

INCLUSION MADE EASY IN EYE HEALTH PROGRAMS

Disability inclusive practices for strengthening comprehensive eye care



A brief overview and tips for getting started

The complete guide is at: cbm.org/disability-inclusive-eye-health



1 The objective

Ensure eye health programs are inclusive of people from all disability groups, including vision impairment, and that people with long-term vision impairment access their right to wider opportunities.

2 Awareness

One in five people of the world's poorest people have a disability. Increase knowledge about the rights and capacity of people with disability, dispelling possible myths about causes of impairment.

3 Participation

Actively engage with people with disability and Disabled Peoples Organisations (DPOs) to strengthen your eye health program. Employ people with disability.

4 Disability inclusion officer/ disability advisory committee

As part of existing staff roles or in a dedicated position, appoint individuals to be responsible for leading disability inclusion in your eye health program.

5 Disability inclusion policy

Develop a policy for disability inclusion, which is linked with gender and child protection policies. Ensure this policy fosters the creation of a safe and welcoming environment.



Ten practical steps for strengthening disability inclusion in eye health programs

6 Physical access

Work with people with disability to identify and address all physical access barriers in and between buildings, including toilet facilities.



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7 Communication

Ensure written and spoken communication is accessible to all, especially people with a vision, hearing or intellectual impairment.

8 Financial barriers

Address cost barriers to treatment, transport and accommodation for people with disability and where relevant, accompanying persons.

9 Referral and support networks

Strengthen all networks in disability inclusion and increase your networks by including all mainstream and disability-specific services such as Community-Based Rehabilitation (CBR), Primary Health Care and education facilities, both government and non-government.

10 Blindness and low-vision services

Ensure the 20% of people with permanent vision loss, whose sight cannot be restored, are supported with their families to receive counselling, and are referred to low-vision services, inclusive education, CBR, DPOs and mainstream livelihood opportunities.



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cbm.org/disability-inclusive-eye-health

Inclusion Made Easy in Eye Health Programs: Disability-inclusive practices for strengthening comprehensive eye care.

The practices described in the complete user-friendly guide build on and capture innovation from CBM, its partners and others working in eye health globally.

These practices have been adopted and endorsed by 17 leading eye health and disability agencies around the world. It is hoped that all working in eye health will adopt the disability-inclusive approaches in this guide.

Key messages

- ▶ A few practical steps can strengthen eye health programs to be welcoming of people from all disability groups, and ensure that those with long-term vision impairment access wider opportunities.
- ▶ 22% of the world's poorest people have disability.¹
- ▶ At least 20% of people who are blind or have severe vision loss cannot have their sight restored.²
- ▶ Disability access barriers include physical, communication, attitudinal and policy/financial barriers.
- ▶ Many people with disability experience exclusion, stigma and discrimination, especially in relation to possible false beliefs about causes of impairment and the capacity of people with disability.

Caritas Takeo Eye Hospital in Cambodia has worked hard to strengthen its disability-inclusive practices. Critical to this has been the hospital's long-term relationship with a quality Community-Based Rehabilitation (CBR) project Cambodian Development Mission for Disability (CDMD). As a result, five-year-old Bok Sokah, with severe hearing and vision impairment, was referred to the hospital. Sokah was diagnosed with congenital cataracts, which were successfully removed through surgery. In addition, CBR and hospital staff worked with his mother, Nget, to ensure referrals for hearing tests, speech therapy and enrolment in his local school. The CBR project helped build the school's capacity in inclusive education.

From the time of Sokah's birth, Nget described attitudinal barriers, which reduced her opportunity to leave him in the care of others. Since Sokah's inclusion in school, Nget has been able to return to work and support the family's income. The improvement in quality of life for Sokah and his family is largely due to the strong networks and relationships existing between health, disability and education services, together with his mother's care and commitment. This example of strengthening disability-inclusive practices is one of many useful case studies found in the complete guide.



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(also cover photo)

1. World Health Organization. World Health Survey. (2002–2004). Geneva: WHO.
2. World Health Organization. (2011). *10 Facts on Blindness and Visual Impairment*. Geneva: WHO.

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