

child has to be subjected to simple and result yielding testing procedures to establish the level of visual and visual perceptual abilities. The outcomes decide on the need for vision stimulation in younger children (particularly for cortical blindness) and the type of training materials, assistive devices and the learning medium for the older children.

**Determining the developmental quotient:** The chronological age determines the range of developmental activities the child has to possess. Motor, self-help, language, social and emotional development form the baseline for the interventions. Insight into the child's cognitive skills and perceptual attributes enable one to construct assessment procedures, plan interventions accordingly and to identify the ability of the child to generalize the skills attained developed in the course of intervention.

#### **Special Considerations in the assessment procedures**

**Versatility of the evaluator:** The evaluator should have a strong working knowledge of the assessment tool and various procedures. This means that the evaluator is not dependent on constantly referring back to the protocol for the next step.

**Type of materials:** Materials should be age appropriate, visually appealing, and

simple enough to provide tangible results. Considering the attention span and the other physical problems of the child, choice should be in such a way that many attributes could be assessed with one particular material. Also principles in presentation of the material should be considered based on the nature of problem. The materials could be complex, brightly coloured if the child suffers just an ocular impairment. Visual clutter has to be reduced in case of cortical blindness.

**Establishing rapport:** The evaluator should be capable of eliciting and sustaining the child's response. The entire evaluation must be carried through active play as this enables better interaction. However, the child's parents or other familiar persons can be present to make the child feel comfortable.

**Responses of the child:** The responses of a child with multiple challenges may not be explicit. The evaluator should be alert enough to pick up even subtle signals like change in respiration, muscle tone, vocalizations, quieting, slightly increased bodily movements or stilling. It is important to gather information on how the child uses the senses to interact with the object present. Vision may or may not be always the dominant sense. The child may

explore tactually, hear the sound of the object before actually directing the vision on it. This provides an insight into the child's learning pattern as well.

As with all children, this population of special children deserves careful attention so that optimal assessment results may occur. Common concomitant disabilities include hearing loss, physical disability, and developmental challenges.

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\*Name changed to maintain confidentiality.

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## **A community ophthalmology program and hospital transformation in Central India**

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### **Background**

Sadguru Netra Chikatsalaya (SNC), a 350-bedded eye hospital situated in Chitrakoot, Madhya Pradesh, serves a population of approximately 25 million. There are few government hospitals and private practitioners in the area, and SNC is the only place offering speciality eye care services.

In the past, SNC had been providing cataract surgery, inserting intra-ocular lenses in only 25% of cases. Nevertheless, it remained popular with patients because of the 'compassionate care' provided, with food, clothing and safe stay at the institute.

SNC lacked a formal cost recovery strategy. It provided free service to the poor, and sought donations from those

that were willing and able to pay, as well as donations from disciples of the founder. As a result it only managed around 50% cost recovery.

The SNC philosophy included a strong sense of community service, but no active mechanism to provide service to the community. In particular, SNC lacked the professional management to develop community ophthalmology strategies and programmes. SNC had a seasonality problem also.

Prior to 2001, SNC faced several challenges addressing all facets of

management from erratic demand, seasonality, quality, institutionalized camp approach, human resource management & financial sustainability

