

TARSS

Tool for
Assessment of
Rehabilitation
Services and
Systems

This project has been coordinated by the World Health Organization, Prevention of Blindness team.

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FOREWORD

The WHO Action Plan for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019 goal is "to reduce avoidable visual impairment as a global public health problem and secure access to rehabilitation services for the visually impaired". The Plan calls for the empowerment of people with blindness and visual impairment so they "can participate fully in social, economic, political and cultural aspects of life".

Using the WHO published global data on blindness and visual impairment there are 285 million vision impaired and 39 million blind. It is estimated that approximately 82 million people have low vision using the WHO definition of functional vision². Recent research indicated that many countries have no low vision services and in the majority of countries <10% of people with low vision access services.³ The TARSS has been designed to assist countries to undertake a situation analysis to obtain baseline data and an understanding of services available for people with low vision and blindness and the gaps needing to be addressed.

The objectives of the WHO Global Disability Action Plan 2014-2021: Better Health for all People with Disability⁴ are to:

- remove barriers and improve access to health services and programmes;
- strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation;
- strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

Significant barriers to the provision of habilitation, rehabilitation, assistive technology and assistance and support services exist, including the lack of prioritisation; the lack of policies and plans; high costs and non-existent or inadequate funding mechanisms; insufficient numbers of appropriately trained professionals, absence of facilities and equipment; and ineffective service models and lack of integration and decentralization of services (for example, rehabilitation and habilitation service provision within primary and secondary health care settings).

The TARSS is a tool that aims to provide the information needed to achieve the goals and objectives of the WHO Action Plan for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019 and the WHO Global Disability Action Plan 2014-2021: Better Health for all People with Disability.

ESTIMATED SITUATION OF NUMBERS OF PEOPLE WITH LOW VISION

In order to gain data to understand the situation regarding the numbers of people with low vision and blindness and the need for services for the country, please provide the following information. In the case that prevalence studies are not available for the country, you can use the regional estimates of low vision and blindness prevalence and apply them to the country's population. Often reliable data are not available on the prevalence and thus the numbers of children with low vision and blindness. The <5 mortality rate for the country can be used to establish estimates for children (Appendix 1).

Country population: (Year:)
Rural/Urban: /
Male/Female:/
Age groups: 0-15: 16/49: 50+:
Please state the source of the data that was used to provide these numbers:
Children:
Estimated number of children with low vision:
Estimated number of children who are blind:
Adults:
Estimated prevalence of low vision:
Estimated number of people with low vision:
Estimated prevalence of blindness:
Estimated number of people who are blind
Estimated percentage of people with low vision accessing low vision and rehabilitation services care:
Estimated national coverage of low vision services for adults: Urban Rural
Estimated national coverage of low vision services for children: Urban Rural Rural

From the data for each of adults and children, the WHO functional definition of low vision should be used to estimate the number of people likely to need low vision services. It states:

"a person who has impairment of visual functioning even after treatment and/or standard refractive correction, and has a visual acuity of less than 6/18 to light perception, or a visual field less than 10 degrees from the point of fixation, but who uses, or is potentially able to use, vision for the planning and/or execution of a task²."

SE	ECTION 2: LEADERSHIP AND GOVERNANCE	
1. (a)	, , , , , , , , , , , , , , , , , , , ,	No No
(b)	Is there a national plan by a welfare department of the government for rehabilitation and benefits for people with disability? Yes No If yes, does it include provision for people with low vision?	
(c)	Is there a national plan for early intervention and education of children with a disability? Yes No If yes, does it contain a plan for inclusive education services for children with low vision?	
	Please add comments regarding the content and implementation of the national plans.	
2.	Is there a national policy on inclusion of people with disability to access services for health ca	re?
If y	Yes No res, does it specifically include people with vision problems? Yes No	
Gu	uidelines for Provision of Services	
1.	Are there national guidelines for the delivery of low vision services? Yes If there are guidelines please provide the title of the guidelines and a copy of them	No
2.	Who is the target audience for the guidelines?	
3.	Are the guidelines evidence-based or consensus-based or a mixture of both?	
4.	Evidence-based Consensus- based Mixture of both If consensus-based, who were the stakeholders involved in their development?	
5.	What information is included in the guidelines? (a) Eligibility of children and adults for low vision services (b) Low vision devices that should be prescribed (c) Services provided at tertiary, secondary and community-based levels?	
6.	Are the guidelines being used? Most services Some services Few or no services	
7.	How is the intended audience for the guidelines made aware of them? Through professional organisations Website Other	

Policy on Disability

Has the national governous pisability (UNCRPD)?	nment signed the United Nations Convention on the Rights of People with
□ Yes	□ No
□ Inclusive par□ Non-discrimi□ Equality of o□ Accessibility□ Equality beto	ticipation nation pportunity veen men and women
_	
with disability?	
□ Yes	□ No
•	·
□ Yes	□ No
Has the national government agreed to the principles contained in the UNCRPD? (Tick all that apply) Inclusive participation Non-discrimination Equality of opportunity Accessibility Equality between men and women Rights of the child with disability Has the national government enacted legislation and administrative measures to implement the rights contained in the UNCRPD? Yes	
□ Yes	□ No

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page for each state or province or groups of states or provinces	that have simila	r service	provision.
Are there low vision clinics providing services for adults with low	v vision?	□ Yes	□ No
How many clinics provide low vision services for adults:	Urban	Rural_	
Are there low vision clinics providing services for children with I	ow vision?	□ Yes	□ No
How many clinics provide low vision services for children:	Urban	Rural	
Are there rehabilitation services for people with low vision?		□ Yes	□ No

Please complete this page for the country. If services vary by state or province, please complete this

Are there inclusive education services in schools for children with low vision?

Yes

No

Which agencies provide low vision services and what is the estimated proportion that each provides?

	Yes or No	0-25%	25-50%	51-75%	>75%		
Clinical	Clinical						
Government							
Not for profit							
NGOs							
Private							
Rehabilitation							
Home based:							
Government							
Not for profit							
NGOs							
Private							
Institution base	ed:						
Government							
Not for profit			_		_		
NGOs			_		_		
Private							

Are low vision clinics located:	☐ Within hospitals	
	☐ Rehabilitation services	
	□ Private providers	
	□ Education institutions or schools	
Are there low vision clinical serv sensory or physical disabilities?	vices for adults and children with cortical vision i \Box Yes \Box No	mpairment and
Are there rehabilitation and tra and sensory or physical disabilit	iining centres for adults and children with corticaties? □ Yes □ No	l vision impairment
What proportion of the populat	tion with low vision accesses low vision services	(circle what applies)?
0-10% 11-20 % 21-50%	6 >50%	
What is the coverage of the popapply)?	pulation with low vision services in urban and rui	al areas (circle what
Urban: 0-10% 11-20% 21-	50% >50%	
Rural: 0-10% 11-20 % 21-	50% >50%	
Of the people who use low vision	on services, what are the proportions of males ar	nd females?
Male% Female	e%	
Are there any specific eligibility	criteria that are used to provide guidelines on th	ne need for services?
Visual acuity	Visual fields Other	
Are there screening or other me	ethods to identify and refer children who need lo	ow vision services?
☐ Yes ☐ No Please describe	e the program	
Are there screening or other me	ethods to identify and refer adults who need low	vision services?
☐ Yes ☐ No Please describe	e the program	

How are people usually referred for services? (Tick all that appl	y) □ Ophthalmologist
	□ Optometrist
	□ Nurse
	☐ Rehabilitation staff
Other	
Where are people referred from for low vision services?	□ Aged care
	□ Community health services
	□ Community rehabilitation services
	□ Education in mainstream schools□ Special schools
	□ Other
Are there organisations for people with disability?	□ Yes □ No
List organisations for people with disability that are specific to be	lindness and low vision.

SECTION 3: HEALTH WORKFORCE

Which health and rehabilitation professionals provide services to people with low vision?

Occupation	Number full- time	Number part- time	Average number of patients/ clients seen per month	Training courses in low vision available (circle what apply)	If yes, duration of course
Ophthalmologist			monen	Yes No	
Optometrist				Yes No	
Ophthalmic nurse				Yes No	
Orthoptist				Yes No	
Ophthalmic medical assistant				Yes No	
Refractionist				Yes No	
Low vision technician				Yes No	
Allied health professional				Yes No	
Community-based rehabilitation worker				Yes No	
Specialist teachers				Yes No	
Orientation and mobility instructors				Yes No	
Rehabilitation specialists					
Other (list)				Yes No	

Please add additional notes about other providers in the workforce and the training resources available

SECTION 4: TECHNOLOGY AND ASSISTIVE DEVICES

What equipment is usually available for use in low vision clinics?

LogMAR visual acuity charts:	<u>distance</u> □ Yes □ No;	<u>near</u> □ Yes □ No
Children's LogMAR visual acuity charts:	<u>distance</u> □ Yes □ No;	<u>near</u> □ Yes □ No
Contrast sensitivity tests	□ Yes	□ No
Colour vision test	□ Yes	□ No
Ophthalmoscope	□ Yes	□ No
Visual field perimeter	□ Yes	□ No
Retinoscope	□ Yes	□ No
Trial lens set and frames (children and a	adults) 🗆 Yes	□ No
Keratometer	□ Yes	□ No

Which low vision devices and equipment are generally available in low vision services and who provides the funding for people who have these prescribed or recommended (fill as appropriate)?

Devices	Full Range or	Range of	Government	NGO	Individual
	limited	cost			
Low-medium					
power magnifiers					
High power					
magnifiers					
Spectacles					
Telescopes					
Coloured UV filter					
glasses/ goggles					
Electronic devices					
for magnification					
Digital devices					
Non-optical					
equipment					
Mobility devices					
Audio library					
List other devices:					

SECTION 5: INFORMATION MANAGEMENT SYSTEMS

is their	there a method to collect data on the humbers of people with low vision of billianess:						
	□ Census data						
	□ Only people registered for government benefits						
	□ Survey data						
	□ Organisations' reports						
	□ Other						
	□ No data						
If colle	If collected, are the data used to plan services for people with low vision and blindness? \square Yes \square No						
	e a method to co litation services?		e numbers of pe	ople with low vision or blindness who access			
	□ Service provi	ders required to	o report data	□ No methods			
Do ser	vice providers us	se electronic me	thods to obtain	patient/ client records (circle what applies)?			
	All	Most	Few	None			
What information is usually collected by service providers on people using low vision services?							
(Tick a	(Tick all that apply)						
	□ Age						
	□ Gender						
	□ Place of residence						
	□ Cause of low vision						
	□ Visual acuity before assessment/ rehabilitation						
	□ Visual acuity	after assessme	nt/ rehabilitation	1			
	□ Devices and o	equipment take	n by the person				
	□ Rehabilitation or training given						
	□ Outcome reported by person or from an outcome measure						

SECTION 6: AWARENESS AND HEALTH PROMOTION

Do organisations that provide services for people with low vision advertise the services? (Tick all that apply) On websites Advertisements Advertisements Information to ophthalmologists Information to optometrists Aged care services Teachers Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? Yes No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? No Are awareness campaigns and information about low vision services provided in the languages used in the country?	vision?		impaigns such as on world Signt Day about services for people with low
(Tick all that apply) On websites Advertisements Notices in eye care centres or hospitals Information to ophthalmologists Information to optometrists Aged care services Teachers Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? Yes No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? Yes No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ Yes	□ No
□ On websites □ Advertisements □ Notices in eye care centres or hospitals □ Information to ophthalmologists □ Information to optometrists □ Aged care services □ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?	Do org	anisations that p	rovide services for people with low vision advertise the services?
□ Advertisements □ Notices in eye care centres or hospitals □ Information to ophthalmologists □ Information to optometrists □ Aged care services □ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?	(Tick al	ll that apply)	
□ Notices in eye care centres or hospitals □ Information to ophthalmologists □ Information to optometrists □ Aged care services □ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ On websites	
□ Information to ophthalmologists □ Information to optometrists □ Aged care services □ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ Advertiseme	nts
□ Information to optometrists □ Aged care services □ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ Notices in eye	e care centres or hospitals
□ Aged care services □ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ Information t	to ophthalmologists
□ Teachers □ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		☐ Information t	o optometrists
□ Other Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? □ Yes □ No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		☐ Aged care ser	rvices
Do consumer or peer support groups such as for people with low vision or disability create awareness about their organisations? Yes		□ Teachers	
awareness about their organisations? Pyes No Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? Pyes No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ Other	
Do organisations such as those for people with macular degeneration, glaucoma or diabetes create awareness about the benefits of services for people with low vision? □ Yes □ No Are awareness campaigns and information about low vision services provided in the languages used in the country?			
awareness about the benefits of services for people with low vision? ☐ Yes ☐ No Are awareness campaigns and information about low vision services provided in the languages used in the country?		□ Yes	□ No
Are awareness campaigns and information about low vision services provided in the languages used in the country?	•		
in the country?		□ Yes	□ No
□ Yes □ No			gns and information about low vision services provided in the languages used
		□ Yes	□ No

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How are services, equipment and devices for people with low vision funded? If the funding is not on a national basis, please complete this table by state or province. States or provinces can be grouped if the sources of funding are similar in each.

C	0/ (0/ (0/ (0/ (O/ C . d. d.b db	
Services and	% funded by	% funded	% funded	% funded	% funded by others	
devices	government	by private	by patient	by NGO	(please describe)	
		insurance	(put-of			
			pocket)			
Clinical services						
Rehabilitation						
and training						
_						
Low vision						
devices						
Adaptive						
equipment						
Special						
equipment for						
students						
Home-based						
services						
Other (please						
describe)						
,						
	l .		I .			
Are people with	low vision or bl	indness eligible	e for welfare b	enefits such	as pensions and travel	
concessions?	□ Yes □ No					
Please list benefits or concessions that people can obtain						
ricase has beliefus or concessions that people can obtain						
Authorite the determinance of the design of						
What is the vision criterion that is used for eligibility for welfare benefits (circle what apply)?						
<6/60	<3/60	Other				
10,00	13,00	Other				
What is the visual field criterion for eligibility for welfare benefits (circle what apply)?						
<10degi	rees	Other				
1200081						
Are there any gr	oups of people	with vision dis	ability who are	not eligible	for benefits?	
□ Yes			describe those	_		
	.	, 55, predoc (

Name of country	
Name of person completing this survey:	
Organisation:	
Position:	
Please tick the boxes of all organisations of peop information for the completion of the survey:	le whom you contacted and who provided
Department of Health	
Position of person	
Department of Social Welfare	
Position of person	
Department of Education	
Position of person	
Low vision service providers:	
Name of organisation	
Position of person	
Name of organisation	
Position of person	
Name of organisation	
Position of person	
Name of organisation	
Position of person	

Name of organisation				
Position of person				
Organisation for people with low vision or blindness				
Position of person				
Organisation for people with disability				
Position of person				
Human rights organisation				
Position of person				
Ophthalmologists' association				
Position of person				
Optometrists' association				
Position of person				
Rehabilitation professional association				
Position of person				
Training Institute				
Position of person				
Training Institute				
Position of person				

References:

- 1. Draft Action Plan for the Prevention of Avoidable Blindness and Visual Impairment 2014-2019. World Health Organization, January 2013
- 2. World Health Organization (1992) Management of low vision in children. WHO/PBL/93.27.
- 3. Chiang PP, O'Çonnor PM, Le Mesurier RT, Keeffe JE. A global survey of low vision service provision. Ophthalmic Epidemiology 2011;18:109-121
- 4. Draft WHO Global Disability Action Plan 2014-2021: Better Health for all People with Disability. World Health Organization, April 2014.
- 5. World Health Organization. World Health Statistics 2014.

The University of Sydney – WHO Collaborating Centre in Health Workforce Development in Rehabilitation and Long Term Care. Survey on Health Care and Health Facilities Including People with Disabilities and Rehabilitation Services, CBR and Assistive Technology. Draft 2, December 2013.

APPENDIX 1

Using the under 5 years mortality rate has been suggested by WHO as a means to estimate the number of children (0-15 years) who are blind (visual acuity <3/60). The number with low vision is in the range of 2 to 3 times the number who are blind. It is suggested that both numbers are used to obtain an upper and lower limits of the numbers with low vision. The table shows the rate of blindness per thousand population for each level of under 5 mortality rate (per thousand live births). The under mortality rates for each country can be obtained from the latest World Health Statistics Report⁵ on the WHO website. The 2014 report can be found at

http://apps.who.int/iris/bitstream/10665/112738/1/9789240692671_eng.pdf?ua=1

U5MR	Prevalence
0-19	0.3 per 1,000
20-39	0.4 per 1,000
40-59	0.5 per 1,000
60-79	0.6 per 1,000
80-99	0.7 per 1,000
100-119	0.8 per 1,000
120-139	0.9 per 1,000
140-159	1.0 per 1,000
160-179	1.1 per 1,000
180-199	1.2 per 1,000