

ICPH and Aravind Eye Hospital's outreach in 2022- 2023

11761 CHILDREN

Screened at 32 ICPH's partner schools

Our goal for 2023 - 24: To serve 67 partner schools

Community Based Health Services for Vulnerable children

- Paediatric eye screening and correction
- Community outreach of health services
- Public health education for better vision



 www.icphhealth.org

 [shantiashramcoimbatore](https://www.facebook.com/shantiashramcoimbatore)

 [ICPH - Shanti Ashram](https://www.youtube.com/channel/UC...)

 [Shanti Ashram](https://www.instagram.com/shantiashram)

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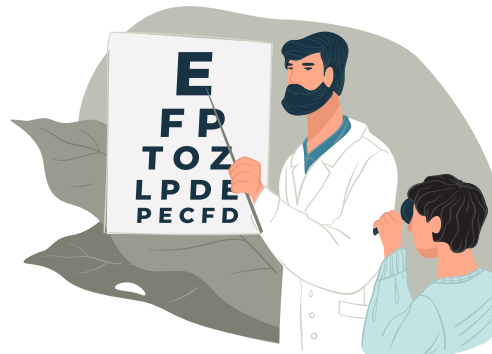
11. Educational Methods for Children with Low Vision

A. Special education: School for the blind, taught Braille and mobility by the special teacher

B. Integrated education: Low vision children with normal children, learn through large print or Braille, taught by the resource teacher as well as the regular teacher

C. Inclusive education: All categories of children with special needs in normal school along with the normal children, learn through normal print with low vision device, larger print or Braille taught by the special educator as well as the regular teacher

Source: Aravind Eye Hospital, Coimbatore Archives
Photo credits: Satish Kanna. C



*Are you ready to take a few
minutes to think about
your child's eyesight?*

*Have you wondered why
children are beginning
to use spectacles at
an early age now?*

International Center for Child and Public Health (ICPH)
in Partnership with Aravind Eye Hospital

Some thoughts on why **LOW VISION IN CHILDREN** is prevalent!

1. What is Low Vision?

- Low vision is a vision problem that makes it hard to do everyday activities.
- It applies to individuals with sight who are unable to read a newspaper, or any written material at a normal distance of viewing.

2. What causes Low Vision in Children?

- Refractive Errors
- Squint
- Amblyopia (Lazy Eye)
- Nystagmus(Shaky Eye)
- Retinitis pigmentosa (Night Blindness)
- Retinopathy of prematurity
- Childhood Cataract
- Childhood Glaucoma
- Other inherited disorders of retina/Optic Nerve
- Globe malformations
- Cortical Visual
- Impairment

3. What signs and symptoms should you look for when your child's vision is altered?

A. Appearance:

- Eyes shake or wander randomly
- Not able to follow face
- Eyes cross or turn outward
- There is generally an alteration in the way normally viewed an object or read something.



B. Behaviour

- Rubs eyes frequently
- Does appear to focus with central vision
- Covers or closes an eye when looking into detail
- Avoid close work or becomes tired after close work
- Squints eyes
- Sits very close to the television
- Holds books close to face while reading
- Has difficulty walking and running : appears clumsy

4. What are the functional implications of low vision?

- Some children may have problems with central vision
- Others with peripheral vision (they may see things as if they are looking through a tube)
- Others may see things as blurred

5. What do we do in the Low Vision Clinic?

- Clinical assessment
- Functional assessment
- Prescribing low vision devices
- Training to use prescribed spectacles
- Guidance for education
- Vision training
- Advice form to class teacher

6. Types of commonly prescribed Low Vision Aids for children

- Hand held magnifiers
- Stand magnifiers
- Pocket magnifiers
- Electronic magnifiers
- Telescope
- Lamps and Lighting

7. Learning media for children with Low Vision or visually impaired:

- Braille
- Large print
- Audio
- Scribe
- Reader service

8. What is vision training?

Focused to improve the ability of the children to

- Respond to visual stimuli
- Attend visually
- Establish eye contact
- Scanning
- Provide an environment which encourages the maximum use of sight

9. Few Tips on class room sitting

- Make child sit as close to the black board as possible
- Ensure adequate lighting conditions
- Use high contrast (Bold lined note books, dark pencil)
- Be compassionate, give extra time

10. REHABILITATION STRATEGIES

A. Orientation and mobility:

Covering current level of mobility (ability to get around) and training programmes for using cane, road safety and routine learning

B. Training in Independent activity

- Personal care
- Improving learning skills-orientation
- Organizing

C. Referral Services:

Referral to other professionals related to child's development and clinical interventions

D. Counseling

Giving information about the child's ocular condition, visual prognosis, functional visual capacities and opportunities

E. Supportive services

Providing advice and guidance to the teachers, parents and other educational settings