**The Integrated Comprehensive Eye Service Project for Visually Impaired Children**

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**Situation of Visually Impaired in Egypt:**

Disability constitutes a major problem in Egypt. It affects the quality of life of persons with disabilities themselves, the welfare of their families and the development of the whole community. The quality of life of the majority of disabled people in Egypt is poor, neglected and marginalized. According to data available, more than 5% of children have significant disabilities. It is estimated that not more than 2% of the children with a disability including the visually disabled get the services they need. The situation is markedly worse in rural and squatter districts.

Since 1952 most services in Egypt were the result of society’s wish to “do something for disabled”. Often such programs segregated disabled people from the rest of society through special schools, residential institutions, separate vocational training courses and sheltered workshops.

The magnitude of different kinds of disability including the visually disabled differs from one survey to another. All studies agree that the national census underestimate the prevalence of visual impairment in Egypt.

WHO estimate the visually disabled person in Egypt by about 2.200 million i.e. 4% of the total population. Egypt estimated population (in 2001) is about 70million, 34.7% of the country's population are children below 15 years of age i.e. 23.952.000 of which 11.600.000 are less than five years of age. The prevalence of blindness in children aged 0 to 15 years is estimated to be 0.7 per 1000 children. The total number of low vision person is not known. Cost effective measures are available for the prevention, treatment and control of nearly 50% of all childhood blindness. However current human resources and infrastructure are inadequate for achieving the goal of prevention of avoidable childhood blindness in Egypt. A large number of low vision children are categorized as blind and treated as blind, because of lack of awareness among parents and society as well as lack of early intervention and professional assessment. Identifying these children and assessing their individual needs by professionals is the first step in providing them with the needed services.

Rehabilitation services in Egypt began in the late fifties and are mainly concerned with vocational training in shelter workshops and small factories. The provision of such services is based on philosophies that are governed by a ”sheltering” attitude without consideration for the economic or developmental returns that can be gained as a result of educating and rehabilitating the disabled. Not only are the available services generally limited to vocational training, and basic services but even these are inadequate due to the lack of qualified rehabilitation staff. The fact that the curricula of universities and higher institutes include no provision for the training of rehabilitation workers has established a "welfare" approach rather than a vocational approach. The rehabilitation centers run by the government offer services mainly to disabled adults. The vast majority of disabled children do not have access to rehabilitation services.

Moreover we have no service for children who loose their vision during their schooling years. If they go to blind school they have to loose a year and the adaptation is very hard, so they face a lot of problems.

The reasons behind the current situation of visually disabled can be summarized in the following.

* Current human recourses and infrastructure are inadequate .There are a large number of children who have residual functional vision but are included in the educational services of the blind, due to unawareness of the problem, unavailability of proper screening, lack of low vision specialist as well as lack of programs of early detection and early intervention.
* Lack of awarness of the needs and potential of visually disabled among all services providers, community members as well as decision makers of all relevant GOs and NGOs
* The visually impaired children are among the most poverty- stricken group in Egypt. They are marginalized isolated and more than 70% of them are illiterate.
* The majority of the associations serving the visually impaired are limited to the provision of services using a " welfare model " and " exclusive " approach and most if not all the association are managed by able bodied people and do not involve the disabled themselves in planning and implementing projects. None of these organizations are by the disabled themselves or their parents.

**Integrated Comprehensive Eye Service Program**

Given the previous situation of the visually impaired in Egypt we introduced a pilot program that takes in consideration the special needs and rights of the partially sighted and the blind in an urban quarter in Cairo (El-Sayeda Zinab and Old Cairo).

The goal of this intervention is to mainstream and integrate the blind and visually impaired by optimizing social participation and ensuring that clinical care, rehabilitation and education are delivered in an integrated setting. The main objectives of this project are

* Develop a low vision clinic with new equipments in El Nour Foundation to assess and rehabilitate a number of low vision children, screen a sample of students in regular and blind schools and conduct a number of convoys to identify and treat visually disabled children.
* Building the capacities of development agents who can help the visually disabled within the community & mainstream them in community services.
* To empower the visually disabled by establishing an association from the visually impaired persons & their parents.
* Train service providers i.e. doctors, nurses and teachers on early detection & intervention of visual disability especially partially sighted children.
* Establish a program for parents of blind and partially sighted visually impaired children to make them aware of the needs and problems of their kids

We implemented this project in twelve month. The approach used in implementation is based on CES model. The Comprehensive Eye Service (CES) model aims to establish a network of services that cover all aspects of eye care from prevention, care, through to rehabilitation and education. Integration is between three sectors: Eye – Care, Education and Rehabilitation, CES model is a clear departure from the previously held approach of supporting the three sectors of eye care, rehabilitation and education separately.

Community-based rehabilitation (CBR) was adopted within community development, which aimed at rehabilitation, equalization of opportunities and integration of persons with visual disabilities within their communities and the society as a whole.

The project was implemented jointly by two partner association "Parents Association of People with Visual Impairment" and El Noor foundation, in collaboration with local NGOs, schools and medical centers in the targeted location. Al-Noor Foundation was the leading association in managing the fund and providing the medical services and developing the low vision clinic as well as providing space for technical training. The Parents Association for the Visually Impaired persons was responsible for the raising, awareness and mainstreaming the visually disabled in all the activities of the society as well as training building the capacities of the community workers and teachers.

The local human resources, facilities and technical skills was strengthened through training on the job coaching, and providing integrated services ranging from prevention, early detection, treatment rehabilitation, inclusion, awareness campaigns, seminars, and other skills that increase their specialization in the specific areas of concern .

**Summary of Results**

* Children of five regular schools in the community were screened. Out of the 4532 student 36.3% were 6/9, 12.8% were 6/12 and 13.1% were 6/18. About 944 (20.8%) needed glasses and twelve children were low – vision cases.
* Six medical mobile campaigns were conducted in the community in which 1058 client with visual problems were examined and treated in the blind school about 40% were partially sighted and were assessed and rehabilitated in the low- vision clinic.
* One hundred doctors and nurses in Motherhood and Childhood Centres and schools were trained on early detection of the visually impaired.
* Twenty- five ophthalmologist, nurse and technician attended a course on Low vision assessment and rehabilitation
* One hundred teachers in 3 regular schools, 25 day- care teacher and 70 special school teachers were trained on inclusive education.
* All service providers in the pilot community attended workshops to raise the awareness about issues of visual impairment
* About 25 visually impaired child and their parents attended a number of counselling and rehabilitation sessions.

 **Conclusion / Challenges**

This pilot project succeeded in achieving its objectives in one community as a model of how to address the problem of visual disability. However the most important question is how we can replicate it in other communities. This model was initiated by two NGO in partnership with GOs departments in different ministries. Coverage at the national level is the real challenge for this model. It is important that this model becomes part of the national policy and strategy for the prevention of visual disability in Egypt.