



**World Health Organization
Collaborating Centre for
Prevention of Blindness**

**Meera & L.B. Deshpande Centre for
Sight Enhancement**

**Dr. P.R.K. Prasad Centre for
Rehabilitation of
Blind and Visually Impaired**

**L.V. Prasad Eye Institute
L.V. Prasad Marg, Banjara Hills,
Hyderabad, INDIA**

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WHAT IS EARLY INTERVENTION?

Early intervention applies to children of school age or younger who are discovered to have or be at risk of developing a disabling condition. Early intervention includes the provision of services to such children and their families to help reduce the effects of the condition.

FOCUS

Early intervention may focus on the child alone or on the child and the family together. Early intervention programs may be center-based, home-based, hospital-based, or a combination.

WHEN DOES IT BEGIN?

Early intervention for children with disability may begin at any time between birth and 6 years

WHY INTERVENE EARLY?

- a. To enhance the child's development
- b. To provide support and assistance to the family and
- c. To maximize the child's and family's benefit to society

EARLY INTERVENTION SERVICE

- Parental counseling
- Assessment - is done comprehensively in all areas of development. A wide range of checklists could be used like Portage, Madras development screening test, etc.
- Referral for a multidisciplinary team
- Instructions and training for the parent and child
- Follow up

DEVELOPMENTAL MILESTONES:

Children learn and absorb an enormous amount in the first three years of life. In these years, most children develop new skills in a predictable order - they crawl before they walk and they point before they use words to tell you what they want.

VISION STIMULATION

Vision is a learned and developed skill that requires stimulation and experience. Like learning to walk and talk, children must learn how to use their vision. The visual system interacts with the muscles of the body to develop reaching, crawling, grabbing and walking. In fact, two-thirds of the functions of the brain are associated with vision

It is important to provide the child with a stimulating environment using bright colors and appropriate illumination. To facilitate optimal learning, present play material to the child in the preferred region of visual attention. Remember that the human face is the most appropriate stimulus to promote visual development.

At this age, children are primarily interested in high contrast objects. Children are not visually interested in looking at objects that are too far away. For example, they may not look at room borders close to the top of the wall, as it is too far away.

Things To Do

- Place high contrast objects, such as black and white stuffed animals, just beyond the reach.
- Decorate the room in a visually stimulating way, using high contrast mobiles, toys and fabric.
- Use black and white or red and white patterns.
- Keep the room well lit. At night, leave on a small night light with a 25-watt bulb so that if your child wakes up, the light will provide stimulation.
- Move the crib to different positions in the room so that the child will experience different views of the room.
- Talk to your baby when you enter the room so she will know you are there.
- Use brightly colored tape around your child's bottle to create a high contrast target.
- Using a flashlight, encourage the child to follow the light source.

It is well established that vision stimulation is critical for proper and normal development of the visual centers of the brain. Often visual stimuli are paired with tactual stimuli or/and auditory stimuli to try to attract the visually impaired child's attention to object(s) of interest.

Be-Active Box - A Tool for Early Intervention



Children with visual impairment and/or additional disability are placed in a Be-Active Box, which is cut off from outside noise. The child can therefore listen to the sounds that she makes when moving about and touching the objects suspended in the box. This enables the child to learn that movement will lead to contact with objects, exciting curiosity and interest. This facilitates exploration, helping the child become an active learner rather than a passive listener.

The Be-Active Box should have interesting objects like beads, bells, keys, spoon, crinkly paper, etc.

hung with strong elastic from its roof and along the sides. These objects should be at a level where the child will come in contact with them.

OBJECT QUALITY

- Objects should be graspable
- They should have contrasting texture
- Sound -producing objects like beads, bells, metal and plastic spoons bunches of keys, etc are useful
- There should be a visually attractive light source

Movement of the arms and hands result in a gradual awareness in the child

- The child starts to consciously push or touch objects and watch/wait for the sound or movement to be produced
- Learns to grasp and release objects
- Immediately and deliberately repeats actions
- The child starts to reach for, handle and explore objects.

All this eventually leads to comprehensive exploration and learning.

Abdullah - A story of achievement

Mast. Abdullah, a premature baby of 7 months was referred to L V Prasad Eye Institute on June 11, 1998. His twin sibling expired 15 days following delivery. Abdullah was placed in incubator for 30 days. Diagnosed with Retinopathy of Prematurity (ROP) this child was referred to vision rehabilitation services for early intervention.

He was just 8 months then with slightly delayed milestones. His parents were extremely depressed, and were at the brink of a psychological crisis. Despite being from a well-to-do business family, they lacked awareness, and this was addressed by giving them information in a professional manner, through repeated parental counseling sessions.



The importance of early intervention was emphasized and subsequently Mrs. Atika Bai (the

mother) enrolled herself in a parental training program through the PORTAGE CHECKLIST. This focussed on transferring the early stimulation skills to the parent. The child was assessed in 6 basic areas. He was found to be delayed in motor, socialization, cognitive and self-help skills. Consequently the child underwent training in all the above areas of development, and specifically in visual stimulation. As he was of preschool age, some preschool training was also given; he is now studying in L K G, at Vidhyarania school, Secunderabad. He is a robust child, who at the age of 3 years is familiar with several concepts of number and color, among other things.

Thus early detection, assessment and timely intervention along with concerted efforts and support from a multidisciplinary team and intense visual stimulation has contributed to his surprising performance.

The dauntless spirit, effort and harmonious blend of all those concerned helped the parents meet the challenge and overcome the disability by developing special abilities. Thus goes the saying crisis always passes by the talented and ingenious always survive no matter what their disability is.

Remember,

- Every child is unique.
- Every child develops at his own pace and reacts to people and the world in his own way.
- Every child has his own style of communicating with you so,
- Be creative, resourceful, efficient and skillful,

Where can I get more information?

Blind Peoples Association

Dr Vikram Sarabhai Road, Vastrapur, Ahmedabad, Gujarat, 380 015, India.

Tel: +91 79 630 5082; Fax: +91 79 630 0106

Email: bpa@vsnl.com; Web: www.bpaindia.org

Blind Relief Association,

Lal Bahadur Shastri Marg, New Delhi 110003, India. Tel: +91 11 360847; Fax: +91 11 352471

Email: lbsbra@delhi1.mtnl.net.in

Helen Keller Institute

Municipal Secondary School, Ground Floor, South Wing, Near 'S' Bridge, NM Joshi Marg Byculla (W), Mumbai 400011, Maharashtra State, India.

Tel: +91 22 3087052; Fax: +91 22 2872735

Email: hkidbind@bom5.vsnl.net.in

International Council for Education of People with Visual Impairment (ICEVI), IHRDC

Campus, Ramakrishna Mission Vidyalaya,

Coimbatore - 641020, India.

Contact person: Dr. M. N. G. Mani,
Secretary General

Tel: +91 422 697530, +91 422 693414

Fax: +91 422 692353,

E-mail: secretary-general@icevi.org

Website: www.icevi.org

National Association for the Blind (NAB)

Sector 5, R.K, Puram, New Delhi 110022, India.

Tel: +91 11 617 5886; Fax: +91 11 301 0917

Web: www.nabin.org

National Institute for the Visually Handicapped

522 Trunk Road, Poonamallee, Chennai - 600056

(South India), India. Fax: +91 44 627 4478

Email: nivhchen@tn.nic.in

Society for the Visually Handicapped

Apt 1-B, 12 Dover Road, Kolkata, 700 019, West Bengal, India. Tel: +91 33 475 9581

Fax: +91 33 476 211; Email: svh@vsnl.com

Blindness Resource Center www.nyise.org/blind.htm

Resources on Early Intervention

Working with children who are deaf-blind
(www.ssc.mhie.ac.uk/docs/contactg.html)

Early Intervention Bibliography

(www.tr.wosc.osshe.edu/dblink/earlybib.html)

Early Intervention Web Resources

(www.disabilityresources.org/EARLY.html)

Encouraging Inclusive Communication in Infant/
Family Programs www.ssc.mhie.ac.uk/
newsindex.html

Zero to Three (www.zerotothree.org)

Childhood Blindness

- **1.5 million world wide**
(Foster and Gilbert, 1992)
- **1 million in Asia**
(WHO, 1992)
- **0.25 million in India**
(Dandona et al. Arch Ophthalmol 1998)

Economic Burden due to childhood Blindness in India

In India the cumulative loss of 0.25 million childhood blind and for 33 working years of life is rupees 801 billion, which is 28.7% of the cumulative GNP loss due to all blindness (Shamanna et al. Indian Journal of Ophthalmology, 1998)

NEWS

Low Vision Awareness Programs

Forty professionals participated in the VII Low Vision Awareness program from March 28-30, 2003. Thirteen ophthalmologists, 26 optometrists and one rehabilitation professional participated.

A Low vision Training course was also conducted for the eye care professionals from the Aravind Eye Care System, Madurai on January 11 to 15, 2003. Dr. Daniel Schainholz & Ms. Bindu Gopalan from Lighthouse International, USA were the guest faculty. LVPEI was asked to conduct the program for and behalf of the Lighthouse International USA. The program was supported by International Eye Foundation, USA.

Fellowship program

Ophthalmologist Vijay Anand Joshi from Bhopal and Optometrist Prachi Sangle from Mumbai completed the short term fellowship program in low vision care in March, 2003.

Dr. Ine Renata Musa from Bandung, Indonesia joined the one-year fellowship program in Low Vision Care from February 1, 2003. This program is supported by Eye Sight International, Canada.

Collaboration

The L V Prasad Eye Institute & The Tun Hussein Onn National Eye Hospital, Malaysia signed a Memorandum of Understanding on February 28, 2003 to facilitate collaboration in the following areas:

- Setting up of Vision Rehabilitation Centres at the Malaysian Association for the Blind, Kuala Lumpur, Malaysia.
- Service delivery, education and research as well as the promotion of ophthalmic knowledge and information in general between the two centres.

To this end we are expecting Dr. Vijaya Mohan, ophthalmologist and Mr. Caesar Jeffrey Peron, optometrist from Malaysia to commence training in Low Vision Care from May 2, 2003. "This will be a sharing of expertise through training programs and exchange of faculty", said Dr S A Khan, Director, VRC - LVPEI.

Low Vision Awareness Program

September 26 to 28, 2003

Short term fellowship program in Low Vision Care

Three month program for ophthalmologists and optometrists commencing September 1, 2003, January 1, 2004.

For more details contact

Dr. Sarfaraz Ali Khan
Director

VISION REHABILITATION CENTRES

L.V. Prasad Eye Institute

L.V. Prasad Marg, Banjara Hills
Hyderabad - 500 034

Ph: (091) 040 2354 2790, 2360 8262,

Fax :(091) 040 2354 8271

email : sarfaraz@lvpeye.stph.net

Support

The centre has also received a donation of Rs.1,00,000/- from a Sight Saver patient, Mr. Kaijrewal for providing Low Vision Devices for deserving patients economically disadvantaged.

You can help the Vision Rehabilitation Centres of the L.V. Prasad Eye Institute discover basic causes and treatment strategies for eye disease through research, restore vision to an indigent patient and help expand the frontiers of ophthalmology through your tax deductible contribution to the Hyderabad Eye Institute or the Hyderabad Eye Research Foundation.

(Donations above Rs. 250/- are exempted under Section 80G of Income Tax Act, 1961 for Hyderabad Eye Institute and 35(i) (ii) for Hyderabad Eye Research Foundation). For more information, please contact :

**You Can
Make A
Difference**

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email : sarfaraz@lvpeye.stph.net

Web : www.lvpei.org