






UPTAKE OF LOW VISION SERVICES

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Definition of Low Vision

- ICD - 10
- Person having vision <math>< 6/18</math> to $3/60$
 - ◆ (Surveys and for reporting)



Definition (WHO1992)

A person with low vision is one who has

- Impairment of visual functioning even after treatment and/or standard refractive error correction
- Has a V/A of <math>< 6/18</math> to light perception in better eye
- Or a visual field <math>< 10^\circ</math> from the point of fixation


BUT

- who uses or is potentially able to use vision for planning or execution of a task.






Global Estimate

- 161 million visual impaired



- Total for LV Care : 64 million






Estimate

In addition to 161 m VI


- ◆ 153 VI due to uncorrected refractive errors
 - 148 million VA <math>< 6/18 - 3/60</math>
 - 5 million VA <math>< 3/60</math>

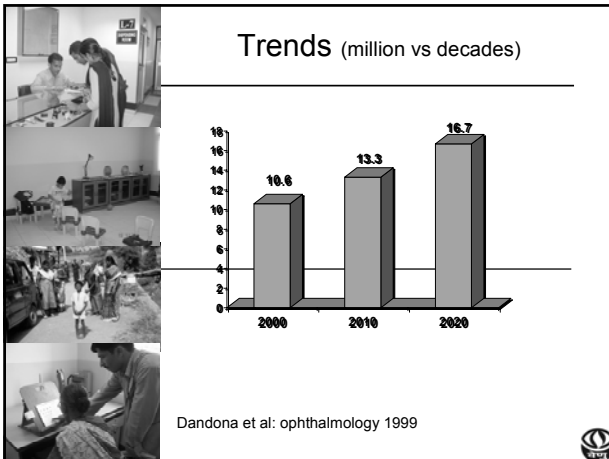
- SEAR Estimate of Low Vision : 14.5 m

Prevalence of Low Vision – India

- 1.05 %
- 10.6 m in need of low vision care !





Causes of low vision

- ◆ Little is known!!!
- ◆ APEDS:
 - 35% was due to retinal diseases,
 - 6% amblyopia,
 - 14% optic atrophy.

- These are results of only one study !

Low Vision Services

Primary , Secondary & Tertiary levels

Primary level..

- Awareness
- Identification & Screening
- Rehabilitation & Education
- Environmental modification
- Community sensitization/ participation
- Referral

Primary level..

- Camps
 - ◆ Clinical assessment in community
 - trained ophthalmic personnel
 - ◆ Prescription & dispensing
 - glasses & LVD
- CBR
 - ◆ Door to door screening
 - ◆ Counselling/ FUP/ Rehabilitation

Secondary level ..

- LV assessment
 - ◆ Clinical
 - ◆ Functional
- Counseling
- Dispensing of devices
- Referral



Secondary level..

- Part of regular clinical work
 - ◆ no extra eye care staff needed
- Training of para-medics
 - ◆ & of the Ophthalmologists too !



Training

- Eye care personnel
 - Basic module
 - Periodic refresher workshops
- CBR personnel
 - Counselling & identification
- Community
 - Volunteers- Parents, Teacher , Relatives



Tertiary Level

- Comprehensive low vision services
 - ◆ Multi/ Cross- Disability
- Environmental modification
- Rehabilitation
- Training
- Networking
 - ◆ Service providers
 - ◆ Policy makers



Barriers



Community

- Lack of
 - ◆ Awareness among General population
 - ◆ Accessibility / Follow up
 - ◆ Identification & Referral System
 - ◆ Motivation (parents/care-givers)



Services

- Lack of
 - ◆ Awareness amongst care providers
 - ◆ Training
 - ◆ Networking
 - ◆ Access to low cost LVD
- Time consuming & not 'Lucrative'
- No dramatic improvement in QOL





Challenges

- Acceptance by clients & family
- Gender inequity
- Follow up
- HR issues
 - ◆ Low volume
 - ◆ Low priority



Strategies..

- Systematic networking
 - ◆ Other health providers
 - ◆ Primary health care
 - ◆ Special focus – children with special needs
 - ◆ Educational bodies / Authorities



Strategies..

- Linking secondary hospitals with CBR
 - ◆ To increase follow-up !
 - ◆ Increase networking !



Strategies..

- Cross referrals
- Opportunistic screening
 - ◆ DR & Glaucoma screening camps
- Promote DPO's



Advocacy

- A conscious paradigm shift
 - ◆ From cataract to RD, DR, Glaucoma, CB
 - ◆ But LV still remains 'LOW' !!
- Awareness / Sensitization
 - ◆ Amongst all stake-holders
 - ◆ Collective 'social' lobbying



Outcome

- Direct implication on QOL of individual
 - ◆ Development ↑
 - ◆ Education ↑
 - ◆ Poverty ↓



