keep good link with district eye care education

4. Services needed to ensure a good low vision service for a child – viewpoint of Tanzanian League of the Blind – Mr Kija Lucas Luhende

Summary: All stages from early identification to access to good eye care and interventions to access to educational materials in an appropriate school environment needs to be in place, and need to be organised through good communication and collaboration

5. First results from a pilot programme on including low vision services in 7 regions in Northern Tanzania, implemented with the MOHSW, MOEVT and KCCO – by Marianne Kooij

Summary: Following a structured approach (including short training for optometrists and teachers), from Step 1. Including Low vision service within regional hospitals Step 2: Ensuring children in Annexes have access to these services and interventions (e.g. glasses) Step 3: Communicating results of clinical assessment to children & parents & education, Step 4: Ensuring children use their vision for academic learning, has shown positive changes (more children using print, improved understanding by teachers how to assist the child)

#### 6. Low vision services in Singida region – by Fortunate Shija

Summary: Working with both eye care and education and ensuring every one receives (a) information on the need for eye examinations, (b) everyone involved (child/teacher/parent) received the results of the eye examinations, both orally and on paper and (c) the child receives glasses/devices needed, is a successful strategy. Advice from eye care, in cooperation with education, on how the child can be educated best worked well. For example children with albinism now have cream, caps and glasses and are learning print. A designated eye care professional to coordinate services from the eye care side is important.

## Appendix 4: Key points learned that can be used to improve services

The following key points were generated by the participants and follow the stages of comprehensive low vision care shown in the diagram on page 3.

### 1. Identification

- ⇒ Early identification is best
- ⇒ Clear referral chain needed
- ⇒ Awareness of low vision not the same as blind and need for referral
- ⇒ Variety of strategies needed:
  - Use of existing structures: MCH, Community leaders, Community Development Officers, IT
  - Screening during school registration
  - ‘Success stories’

### 2. Referral for eye check and education

- ⇒ Early eye service examination, diagnosis and identification that are accessible to community
- ⇒ Importance of linking eye care and education – clear roles and responsibilities
- ⇒ Need for admittance policy to Annexes and Special schools

### 3. Eye examination / clinical low vision care

- ⇒ Clear understanding between eye care providers, parents and teachers of who is responsible for what
- ⇒ Good collaboration between hospital services and itinerant / inclusive programmes and Annexes
- ⇒ Clear explanation of results to all

### 4. Access to Assessment + Interventions

- ⇒ Low vision expertise in eye care needs to be extended to all regions / use of outreach
- ⇒ Access to affordable glasses and optical low vision devices
- ⇒ Supply of LV devices – advocacy with Govt officials to create awareness of the need of optical devices: no taxes, clearance of waivers

### 5. Explanation of results / advice on appropriate education and learning medium

- ⇒ Thorough Eye examination **before** admittance vital
- ⇒ Correct placement of child in educational institution, preferably in local inclusive classroom

- ⇒ Best learning medium (print – braille) to be based on child's best vision, from results eye examination / clinical low vision care

## 6. Education / training / learning

- ⇒ Access to school books, large print, braille
- ⇒ Educating 'peers' on low vision
- ⇒ Involvement of e.g. school inspectors
- ⇒ Exam guidelines: format needed
- ⇒ More teachers need to learn about low vision
- ⇒ Children with albinism need special consideration

## 7. Follow-up / monitoring

- ⇒ Regular follow-up to eye care to ensure child keeps 'best possible vision'
- ⇒ Counseling on importance of follow-up
- ⇒ Tracking systems
- ⇒ Mobile phones
- ⇒ Good communication between eye care and education

## 8. Relating to all stages: Coordination / communication

- ⇒ Importance of linking eye care, education and community development
  - For identification
  - For referral
  - For early eye examinations before school enrollment
  - Implementing results of eye care assessments: glasses – print / braille
  - Ensure regular follow-up
  - Advice on best educational placement
  - Decide on who does what
  - Linkage and continuous communication between school administration, parents and eye specialists
  - Mapping services – no reason for overlapping of services, better use of scarce resources
- ⇒ Possible to include low vision into existing structures:
  - Needs upgrading of professionals involved
  - Standardisation of services
- ⇒ Collate and share available data

## 9. Additional points

- ⇒ Need to determine if girls with low vision access eye care and education
- ⇒ Need to consider costs of services, e.g. transport costs
  - Eye care to move to annex or vice versa – which is most cost effective

## Appendix 5: Questions and Answers

Eye care and education answered the questions separately; Focus on district services for children at Annexes / children wanting to be enrolled

<b>Eye care</b>	
1. How and where will you organise the eye clinical assessment	<ul style="list-style-type: none"> <li>◆ Organise a meeting between DMO &amp; DEO for a planning meeting. Participants will discuss: HR, other resources needed, timeline for screening activities</li> <li>◆ Assessments of children will take place at: schools, annexes, schools for the blind, health facilities</li> <li>◆ Eye care will organise visit to Annex or if children are nearby hospital, children will be asked to come to hospital</li> </ul> <p><b>Summary of discussion:</b> <b>One person in eye care to be responsible to work with education and Annexes</b></p>
<b>Education</b>	
How will you organise that all children get an eye clinical assessment (transport, funds)	<ul style="list-style-type: none"> <li>◆ Creating awareness to parents &amp; community on eye clinic assessment through religious bodies</li> <li>◆ Use of teachers to identify children with LV</li> <li>◆ Organising free screening campaigns in districts and regional hospitals</li> <li>◆ Using optometrist and eye care workers to screen children</li> <li>◆ Sensitising district and regional eye coordinators to organise free screening in rural areas</li> <li>◆ Identify eye clinic centres in the district responsible for attending clinics</li> </ul> <p>◆ Education: Teacher will organise to take children to hospital</p> <p><b>Summary of discussion:</b> <b>Cooperation between education and eye needed. One teacher responsible to contact eye centre and organise screening with a person responsible within eye care</b></p>
<b>Eye care</b>	
2. What do you need to assess? Who can do this?	<ul style="list-style-type: none"> <li>◆ *Need to assess distance and near VA, eye exam - diagnosis, refraction, basic magnification; if more complex case (e.g. surgery needed) provide referral.</li> </ul>

	<p><b>Summary of discussion:</b>  <b>Results of examination in writing and in words to person who escorted patients in a format that is understandable by teacher and parents: eye care is responsible to speak to parent, teacher and child</b></p>
<b>Education</b>	
How will get the results of the child's eye examination?	<ul style="list-style-type: none"> <li>◆ Through eye specialists, IT, specialist teacher</li> </ul>
<b>Eye care</b>	
3. Who will take responsibility to ensure the child gets the glasses / devices needed?	<ul style="list-style-type: none"> <li>◆ Optometrists, parents, teachers</li> </ul> <p><b>Summary of discussion</b>  <b>Parents should contribute towards devices based on income and a system is needed to ensure child obtains glasses/ devices; eye care should coordinate</b></p>
<b>Education</b>	
Who will take responsibility to ensure the child gets the glasses / devices needed (replacements /every year again) and the appropriate schoolbooks? Who should pay for it?	<ul style="list-style-type: none"> <li>◆ Parents, IT's, specialist teachers, regular classroom teachers, DEO, District/municipal/city councils, social welfare officers, religious bodies, NGO&amp; CBOs, volunteers and well wishers</li> </ul> <p><b>Summary of discussion:</b>  <b>System needed for payment as parents might not live nearby (children boarding in Annexes)</b>  <b>Special needs coordinator – district education office could coordinate</b></p>
<b>Eye care</b>	
4. What criteria will you use to advice on print or Braille	<ul style="list-style-type: none"> <li>◆ Braille: &lt; 3/60 (= profound LV)</li> <li>◆ Print: all other children with LV with supporting devices if needed</li> <li>◆ Prescription and counselling are part of the work</li> </ul> <p><b>Summary of discussion:</b>  <b>Above are criteria for distance vision not near vision – near vision criteria need to be added as this relates to reading and writing</b></p>
<b>Education</b>	

What criteria will you use to advice on print or Braille	<ul style="list-style-type: none"> <li>◆ Clinical assessment criteria</li> <li>◆ Educational assessment criteria, such as availability of learning materials</li> </ul>
<b>Eye care</b>	
5. What criteria will you use to advice on the kind of school the child could attend (Inclusive or Annex)	<ul style="list-style-type: none"> <li>◆ Depends on teachers and equipment available in schools</li> <li>◆ Requires communication between eye care providers and schools</li> </ul> <p><b>Summary of discussion:</b> <b><i>If a child can use print in regular schoolbooks, he/she should be enrolled into a mainstream school</i></b></p>
<b>Education</b>	
What criteria will you use to advice on the kind of school the child could attend (Inclusive or Annex)	<ul style="list-style-type: none"> <li>◆ All children are supposed to be enrolled in inclusive classroom settings.</li> <li>◆ However the advice for inclusive setting depends on: distance from home to school, availability of resource – human and materials, family social economic environment, accessibility of user friendly infrastructure,</li> <li>◆ Annexes might be better if: there is need for close follow-up, additional disability, availability of specialist teachers, availability of learning materials in accessible format</li> </ul> <p><b>Summary of discussion:</b> <b><i>Not all children needing Braille need to be sent to Annex as long as inclusive setting has adequate support for child</i></b></p>
<b>Eye care</b>	
6. Who will organise regular follow-up	<ul style="list-style-type: none"> <li>◆ District eye Coordinator with</li> <li>◆ School Health Teacher</li> </ul>
<b>Education</b>	
Who will organise regular follow-up	<ul style="list-style-type: none"> <li>◆ Regular FU will organised by: parents, specialist teachers, ITs, regular classroom teacher, school inspectors, social workers, district/city/municipal education officers, eye clinic specialists, community at large, District Special Needs Coordinator</li> </ul> <p><b>Summary of discussion:</b></p>

	<b><i>This answer lists who is involved in the follow-up (responsibility should be taken by one person, e.g. consider the special needs coordinator)</i></b>
<b>Eye care</b>	
7. Who will explain the child's needs to education/ to parents?	<ul style="list-style-type: none"> <li>◆ Eye care personnel that delivers services to child will explain child's needs to parents.</li> <li>◆ Eye care personnel will contact/phone parents even if the teacher is the one to bring the child in.</li> <li>◆ In writing and in files</li> </ul>
<b>Education</b>	
Who will explain the child's needs to parents?	<ul style="list-style-type: none"> <li>◆ Regular classroom teachers, specialist teachers, IT, eye clinic specialists, District special needs education coordinators, the child her/himself, community members</li> </ul>
<b>Eye care</b>	
8. What is the coordinating body for providing low vision services in eye care?	<ul style="list-style-type: none"> <li>◆ Person within eye care, with special responsibility for LV services at district / regional level</li> <li>◆ As part of the health care structure and eye team</li> <li>◆ In cooperation with District education Office</li> </ul>
<b>Education</b>	
What is the coordinating body for providing low vision services in education?	<ul style="list-style-type: none"> <li>◆ District Education Office And: district/city/municipal officers, school inspectors, district community development officer, social workers, district/city/municipal education directors</li> </ul> <p><b><i>Summary of discussion: Need to have a designated person from within the school health programme to take responsibility</i></b></p>