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PROJECT EVALUATION REPORT

FIJI -- WESTERN SAMOA -- PAPUA NEW GUINEA

MARCH 1986



ANNE YEADON AND FELICITY PURDY / CONSULTANTS



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INTRODUCTION

Helen Keller International, Incorporated, a U.S. based technical assistance agency concerned with the prevention of blindness and the provision of community-based education/rehabilitation services to blind persons in less developed countries of the world, has a long history of developing specific program models that are appropriate to individual countries, to blind children and adults, and to those at risk of losing their vision. In early 1980, HKI initiated a small-scale pilot demonstration project in Fiji with the Fiji Society for the Blind and the Ministry of Health and Social Welfare, Government of Fiji. This initial one-year program aimed to upgrade the educational program being provided to blind children; develop integrated education as a viable approach to the existing residential, segregated educational program; and initiate new outreach-services to blind adults in their own communities--usually rural areas. The project was successful in achieving its goals, and the potential for further expansion of the program to later include a national program for primary eye health care and services to pre-school blind and low vision children was developed into a long-term plan that has now been in operation for more than five years. As a direct result of HKI's work in Fiji, similar demonstration projects providing outreach services to blind children

and adults, as well as related blindness prevention activities, have been started in two other countries of the region--Western Samoa and Papua New Guinea. Although the programs in these two countries are relatively new and, by design, not as comprehensive as the programs in Fiji, they are providing an operational base which can provide useful and appropriate services to blind persons, demonstrate workable programs, and support the institutional infrastructure of the governmental and non-governmental agencies with which HKI is working.

As required by the United States Agency for International Development, who, since 1980, has provided major financial support for HKI's technical assistance programs in the South Pacific Region, HKI planned an extensive evaluation of their projects in the three countries previously described. Two evaluation consultants, Mrs. Anne Yeadon, Vision Rehabilitation and Management Consultant, based in the United States, and Mrs. Felicity Purdy, Director, Planning and Development, Royal Blind Society of New South Wales, Australia, contracted with HKI to complete the evaluation during a four-week period in November, 1985. Logistical support for the evaluation was provided by HKI/New York and HKI/In-Country personnel.

The evaluation protocol was straight-forward, and involved:

- A review of all available documents, reports, etc., available from HKI covering the history and development of the programs in Fiji, Western Samoa, and Papua New Guinea;
- On-site visits to each country to meet with personnel who had worked with HKI, including governmental and non-governmental agency representatives, teachers and field workers, ancillary agency representatives, and blind persons and their families.
- A compilation of all data into a comprehensive report making specific recommendations as to HKI's continued assistance.

From the outset, HKI emphasized to the Evaluation Team their interest in obtaining information that accurately reflected not only what had been accomplished to-date, but also any "lessons learned." HKI has a keen interest in obtaining information that might improve upon the direct technical assistance they are providing in the South Pacific Region, as well as their programs in other countries of the world, and which might be useful to other governmental, non-governmental, and technical assistance agencies with which HKI is associated. The Evaluation Team appreciated the positive support provided by HKI to accomplish their task.

The evaluation report for HKI's program in Fiji certainly makes clear that HKI has made a significant, positive impact on the lives of several hundred blind and low vision persons in Fiji and has successfully instituted a primary eye health care program that is restoring or saving the vision of hundreds of people each year. Services provided are, for the most part, well-targeted and appropriate for those being assisted. The Fiji Society for the Blind and the Ministry of Health and Social Welfare provide a sound infrastructure in which programs can be based and the personnel to assist in the planning and implementation of specific project components. Some problems did emerge as related to the distinct understanding of how certain program areas fit into government's overall education and social welfare structures, the "security" of some staff positions which now support the programs, and the need to continue to support communication between key individuals who now have the responsibility of maintaining the programs and services with limited direct input from HKI. Programs are working, however, and, most notably at the community level, there exists a heightened awareness and understanding of the capabilities of blind persons and the steps to take to prevent blindness.

The Evaluation Report for Western Samoa also identifies the very useful impact of HKI's assistance provided to the Western Samoa Association for the Blind. Assistance was provided on a less regular basis, however, appropriate at the time for the limited island population of the country and the uncertain backing provided by the Association. Although the still evolving Western Samoa program lacks a sound structural base, HKI has effectively put into place a framework for services to blind persons that demonstrates the potential to work and to continue to grow with ongoing assistance from outside international and regional resources. The fact that the program has survived under less than ideal circumstances clearly indicates that it was carefully planned, developed with attention to local needs and restrictions, and that HKI has been successful in bringing together local personnel who are highly motivated and dedicated to their work.

HKI's program in Papua New Guinea has provided many new challenges to developing community-based services to blind and low vision persons, particularly in remote rural areas. Some approaches to training local field workers and structuring the services organizations have been more successful than others, however, the programs are much too new to be able to predict

their more long-term impact and any additional "fine tuning" needed to sustain them. Thus, continued direct assistance to the agencies with whom HKI has been working, and to the government of Papua New Guinea, should continue and should be further monitored. Of particular significance has been HKI's success at strengthening the National Board for the Disabled as a functional leadership organization which has positively influenced the awareness of the national and provincial governments to provide quality, appropriate services to all disabled persons in Papua New Guinea.

Finally, it should be added that HKI has been able to play a leadership role in bringing together other international and regional resources that have also contributed to specific programs in Fiji, Western Samoa, and Papua New Guinea, as well as other countries of the region. For example, increased financial input, expanded consultative assistance, and various other in-kind contributions of services and equipment and materials have been directed to specific programs where they can be most useful. The benefits of this regional support will contribute to the long-range sustainment of the various country programs and foster a spirit of regional support of which each country can be a part. HKI deserves recognition for their efforts to develop and improve communication and for sharing their ideas with others.

The Evaluation Team would like to express its appreciation to HKI and the numerous persons from each of the countries visited for all of the assistance, cooperation, and openness to the evaluation process, without which we could not have presented the information we have brought together in these reports.

Anne Yeadon

Felicity Purdy

PROJECT EVALUATION REPORT

HIKI★FIJI

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*Appendices included with this report are those not previously on file with USAID. Additional copies will be made available on request.

BRIEF SUMMARY OF PROJECT HISTORY

Background 1976-85

Since 1976, the Fiji Society for the Blind (FSB), a private volunteer organization, has served a small group of blind children through its residential school, the Fiji School for the Blind. In August, 1980, the FSB and Helen Keller International, Inc. (HKI) agreed to work together for the purpose of expanding the capacity of the Fiji Society for the Blind to deal more effectively with the provision of services to blind persons living in Fiji. More specifically, the Proposal to Continue and Expand Community-Based Education and Rehabilitation Services to Blind Children and Adults (HKI Report, October, 1982), included the following mutually agreed-upon goals:

1. expansion of the school curriculum to include appropriate training related to the special skills of blindness and to parallel educational training of sighted children;
2. provision of teacher training needed to enrich the abilities and understanding of the special needs of blind children;
3. implementation of a training curriculum and practical experience related to agricultural development;
4. exploration of alternative educational programs such as integrated education;
5. development of community-based rehabilitation services relevant to the needs of an adult blind population;
6. identification of the causes of blindness and blindness prevention and eye care needs;
7. identification of factors resulting from implementation of the above goals (1-6) in Fiji, that may prove relevant in the development of similar services in other South Pacific Island nations.

During the last five years (1981-5) the Fiji Society for the Blind and Helen Keller International, Inc. have, through the latter's technical expertise and financial aid (as also supported by the United States Agency for International Development/South Pacific Regional Development Office), worked toward the realization of these goals. The following is a brief summary of HKI activities during this period.

January 1981 Agricultural Training Program entailed preparing a working farm for blind children to attend for the purpose of acquiring gardening and related skills. One teacher was trained to manage the Agricultural Training Program. The Program was developed on the hypothesis that children returning home to their villages would use the skills learned and assist in local farming.

January 1981 Rural Rehabilitation Program for the Blind involved the training of 10 field workers. The program's main objective was to integrate blind individuals into "full and active participation within the family and community." Services included: orientation and mobility, sighted guide, daily living skills, vocational training, agricultural methods, counseling services and social integration.

July & September -

November, 1981. Inservice Training of 8 Teachers at the Fiji School for the Blind entailed instructing teachers, through hands-on experience, to develop and use individualized educational plans (IEP's) for each school child. As a result of this training, each child at the School receives individualized educational and vocational preparation programs designed to respond to his/her specific needs.

In addition, teachers received inservice training in orientation and mobility; reading and writing braille; techniques of daily living. Teachers were given individualized attention from HKI Specialist Consultants and were observed working with students.

January, 1982 Integrated Education Program involved training of one school teacher at the Fiji School for the Blind to work as full-time resource teachers for blind, and visually impaired children who would attend schools for sighted children.

Mid. 1983 Efforts initiated to integrate eye care into primary health care.

June, 1984 Pre-School Project entailed training by HKI Education Consultant of Community volunteers to work with individual community-based children, their parents and family, and to provide a wide range of normal childhood experiences, stimulate sensory development, and achieve normal growth development.

Throughout the last five years, HKI staff and consultants have made regular, and often extended visits to the Fiji Society for the Blind. Extensive material is available from HKI Headquarters in New York, documenting the above and other related experiences. The list of Supportive Documents (Appendix I) gives an indication of the range of descriptive and evaluation materials available for review.

EVALUATION TEAM REPORT SUMMARY

This Evaluation Team recognizes that the work relationship between Helen Keller International, Inc. and the Fiji Society for the Blind has had an extremely positive impact on the lives of over 400 blind and visually impaired individuals living in Fiji. Prior to the commencement of HKI's involvement in 1981, the Fiji Society for the Blind had 26 individuals in attendance at the School for the Blind, all of whom were in residence at the School's hostel, with ages ranging from 6 to 27 years. At that time, the Society provided no outreach/community services to blind persons (nor did any other organization); all services were delivered within an institutionalized setting, and there was little effort to provide individualized instruction or accept responsibility for vocational training and/or placement.

Today the situation is radically different; the School for the Blind serves eight day children and twelve residential children. Each child is individually assessed, individual prescriptions are prepared, a team of teachers monitors individual progress, and each child is prepared for vocational placement. In addition, each child receives appropriate eye care treatment, and parents, wherever possible, are encouraged to participate in their child's educational and/or rehabilitation process. Dependent upon the needs of each individual child, and as soon as appropriate, each child is considered for integration into a school for sighted children. Since 1981, eighteen children have been integrated into "regular" schools and three more will join them in 1986. Each of these children receives the individual services of an Integrated Resource Teacher who assists the receiving school teachers in responding to the specialized needs of each blind child.

Assistance is given in transcribing braille materials and familiarizing the regular school teacher with "special techniques" relevant to the individual child's learning situation. The Resource Teacher is also general advisor to the children and their parents.

In addition to the School, the newly developed Rehabilitation of the Rural Blind Program (RRB), which provides comprehensive rehabilitation services to blind and visually impaired of all ages living in the community, is proving to be both extremely necessary and successful. As of November, 1985, the ten RRB field workers (all of whom have been HKI-trained) were serving a total of 52 clients. In addition, one hundred and seventy-one (171) are awaiting services, seventy-seven (77) are in follow-up status, and eighty (80) have been closed. Prior to 1981, none of these individuals were receiving rehabilitation services and the total number of clients referred since that time - 380 - is impressive. This team of workers has also played a vital role in referring potential clients to health care personnel for eye care services. According to ophthalmologist, Dr. Guy Hawley, over 300 individuals have been referred by RRB field workers for primary eye care services and many hundreds more have been located by health care workers he has trained in primary eye care.

Whereas the numbers are notable, the caliber of the staff is especially worthy of mention. This Evaluation Team was impressed by the enthusiastic involvement of key staff members, namely: Saimone Nainoca, Laisani Radio, Veniana Seruvakula, Renu Samu, Irshad Ali and Sister Stephen, who were all highly committed to the "pursuit of excellence" in delivering education and rehabilitation services to blind and visually impaired individuals living in

Fiji. The commitment of Mr. Reddy, President of the Society's Board, and his wife, Elizabeth, along with other Board members, is also highly commendable. Mr. Reddy has played a vital role in steering the Society toward the delivery of improved quality services. All these individuals have been responsible for developing a sound service delivery base of which they should be proud, and HKI has played an invaluable role in terms of overall guidance and technical assistance.

Today the Society is facing the inevitable "pains" of any newly developing service system. The satisfaction of reaching out to many more clients following effective training from HKI has been mentioned, but now the Society faces ongoing challenges and "barriers" that may hinder progress, program refinement, and program expansion.

Of immediate concern is the lack of effective communication between Ministry of Education personnel and the President of the Fiji Society for the Blind, due primarily to confusion over educational policies for visually impaired children. Although the Minister of Education has personally endorsed the joint efforts of the Society and HKI, it is clear that key administrators within the Department have not formally recognized the Society's new program initiatives. One might assume that as the Minister of Education has already given his endorsement of such new initiatives, it may seem unimportant that his representatives do not reinforce his views. In practice, however, the influence of these educational representatives cannot be ignored.

It is essential that key ministry representatives, namely Mr. Prasad, Chief Education Officer, and Mr. Vosaicake, Special Education Officer, should attempt to resolve the current impasse and assist in the further development

of the Society's service delivery efforts. Schoolteachers employed at the School for the Blind, in addition to Mr. Saimone Nainoca, Supervisor of the RRB Program, Miss Veniana Seruvakula, Integrated Resource Teacher and Mr. Irshad Ali (Vocational Counselor) receive their salaries, status, evaluations, and career promotion through the Ministry of Education. If there are assumed or actual differences of opinion between key personnel within the Society and the Ministry of Education, this will inevitably affect the morale and actual career development of these individuals.

Although the schoolteachers have been "legitimized" through their educational backgrounds and their appointments as "professional teachers", the new personnel, such as the RRB field workers and volunteers, have not been similarly affected. Their credentials and ability to do a "professional" job are currently in question; they are facing the inevitable pressures of any new occupation and are being closely observed by their peers. This situation is understandable when the responsibilities of the field workers and volunteers are perceived as encroaching on the work of the professional schoolteachers. Volunteers, for example, have received one week's training to work with children in the community, and field workers, with no vocational preparation experience, place adult blind persons of varying ages into vocational situations. Such conditions tend to invite scepticism and criticism by professional workers, and when Ministry of Education officials also question the Society's new initiatives, then the "us" and "them" situation is further exaggerated. This conflict is unfortunate and hard to correct particularly when, in one-to-one discussions, each of these individuals expresses a commitment to pursuing the program concepts initiated by Helen Keller International.

Additionally, it should be noted that communication problems stemming from the cultural differences between Fiji's two predominant ethnic groups (Fijian and Indian) can complicate the way problems are discussed and remedied. Therefore, it is important to recognize that the "ways" of these two ethnic groups are, in large part, different and that such differences should be acknowledged and worked on by everyone concerned rather than ignored.

The future, however, appears promising. There are signs that the Ministry of Education and the Fiji Society for the Blind are making more concerted efforts to acknowledge and communicate their need for each other, and to work together toward the improvement of services to all blind and visually impaired living in Fiji.

Key individuals, such as Mr. James Vir, representative of the Social Welfare Department; Drs. Hawley and Rathod in the Ministry of Health, and Mr. Prasad, Chief Education Officer, have important roles to play in ensuring the effective delivery of comprehensive services to blind people of all ages and needs. Mr. Reddy, FSB President, also has an essential part in this endeavor and is likely to be drawn into the debate on a "generic disability movement" for enhancing education and rehabilitation services to all disability groups in Fiji. Mr. Vir has recently been asked by the Minister of Social Welfare to prepare a cabinet paper proposing that generic personnel be prepared to work with all disability and socially "deprived" groups. At the same time, Mr. Vir emphasises his commitment to building on the work begun by Helen Keller International and the Fiji Society for the Blind. It therefore seems essential that Mr. Reddy immediately provide Mr. Vir with policy proposals suggesting the future direction of service delivery to blind people in Fiji within an overall generic system.

One final important problem must be addressed urgently: ongoing financial support of the Society's new program initiatives seems to be vulnerable, which exacerbates particularly the insecurity felt by the RRB Supervisor and the field workers. Mr. Vir explained that, although he had made commitments to Mr. Ron Texley of HKI to pursue his department's funding of a portion of the 10 field workers' salaries, he was unable to accomplish this, particularly as the program remains outside the overall generic social welfare system. He stressed the plight of the country's economic situation and felt that no government or private agency in Fiji would be able to help relieve the situation, at least in the foreseeable future. Mr. Reddy, however, hopes to increase income generated by the Society's annual appeal and intends to approach USAID with a matching grant proposal. The pressure to resolve this financial problem is extreme, not only for Mr. Reddy, but for fieldworkers who are currently reliant on overseas aid to cover their salaries. Without these enthusiastic efforts, the continuity and quality of the Rehabilitation Program is in jeopardy.

EVALUATION TEAM PRIMARY RECOMMENDATIONS

. An HKI Representative should be available to Mr. Reddy, President of FSB, for short concentrated work-sessions, a minimum of three times a year. The purpose of these sessions would be to develop short and long-range planning strategies with clearly-defined, limited and realistic policy objectives, which Mr. Reddy could pursue in his efforts to enhance and expand services to blind individuals in Fiji. At the same time, performance objectives should be prepared for Mr. Reddy's key staff members (e.g., the RRB Supervisor, Early Intervention Coordinator, Integrated Resource Teacher, Matron of the School's Hostel and Head Teacher) to be used as a means for setting priorities and monitoring progress. Needless to say, these objectives should not be in conflict with national goals and objectives pursued by the Ministries of Health and Social Welfare and Education.

. The current lack of communication between the President of FSB, Mr. Reddy, and Mr. Prasad, and Mr. Vosaicake of the Ministry of Education, should no longer be ignored. Efforts should be made by Mr. Reddy to provide Ministry personnel with ongoing information regarding the status of the Society's new program initiatives and recommendations for future policy recommendations.

. There is a need to monitor the proposed generic "marriage" by the Social Welfare Department of rehabilitation and welfare services and to expand the role of the RRB field workers. Although this proposal may well appear to be an appealing "saleable package", the assumptions and philosophies inherent in a social welfare versus rehabilitation approach may prove confusing and even

incompatible with the delivery of quality services to blind people. Mr. Vir has stated the concept is still being clarified and it is therefore recommended that Mr. Reddy, along with HKI representatives, become active participants in the "clarification process."

. Major criticisms by the Society's school staff of new program initiatives seem to focus on services being provided by the RRB field workers and volunteers working with children and those seeking employment. School staff members view themselves as the "professionals" in these two areas and RRB volunteers with a one-week formal training background, and field workers with approximately 4 weeks training are often viewed as "amateurs". It is recommended, therefore, that consideration be given to placing pre-vocational and vocational activities under the supervision of the Vocational Counselor, and for services related to pre-school and school age children to be supervised by the Integrated Resource Teacher. (Ideally, the Integrated Resource Teacher should obtain appropriate qualifications and/or additional specialist training in services related to babies and infants.) Evaluation, monitoring of service delivery and resultant reports, final evaluation, and inservice training of field workers and volunteers in these two areas, would then be the responsibility of certified staff.

. No case manager is responsible for reviewing each school child's "master file" and identifying gaps in service delivery. It is therefore recommended that the Head Teacher develop a service checklist encompassing: academic subjects, self-care and social behavior, leisure-time activities, agriculture, independent travel, activities of daily living, pre-vocational and vocational training. The Head Teacher should then accept responsibility as Case Manager or assign staff members to monitor the progress of specific children.

. Although some community-based clients have expressed a need to learn braille, RRB field workers have not been taught this skill. The teachers at the School have the necessary skills but not the means of working in the community. Consideration should therefore be given to teaching RRB field workers at least Grade 1 braille, and developing mechanisms for clients to self-teach in Grade 2. However, if RRB field workers were to master both Grade 1 and 2, they may be able to obtain "certification" from either Australia or the United States, which may further enhance their occupational credibility.

. Sister Stephen's role in teaching skills to residential children in such areas as: activities of daily living, personal management, leisure-time activities, gardening and self-care, does not appear to be formally recognized either by the school staff nor documented in the child's "master file". It is therefore recommended these efforts receive formal recognition.

. General observations in the hostel revealed that maintenance and repairs could be improved. Rotting floor boards and gaping holes, particularly in the bathroom and toilet areas used by young children, create inappropriate and unsafe environments. As such conditions have been in existence for well over 3 months, immediate correction is recommended.

. In an effort to develop a strong staff team and formulate pragmatic organizational goals and objectives, it is recommended that Mr. Reddy meet on a regular basis with all service-delivery staff for the purpose of reviewing aims, addressing problem areas, and instilling a sense of "team spirit".

. Efforts should be made by Mr. Reddy and representatives from the Ministry of Education to "legitimize" and formulate a career-development strategy for Mr. Saimone Nainoca which will stabilize his current position and enable him to clarify his short and long-term career plans. A similar approach should be made for Miss Laisani Radio.

. Emphasis must be given to improved quality control of "master files", some of which do not include documentation of home-visits made by volunteers, skills-training, dates, or case-closure details.

. A formalized follow-up study of the Early Intervention Program should be conducted by Miss Radio in an attempt to assess the Program's quality and quantity of services being provided to children and their family members. It is recommended that a report be prepared which describes the findings and proposes appropriate actions for program refinement.

. A comprehensive up-to-date curriculum package that reflects the entire school and community-based programs should be compiled by Mr. Nainoca and Mr. Keteca and made available for distribution.

. Teachers and community workers should submit any requests they have for volunteers to Mr. Nainoca and Mr. Keteca. Based on this input, "job descriptions" should be developed, appropriate volunteers should be recruited and trained to respond to defined staff/client/children needs.

. Policies and Procedures formulation and implementation should be delegated to key staff members and they should be held accountable by Mr. Reddy for such responsibilities. (This recommendation could be incorporated into job descriptions and goals and objectives established for each key staff member.)

. HKI representative(s) should work closely with Dr. Rathod to encourage him to include primary eye care services within any proposed and/or actual expansion of eye care systems and to assist him in obtaining the necessary financial support.

. It is recommended that HKI remain committed to working with the President of FSB to build on and refine the programs which, during the 5-year relationship, have resulted in services to hundreds of blind and visually impaired individuals living in Fiji.

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THE EVALUATION REPORT; Primary Findings

The following report describes the primary assumptions used as a basis for goal development and specific target objectives. Each assumption and target objective is then followed by a review of the actual project experiences during the 1981-5 period.

A Review of the HKI Project Assumptions

Assumption 1. That evidence exists of the capacity, willingness, and commitment (of FSB and the government of Fiji) to develop new program initiatives and to expand existing services related to blindness, severe visual impairment and eye disease.

Actual Experience

Based on this Evaluation Team's extensive interviews* with the President of the FSB Board, board members, school teachers, rehabilitation field workers, early intervention staff, supervisors, the vocational/employment counselor, resident staff, and other members of the Fiji Society for the Blind, there is an unquestionable positive interest and emotional commitment to promoting and strengthening new program services and refinements. Based on interviews with family members and clients served by the Society, there is also enthusiastic support and appreciation for the Society's recently expanded range of services. Evidence of progress made by these clients is further supported through review of their "master files" which document their goals prior to service being provided and list their actual accomplishments at "case closure."

*(See Appendix II: List of Persons Interviewed and Summaries of Selected Interviews.)

The extent of community support was evident in interviews conducted with:

- . Brother Peter Brown, Headmaster of the Marcellin Primary School in Suva, where five severely visually impaired children have been integrated with sighted children;
- . Dr. Guy Hawley and Dr. Rathod, both ophthalmologists who have, with HKI support, improved referral mechanisms for primary eye care services and conducted extensive inservice training of health care workers;
- . Mr. James Vir, senior representative of the government's Social Welfare Department and Chairman of the Rehabilitation Council, whose forthcoming cabinet paper will endorse the efforts of HKI and the FSB;
- . Frank Hilton, ACROD Consultant, and administrator of the School for Crippled Children, who endorses HKI's invaluable contribution to improving services to the blind and visually impaired;
- . Mr. Ambika Prasad, the government's Chief Education Officer and Mr. Solomon Vosaicake, Special Education Officer for Fiji.

All of the above recognized the value of the Society's strategies and services and, in varying degrees, gave ongoing support for program continuity.

Although Mr. Prasad and Mr. Vosaicake praised the Society's work, especially in the area of community rehabilitation initiatives, they felt that the Society and HKI had attempted to assume some of the responsibilities of the government education department by attempting to influence policy related to the education of blind school-aged children living in Fiji. They also stated that, to some degree, they had been excluded from early planning processes formulated by the Society and HKI representatives. Philosophical questions

were raised regarding whether a primary age blind child should undergo "integrated education" rather than education at a "special school for the blind". They reported that the Ministry of Education had viewed the "special school" as a necessary part of a blind child's development, especially during the primary years, and that after "the basics" had been acquired, then integration at the secondary level could be considered. They stressed the fact that no formalized policy on integrating blind children into the regular school system had been formulated, and there was a question as to whether the approach taken by HKI was in fact in conflict with Ministry of Education policies. It is interesting to note, however, that the Minister of Education formally endorsed the goals and objectives formulated by the Society and HKI.

Mr. Prasad and Mr. Vosaicake stressed that policy-making should not be left to "small groups such as the Society". The Evaluation Team stressed the importance of either the Society and/or the Ministry of Education initiating ongoing communication. Mr. Vosaicake felt, however, that "it was the responsibility of the Society to reach out to them (the Education Department) and to propose - based on their recent experiences - a policy position that addressed education of blind children in Fiji".

Further discussion revealed that the Special Education Department was "looking the other way" in respect to the utilization of one of their agricultural teachers, Saimone Nainoca, who is Supervisor of the Rehabilitation of the Rural Blind Program. Mr. Vosaicake claimed he overlooks Saimone's time-utilization in the rehabilitation program because he recognizes "the need" and does not want to "shame Saimone". The conflict arises from his understanding that teachers paid by the Ministry of Education

should work with children in a school setting. There was a general feeling that "work with adults" encroached on the domain of the Social Welfare Department. Mr. Vosaicake stated that when Saimone was transferred from his agriculture-teaching position in a rural high school to the Society, it was assumed he would continue teaching agriculture, but that the Society had changed his role. From a review of letters exchanged in 1980 by Mr. Lauri Rolles, then President of the Fiji Society for the Blind, and the Permanent Secretary of the Ministry of Education, it is evident that Mr. Rolles' request for a teacher to be assigned to the Society stipulated that the teacher be willing "to travel, be in good health, be able to drive and to supervise the Rural Rehabilitation Program". No time period was stipulated. The response from the Permanent Secretary stated that a teacher would be assigned to the Society to develop "an agricultural training unit as part of a multi-craft program". No reference was made to the RRB Program or its related activities.

As the Society's school teachers' salaries, including Mr. Saimone Nainoca's, are paid by the Department of Education, it seems desirable that this department should formally acknowledge the efforts of its employees in not only educating children at the School for the Blind but also those being mainstreamed within the regular school system; those being placed in open employment; those receiving orientation and mobility, and those educated under the RRB Program. Mr. Nainoca, however, as Supervisor of the Program, may experience a personal conflict in reporting directly to the President of FSB with regard to his duties as Supervisor while being formally assessed by the Head Teacher of the School who makes recommendations for his career advancement in the Department of Education.

Mr. Frank Hilton, while endorsing the "good work" done by HKI, felt it was important to educate individuals in every village to identify and refer disabled individuals to public health nurses whom he felt were the appropriate workers to provide more specialized services to blind individuals. He also felt at this point in the South Pacific's development it was necessary to have "visible" physical structures that could be seen to stand for service delivery. Community outreach, in his opinion, was somewhat nebulous and harder to fund because the services were not "visible" to potential fund sources. (This view was not supported by government representatives interviewed by the Evaluation Team.) In reference to RRB, he wondered whether project employees would have the status for acceptance into village communities and how the quality of their work could be monitored. (Mr. Hilton's views are reflected in a paper he wrote - see Appendix III.)

Regardless of the above statements, Mr. Hilton, Mr. Prasad and Mr. Vosacake stressed the need to continue to build on the efforts initiated by the Society and Helen Keller International.

Assumption__2. That the Rehabilitation of the Rural Blind Program will be fully institutionalized within the Fiji Society for the Blind and will become financially independent of grant funds.

Actual Experience

The Rehabilitation of the Rural Blind Program is fully institutionalized within the Fiji Society for the Blind but has not become financially independent of grant funds as originally proposed.

The Ministry of Education has, albeit at an informal level, acknowledged the relevance of the Rehabilitation of the Rural Blind Program, the Integrated Education Program, and other school curriculum refinements (e.g., development of Individual Education Programs) and has continued to pay the salaries of the RRB Supervisor, the Integrated Education Resource Teacher, and the Vocational Guidance Counselor. (Although the latter works almost entirely with children prior to placement, he is available to consult with supervisors and RRB field workers regarding adult vocational counseling and placement). The Ministry of Education's responsibilities for all primary and secondary schools in Fiji are to provide total remission money to the primary school (and partial for secondary), pay teachers salaries (100% for primary teachers and 80% for secondary), consider small grants for capital development, and review recommendations for government aid to be channeled through specific schools. (The community accepts responsibility for provision of school buildings, property, etc.)

Discussions with Mr. Prasad, the government's Chief Education Officer, and Mr. Solomn Vosaicake, Special Education Officer, revealed that if any or all the Society's programs related to children's education were formally placed under the Education Department, then funds may be made available on a formal rather than "assumed" basis.

James Vir, representative of the government's Social Welfare Department, claimed that the Society's RRB field workers and his department's social welfare staff, were working closely together, sharing resources, office space, typing and transportation services. Mr. Vir regretted that although he had made a verbal commitment to Mr. Ron Alexey, Project Officer for Helen Keller International, Inc., that he would work toward the financing by his

department of the 10 fieldworkers' salaries, he had been unable to accomplish this due to recent national natural disasters, including hurricanes and drought, which had led to government salary and staff freezes. In his capacity as evaluator of non-government organization budgets and their applications for government grants, he claims that none of these organizations would be in a position to cover such salary costs. He stated that there was only one way to pursue coverage of the 10 field workers' salaries and that would entail their receiving additional training in order to be classified as "generic workers", i.e., workers who would have the ability to work not only with all disability groups but also with disadvantaged groups, such as the homeless.

Mr. Vir views the newly proposed National Society for the Disabled (NSD) to have within its constitution the power and means to decide future funding policies and priorities for non-government social service organizations such as the Fiji Society for the Blind. He feels it would be desirable for the NSD to be guided by an organization with a broad perspective on the coordination and allocation of all resources. (He wondered whether Rehabilitation International might be the appropriate consulting agency and intends to explore this further.)

Mr. Vir views a "specialist worker of the blind" to be a "luxury item" that the country can ill afford, and believes that a generic worker with broad abilities in both rehabilitation and welfare would prove to be a more appealing fundable item for partial government sponsorship.

The Minister of Social Welfare has recently asked Mr. Vir to prepare a cabinet paper on disability and welfare strategies. Mr. Vir stressed his commitment to acknowledging the work done by the Fiji Society for the Blind and Helen Keller International. (Since this statement was made, the Department of Social Welfare, Ministry of Health and Social Welfare, has been transferred to the Ministry of Justice and the call for a cabinet paper may well be delayed.)

It is important to recognize that the RRB Program has been positively acknowledged by the Ministry of Health and Social Welfare. The referral mechanisms between rural nurses and the Society's rehabilitation field workers have proved especially effective. Since 1983 no less than 300 individuals with vision impairment have been referred to the Ministry of Health by the RRB field workers. Dr. Hawley, ophthalmologist, board member of FSB, and employee of the Minister of Health, stressed the relevance of expertise shared between the Society and the Ministry of Health. Dr. Hawley has provided in-service training for the RRB fieldworkers and those fieldworkers are now available as resource personnel to assist the in-service training of rural and district nurses in the areas of prevention and primary health care.

In all three government departments within Ministries Health, Education, and Welfare, there appears to be a sincere acknowledgement of the needs of blind and visually impaired individuals of all ages living in Fiji, and a desire to secure and expand the services initiated by the FSB and HKI. But a key challenge still remains: to develop policies and procedures which will enable these departments and Ministries to work together to better utilize the experiences gained by the Society and HKI in their efforts to fund quality education, vocational and rehabilitation services in Fiji.

Mr. Sachida Reddy, President of FSB, stressed his intention to substantially increase income generated by the Society's annual appeal; to approach USAID with a matching grant proposal, and to try to obtain government monies channeled through the Fiji Council of Social Services. He also had additional hopes that the proposed National Council for the Disabled would have some positive impact in this area.

Assumption 3. That the basic assumptions for Fiji are equally applicable to other countries in the South Pacific, i.e., Western Samoa and Papua New Guinea.

Actual Experience

Caution should be given to promoting the concept of a "South Pacific Model". The South Pacific region is by no means homogeneous; Fiji, Papua New Guinea and Western Samoa in particular are very different in terms of economic background and future potentials, history, racial mix, political stability, power hierarchies, and standards of living.

In Papua New Guinea, for example, goals for development of services to the blind (as proposed by HKI) are enthusiastically endorsed at both government and private sector levels, but many questions remain as to how and by whom such services should be implemented.

In Western Samoa, the President of the Western Samoa Association for the Blind pays lip service to those representing overseas funding sources, but there is little evidence of his promoting, refining or expanding existing services, or developing current program initiatives that go beyond a welfare orientation and an institutionalized structure for service delivery.

In Fiji, the recent development of integrated education programs, early intervention, and agricultural training, may be too rigidly pursued. For example, many children have chosen not to return to their villages and a subsistence agricultural existence, hence the stress on their receiving extensive agricultural education as part of their formal education may prove inappropriate. Although almost all young adults in this category have benefitted from vocational training and placement, a conflict seems to arise when children are taken from their rural villages and brought into Suva, Fiji's capital city, for education. It should be kept in mind that this process can lead to raised expectations and that school-leavers who aspire to "that bit more..." and view gardening and agriculture pursuits as only "a hobby" will require adjustments in their educational training programs. (FSB and HKI are attempting to address this conflict through individualized program planning.)

There may be a general reticence in traveling to other countries in the Pacific. In Papua New Guinea particularly, a distinct reluctance exists on the part of administrators to recommend staff training even in other parts of the same country, and problems and needs were viewed by many as "regional-specific". Yet in each of the three countries, there is great enthusiasm from workers to pursue overseas education and experience, especially in Australia and the United States. Many workers in the field of services to blind people stressed the need both for "recognized" diplomas or degrees and "legitimizing" their formal and informal education efforts, and questioned the long-term relevance of ongoing inservice training especially in relation to their own career development.

Caution has and should continue to be given to placing the Fiji Society for the Blind in the role of "training center for the South Pacific countries". The Society's President and staff are struggling to ensure that new programs become a secure and "legitimate" part of the country's government infrastructure. The rehabilitation staff are still adjusting to their new roles and responsibilities and dealing with the inevitable external scepticism of being viewed by professionals as a "new" and untested occupation. Their duties are broad-ranging and the job pressures different (e.g., being accepted within village communities; staying overnight away from home because of limited transportation; stressing the rehabilitation perspective rather than social welfare, and having an occupational title that carries no formalized credentials.) In addition, the Society has a history of institutionalized education practices rather than the newer community-based outreach efforts which emphasize flexible client-based education strategies and regard each child or adult as warranting individual assessment and treatment prescriptions. Programs and individual staff members are, therefore, still being "tested", and many government departments and private sector personnel are carefully monitoring, albeit at a subjective and informal level, the relative "success" of the Society's new programs and strategies. Thus it would not appear to be the appropriate time to place new responsibilities and burdens on the already over-pressured Society.

Although the South Pacific Regional Development Seminar of 1981 may well have stimulated interest in the needs of blind people and improved networking among resource personnel in the South Pacific, there is little evidence as yet to support promulgation of a "Pacific Model". It is vital however that

mechanisms be developed, as HKI has emphasized, to enhance ongoing communication between service providers in all the South Pacific Island countries. But it also seems crucial that each country recognize its specific regional characteristics and define its own particular consumer and organizational needs. The sharing of new concepts and innovative strategies aimed at achieving a varied range of service goals should continue to be emphasized at this time, rather than attempting to define a conceptually appealing "South Pacific model" with little practical relevance to specific regional and consumer group characteristics.

EVALUATION OF EACH TARGET OBJECTIVE

The following HKI-developed target objectives provide useful indicators for measuring the work accomplished to date. Possible barriers hindering achievement of these objectives are discussed, and recommendations for future project modifications and other actions are made.

Target Objective 1. All teachers employed at the Fiji School for the Blind will continue an in-service training program in methods and techniques of educating blind and low vision children. Individuals from other institutions and at the Teacher Training College, when appropriate, will attend in-service training sessions.

Actual Experience

Discussions with the Head Teacher and different staff members suggest that the teachers of the School for the Blind continue to receive in-service training usually during their lunch periods, utilizing visiting lecturers, including ophthalmologists, optometrists and special educators. There appears to be no formalized in-service training program or schedule but rather an informal approach that responds to client and/or teacher "need" as, and when, it exists. Individuals from other facilities, such as the Teacher Training College, do not attend in-service training sessions. (Teachers and field workers invariably expressed a commitment to pursuing a recognized diploma or degree from Australia, New Zealand or the United States, and an interest in visiting programs for "the blind" in other countries.) There is room for improvement.

As an example, a one week in-service training (December 2-7, 1985) was conducted by Saimone Nainoca for the RRB field workers. Emphasis was placed

on orientation and mobility and lectures were given by health care providers. Teachers from the School did not attend this program. (As the school teachers generally view themselves as "professionals", and the fieldworkers as "paraprofessionals" who "require more training", the two groups rarely come together for the purpose of in-service training.) The need for all RRB fieldworkers and, especially volunteers, to be appropriately trained to "acceptable standards" was stressed by both the Head Teacher and the RRB Supervisor and the various FSB staff personnel can play an important role.

It is recommended that Mr. Reddy, President of the Society, initiate annual total staff "brain-storming" sessions for the purpose of developing annual in-service training plans and appointing specific FSB personnel to ensure that plans are implemented. Such plans would be strengthened by the endorsement of the Department of Education.

Target...Objective...2. Administrative management procedures at the Fiji School for the Blind will be in place and firmly established to support the expanded scope of the School program, including student, teacher and non-professional staff needs.

Actual Experience

Administrative procedures, such as job descriptions, and policies and procedures related to the school, hostel, rural rehabilitation and early intervention, are available for review (see Appendix IV). However, since HKI representatives are no longer involved in the Society's day-to-day activities, it seems that much administrative time has been spent bridging the assumed gaps between the established program of the School and the HKI project initiatives. The Head Teacher described how a sense of internal

staff suspicion had resulted in an "us" and "them" situation (between staff who had and had not received intensive HKI training and orientation to new program initiatives) During the last year there had been improved cohesiveness among personnel. Questions remain, however, regarding the quality of work done by volunteers, their limited training and their commitment to the job; the need for further education and monitoring of the fieldworkers's job-related activities; the need for further clarification of the RRB Supervisor's broad ranging responsibilities; questions on the relevance of the gardening/agricultural project and its relation to farming as an occupation; and, finally, the ongoing security and "legitimizing" of all the new programs and personnel and the funding of the 10 fieldworkers' salaries.

Mr. Reddy is to be commended for his untiring efforts to maintain and strengthen the programs initiated with HKI. Although he holds a full-time position unrelated to his work activities for the Society, his presence, influence and direction are evident at all levels of the organization. However, historically, he has lacked the support of a school administration that empathizes with the goals to be accomplished, monitors quality and quantity control, and is fully committed to the Society's future effectiveness. Target objectives have been clearly defined but there is a vagueness surrounding who is actually responsible for achieving them. Thus, many of these objectives are viewed as "irrelevant" and there is little commitment to realizing or even "testing" them. Because of this attitude, coupled with limited resources, the impetus to pursue clearly defined goals and objectives seems now to have waned. The current Head Teacher, for whatever reasons, seems not overly committed to accountability of short or long range development strategies, but rather is anxious to make sure

"everybody is happy". This individual may well benefit from exposure to the principles of management and supervision, and cohesive statements of expectations from both the Department of Education and the President of the Society would improve the potentials for new management procedures. Additionally, the Head Teacher seems to view the goals and objectives as set by FSB and HKI to be outside of his direct responsibilities, which are defined primarily by the Ministry of Education.

The President is wholeheartedly committed to realizing the goals and objectives developed with HKI, but is realistic in that he would revise them if they proved to be inappropriate. (This is already happening in relation to the agricultural project.) He could benefit from more emotional and pragmatic support, particularly from the government. For this reason, he should consider cultivating a more mutually supportive relationship with the Department of Education and with the Head Teacher.

Target Objective 3. An in-place curriculum at the Fiji School for the Blind will be established that includes primary and secondary educational, agricultural, and vocational training components.

Actual Experience

According to the Head Teacher, no single comprehensive curriculum, encompassing all of the above components, is available for review. He stated that the academic curriculum was the one approved by the Ministry of Education "with one or two adaptations," including orientation and mobility training.

The curriculum framework originally conceived for the Agricultural Program is attached (see Appendix V), although this is likely to be changed in the light of a new proposal, to be submitted by the teachers to the Board, which recommends the current time of one day every two weeks be reduced to two hours per week, in accordance with time allocated for this subject within the regular school system. Staff are proposing, because of changing socio-economic conditions in Fiji, that gardening be viewed as a hobby and leisure pastime rather than an occupational pursuit. When the program was first introduced, training time allocation was one day a week. According to different teacher's reports, the farm where the training took place has for the past 3-4 years been largely "maintained" by volunteers, prisoners and the army. Except for specific skills training, very little full-scale agricultural work has been done by children since it was recognized by staff that it was "not their job" to farm the land themselves and that travel to the farm and work on the farm was felt to be too tiring and time-consuming, especially for younger children. It has also been recognized that because of the agricultural program, those children who were interested in farming are now being given the opportunity to practice skills at home. They feel the farm might be used as a training center for those few students who want to pursue farming as a full-time occupation.

This Evaluation Team recommends that the Head Teacher develop a comprehensive curriculum package that reflects the entire school and community-based services conducted at the Fiji Society for the Blind.

Target Objective 4. An ongoing and firmly established program will be established to provide educational materials for children and teachers at the Fiji School for the Blind and which supports the integrated education program.

Actual Experience

Discussions with the Head Teacher, school teachers and the Integrated Education Resource Teacher, revealed the difficulties experienced in finding volunteers. Currently, materials development and braille transcription are undertaken by individual teachers on an "as needed basis". Occasional assistance is given by an ex-pupil who graduated in 1985 from Corpus Christi Teacher's College in Suva. The Resource Teacher stated that female expatriates were occasionally willing to help but that there was little long-term commitment. This teacher also felt that more effort could be given to recruiting and training volunteers but that this was neither viewed as a priority nor an overwhelming need, especially as the Head Teacher did not see any urgency for such activities.

Target Objective 5. The role and responsibilities of the Agricultural Counterpart/Field Worker Supervisor will be defined and firmly established within the Educational and Rural Rehabilitation programs.

Actual Experience

The dual role of Mr. Saimone Nainoca has not been formally endorsed by representatives from the Ministry of Education since Mr. Nainoca's work responsibilities are divided between his role as school teacher and

supervisor of the new RRB programs. As school teacher, he educates children at the School for the blind in agricultural activities and orientation and mobility. In this capacity he is responsible to the Head Master who, in turn, reports on Mr. Nainoca's performance to Mr. Solomon Vosacake, Special Education Officer under the Ministry of Education. Mr. Nainoca's school time has recently been reduced in the area of agriculture but has been expanded to include a role as "Sports Coach". His total time commitment to the school is flexible but, according to the Head Teacher, usually encompasses 3-4 days per week. The remaining time is given to supervising the field workers and monitoring their paperwork. In this capacity he is responsible directly to Mr. Sachida Reddy, President of the Society, who reports on his progress and program status to the Board of Directors.

In relation to Mr. Nainoca's responsibilities for supervising field workers and developing the RRB programs, Mr. Solomon Vosacake claims he "looks the other way". Although there is informal endorsement and an assumption by Education Department personnel that "he's doing a good job...", there is no formal acknowledgement of his role and responsibilities. This Evaluation Team was concerned that Mr. Nainoca may be experiencing (although not expressing) discomfort with this situation, and it is recommended that this issue be addressed rather than ignored. Mr. Nainoca appears to be a committed and conscientious employee who should be fully supported by the Education Department and recognition given to the relevance of the unique roles he must play in his job in relation to his own career development. Until Mr. Nainoca's position is

more firmly established within the Ministry of Education, he will be vulnerable to the whims and priorities of particular personalities who pursue different and possibly even conflicting philosophies, goals and objectives.

Target Objective 6. Implementation of Phase III of the Agricultural Training Program, including a curriculum and the use of existing community resources.

Actual Experience

According to Mr. Nainoca, due to limited time and financial resources, Phase III has not been implemented and as discussed (see Target Objective 3), there are now plans to reduce the amount of effort given to this particular component. No curriculum, other than the one contained in the Annual Report of 1984 (see Appendix V), is in existence. A review of selected childrens' master files did not document any instruction at all in this area.

It is important to recognize, however, that the focus of this target objective is being accomplished by providing opportunities for the children to visit local piggeries, goat and other animal "farms" as a means of broadening their "hands-on" life experience. Regular practice and garden maintenance is also encouraged by Sister Stephen for those children living at the residence. (The garden by the residence is especially lush, with an abundance of fruit and vegetables. Sister Stephen impressed upon this Evaluation Team that the garden was the childrens' responsibility.)

Target__Objective__7. At least eight (8) additional children will be integrated into regular educational school programs.

Actual_Experience

Since 1981, eighteen (18) children have been integrated into regular educational school programs (see updated - hand-corrected - list prepared by the Integrated Education Resource Teacher - Appendix VI). Of this number, eleven (11) are still in an integrated situation, 4 have been closed and their whereabouts are uncertain (families often move to new areas and children are not re-enrolled in school), and 3 are in vocational placements. It is anticipated that a further 3-6 will be integrated during 1986.

Target__Objective__8. One additional Resource/Itinerant Teacher will be trained to assist in the Pilot Integrated Education Program.

Actual_Experience

Miss Veniana Seruvakula, Itinerant Resource Teacher, is currently being assisted by Irshad Ali (the Vocational Counselor) who visits approximately two "integrated" children a week. Miss Seruvakula feels that more attention could be given to working with parents, educating partially-sighted children and teachers within the regular school system. She expressed concern that partially-sighted children did not receive enough of her time and, as a result, may experience some regression. Much of her time is spent at Marcell Primary School working with the five integrated children there. She also expressed some trepidation in meeting the needs of these children when they enter secondary school. She is

sensing the need for another teacher to work alongside her and feels this will be especially urgent when more totally blind children are added to the integrated program. If a new teacher should be appointed, she recommends that he/she have experience in working with blind students and have secondary-level teaching skills. She also feels that the kindergarten-aged children, currently served by the Early Intervention Program, should undergo individualized assessment by a qualified teacher; she recommends that assessments be conducted of the receiving kindergarten facility, and that professional consultation services should be made available to the staff. (She thinks someone with her background and experience would be an appropriate selection.)

There is, however, a question as to whether the Department of Education would approve a request for a second resource teacher. As discussed earlier, the concept of "integrated education" at the School for the Blind has not been formally endorsed by the staff of the Department of Education. Mr. Reddy, President of the Society, states that the Pilot Integrated Education Program must, because of limited resources, be restricted to Suva and that there are no immediate plans to hire a second resource teacher.

Target Objective 9. A plan to expand the Integrated Education Program to a select number of schools outside of the Suva area will be developed and implemented.

Actual Experience

As stated by Mr. Reddy in the previous objective, plans to expand the Integrated Education Program beyond the Suva area have been revised.

Target__Objective__10. A support program will be implemented for the parents of students integrated within regular school programs.

Actual_Experience

Parents are seen by the Resource Teacher if and when problems arise. (Sister Stephen also maintains ongoing communication with parents of children living at the residence. The approach, however, tends to be one of "crisis intervention", rather than a systematized process of follow-up, planning and information exchange. Although the need is recognized, current resources do not allow for this service to be expanded.

Target__Objective__11. The development of an ongoing program for integrated education within the Fiji School for the Blind, whereby the Ministry of Education will firmly establish policy and administrative processes to support the program.

Actual_Experience

According to Mr. Prasad, Chief Education Officer, and Mr. Vosaika, Special Education Officer, there has been no formal endorsement nor promotion for integrated education in Fiji. Both expressed the need to address the problem but philosophical issues were raised regarding the appropriateness of integrating primary-aged children into the regular school system.

There appears to be a difference between the Society and the representatives from the Ministry of Education, in assumptions and opinions on the education of blind and visually impaired children and this issue needs to be addressed by the two organizations. Representatives

from the latter stress it is the Society's responsibility to reach out to the Ministry and submit, based on its "successful" experiences in this field, a proposal for educating all blind school-aged children. Mr. Reddy had earlier stressed the numerous efforts he had made to encourage Mr. Vosaika to attend meetings but that, to date, he had been unsuccessful. Neither Mr. Prasad nor Mr. Vosaika appear to have initiated meetings with Mr. Reddy, but both stress the importance of the two organizations working together.

Target__Objective__12. An assessment and plan of action for developing a community-based pre-school and parent intervention program throughout Fiji will be prepared.

Actual Experience

According to the RRB Supervisor and Head Teacher, no such assessment or plan of action has been undertaken, nor is one planned. However, there appears to be some confusion in this area since details of the development of these programs do exist. Miss Laisani Radio, Coordinator of the Early Intervention Program, itemized her recommendations for this area as follows:

1. Two annual volunteer in-service training sessions - at the beginning of each year for two weeks and towards mid-year, for one week.
2. The HKI Pre-School Consultant(s) should conduct the above training.
3. An honorarium should be given to volunteers.

In reference to the Society's work with pre-schoolers living in the community, Miss Radio also recommends:

1. Have a kindergarten at the centre (FSB) for visually impaired (children) and allow sighted children living in the area to join.
2. Visually impaired (children) of far distance should be allowed in for observations.
3. (Appoint) a kindergarten teacher with volunteers to aid.

The RRB Supervisor, Mr. Nainoca, indicated a sense of frustration with volunteers currently used to "staff" this program. He expressed concern at being unable to "keep" the volunteers, many of whom were young (aged 18 - 19 years) and unemployed. Although ten volunteers were initially trained, only "about 5" remain and most of these have now obtained paid work. Attempts have been made to train family members as volunteers, but this approach has not been entirely successful. In addition, he is concerned that the one week of training has not provided volunteers with adequate skills to meet the demands of the work. Miss Radio would like to conduct more training programs but feels she needs formalized training in issues related to pre-school children and, ideally would like this training to lead to a recognized qualification. As there are "professional teachers" at the school, the use of volunteers in the pre-school program results in some scepticism by the teachers, and (the Evaluation Team suspects) by Miss Radio herself.

The nature of Miss Radio's recommendations to the Evaluation Team suggests that these are her means of attempting to "legitimize" this Program and ensure the provision of quality services to pre-school children. Although

a kindergarten based at the FSB would not promote the concept of "integration", the recommendations seem to be a realistic response to meeting an unmet need at a time of limited resources.

Target__Objective__13. The implementation of two to five pilot pre-school and parent interventional programs in Fiji, developed through existing community resources, and including direct support from the Fiji School for the Blind.

Actual Experience

The "pilot" programs encompass those children and families being visited by volunteers under the supervision of Miss Radio. Children receiving this service are listed in Appendix VI.

Target__Objective__14. A report will be prepared on the pilot pre-school and parent intervention program efforts with specific recommendations to improve and/or expand the pilot effort.

Actual Experience

See report on Target Objective 12.

Target__Objective__15. The full integration of the Pilot RRB Program within the Fiji Society's ongoing program activities will be achieved and expanded to provide services throughout Fiji.

Actual Experience

The RRB Program, with its current resources, is working to capacity (see

number of clients served and awaiting service - Appendix VI) at a "national" level. There are no plans to expand the RRB Program since current limited resources would make this action prohibitive.

Target Objective 16. Eight additional RRB fieldworkers will be trained to provide rehabilitation services throughout Fiji.

Actual Experience

As stated in Target Objective 15, there are no plans to provide training to eight additional field workers because of current limited resources. However, Mr. Nainoca is continuing to strengthen and build on the skills and knowledge of the ten field workers currently employed.

Target Objective 17. The planning and implementation of blindness prevention and eye health care efforts within primary health care services throughout Fiji. The Programs will be coordinated with the Ministry of Health.

Actual Experience

The Ministry of Health seems to have accepted total responsibility for incorporating blindness prevention and eye health care efforts within primary health care services. Appreciation of HKI services is respectfully and enthusiastically endorsed by both Dr. Hawley and Dr. Rathod, ophthalmologists with the Ministry of Health, who both hope for an ongoing relationship with HKI.

Discussions with both Dr. Hawley and Dr. Rathod revealed the extensive work that has been done in conducting in-service training of many nurses, medical officers and medical assistants and familiarizing them with issues related to primary and tertiary eye health care. Dr. Hawley claimed that, to date, approximately 20% of all district nurses had been trained to be teachers of primary eye care and that such training has led not only to increased numbers of referrals but has assisted in appropriate cases being referred for treatment. Immediate impact has been felt by the CWM Hospital (where both Dr. Hawley and Dr. Rathod are based) in Suva. Patients awaiting cataract surgery has recently risen from 300 to 500 and the previous 2 month wait list has now expanded to over a six month list. Dr. Hawley acknowledged the useful work done by the Society's RRB field workers in referring to district nurses no less than 300 individuals requiring eye care services. (Dr. Hawley actively participates and conducts inservice training of the Society's staff - both teachers and RRB field workers).

Since early 1985, Dr. Hawley has conducted 18 one-day-a-week in-service training sessions on primary eye health care and allocates one day a week to issues solely related to the promotion of primary eye care. He has been assisted in this work by a recently appointed health educator Peace Corps volunteer. As a result of these efforts, Dr. Hawley believes he has now reached approximately 56% of the rural nursing staff, whom he views as the "extension arm" of the Primary Health Care Service.

In 1985 he trained approximately 257 people in addition to 100 undergraduate nurses and intends to focus future training efforts in

Northern and Eastern Divisions. His future goals also include the education of physicians whom, he states, know far less about primary eye care than most nurses.

Dr. Rathod stressed his commitment to placing a tertiary eye clinic in Labasa, Vanua Levu, Northern Division. This clinic is due to open by March, 1986 and will include the services of visiting ophthalmologists and optometrists from the School of Optometry in New Zealand. The two other tertiary clinics in Fiji are based at Suva (serving the Central and Eastern Divisions), and Lutoka (serving the Western Division) on the main island of Viti Levu. Dr. Rathod feels that primary and tertiary eye care should go hand-in-hand and was hoping HKI would assist in financing equipment for the Labasa Clinic. (A request was made to HKI and subsequently approved for financing, in addition to funds available from the Australian Government.) Dr. Rathod's parting words to this Evaluation Team were "...there can be no primary eye care without tertiary."

Target__Objective_18. An evaluation of the eye health care program will be undertaken with specific recommendations to improve and/or continue the program.

Actual Experience

Dr. Hawley informed us that a report addressing the above Target Objective had been forwarded to HKI. He is also currently working on a further report that would outline short and long-term plans for extending primary health care services throughout Fiji, and if this latter report is

approved by the Ministry of Health, it will be forwarded to HKI for review. (Early indicators suggested that the report had been well-received and endorsed by the Minister of Health.)

Target Objective 19. The planning and implementation of efforts to develop services to blind children and adults in Western Samoa and Tonga.

Actual Experience

Evaluation Team has been advised that the program planning for Tonga did not materialize after several visits to the country and meeting with local personnel. However, communication and contact with agencies in Tonga are being maintained in the event that HKI may be asked to assist at another time. See Evaluation Report, which address issues related to Western Samoa. It is currently assumed that the Fiji Society for the Blind has no direct responsibilities in this area.

Target Objective 20. Training of appropriate teaching and other staff in Western Samoa and Tonga to develop direct services to blind and low vision children and adults.

Actual Experience

See response to target Objective 19.

Target Objective 21. The planning and implementation of efforts to develop national blindness prevention and eye health care programs - as part of other existing primary health care efforts, in Western Samoa and Tonga.

Actual Experience

See response to Target Objective 19.

Target Objective 22. For Fiji, Western Samoa and Tonga, the compilation of increased data relating to the number of blind and low-vision persons and the primary causes of eye diseases.

Actual Experience

According to Dr. Hawley, HKI has received extensive documentation on persons served through the Primary Eye Care referral service in Fiji. In addition, the statistics covering children and adults served by the Fiji Society for the Blind (see Appendix VI) provide comprehensive causal and demographic data.

As stated, refer to Target Objective 19 for Tonga and Western Samoa.

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SUMMARIES OF INTERVIEWS/OBSERVATIONS OF SELECTED CLIENTS

Rakesh Chand. Currently employed at WESTPAC Bank, Suva. Had attended the Fiji School for the Blind. Ready to graduate when HKI representatives arrived at the Society. Expressed some concern that he was "pressured" to take agricultural training. His father owns a very small farm but in order to make a living wage has to do other unrelated work. Rakesh felt farming was "not right" for him and was grateful to Mr. Ali for securing him a position at WESTPAC. Has recently improved his English skills and is entering his fourth year of study in this area. Now has mastery of three languages. Has his own group of musicians and plays lead guitar. Work supervisor seems especially satisfied with his performance and has been a "good employee" for over 2 years. Known to his friends and colleagues as "James Bond!"

Maikeli Nagata. Visited this 58-year old man at his home. Owns farm and is assisted by his sons. Mr. Nagata lost his sight over 20 years ago. Although he was motivated to receive RRB services, his wife was uncooperative and would not allow RRB workers into the home. Assistance sought from village chief who talked with family. Wife remained hostile for a long time -- was reluctant to encourage his independence and expressed a need to "care for him". Client now able to use his cane, has received many community benefits such as a travel concession. For many years he had not socialized either with his family or community members. Now actively participates in all social events. Is well satisfied with services he has received and expressed no further need at this time.

Review of Mr. Nagata "master file" revealed: Date of birth: 1928. Onset of blindness: 1949. RRB Interview Form completed 28.8.81 and a second 7.4.83. Rehabilitation Plan completed by RRB field worker was dated with day and month but no year. A second Rehabilitation Plan was completed by another worker but no date was given. Skills mastered included: peeling dalo and cassava; lighting the fire; washing personal clothes; washing own dishes; mastery of sighted guide, mobility with no aid and use of long cane; oriented for village travel. Capable of self-care and selected household chores.

Although Mr. Nagata is in "follow-up" status, file does not reflect this. Progress and length of time spent mastering skills difficult to determine as reports are inadequately dated.

Sisi Roko. Visited this sprightly 4-year old at her home. Animated and affection exchange evident between child and father (currently unemployed). Visited every 2 weeks by volunteer worker (receiving 2nd volunteer). Parents very cooperative. Want maximum benefits for child and believes (father especially) she is capable of doing well in school and future work. Volunteer involved in teaching her personal management and daily living skills (e.g., toilet training and eating skills). Attended local kindergarten last year until it was closed. Reopening 1986 and child will attend. Father stated child was always "first up on a morning and is ready to go...", Sisi is competitive, "bright" and energetic. Father made a self-referral by approaching HKI consultant who had stopped at the hotel where he worked. Feels with the Society's help Sisi has "a bright future". As a result of Early Intervention services, Sisi is independent in toileting, dressing, feeding chickens, visiting the local shop on her own, using

"move-it" books and identifying colors. This child may not need braille and may prove a successful candidate for low vision aids. Family are well satisfied with services and look forward to Sisi starting school.

Vilikesa Salawa. Visited this 19 year-old, physically well developed young man at his home. Mr. Salawa is congenitally blind and severely mentally impaired. He communicates by "grunts" and gestures. He has never been away from home nor attended school. Public health nurses referred him to the Society. Plans made to have Mr. Salawa assessed at St. Giles Hospital but this has not yet materialized. Opportunity for education and "treatment" was offered to child at age five but father refused. Mother is now very willing to receive any help she can -- whether at or away from home. Mr. Salawa has been viewed as "the baby" of the family but mother feels she is getting to a point where she can no longer cope. Mr. Salawa is occasionally "violent". He appears to comprehend direct instruction but responses include giggling and/or self-stimulation. No other help or services have been provided. Society has initiated the referral to St. Giles. Field worker was well-received by family and seemed to create an understanding and "comforting" climate. Case needs to be closely monitored and actions need to be taken to link this young man to appropriate resources.

Review of "master file" revealed: Date of birth: 14.9.65. Onset of blindness -- birth. Visited many years ago by public health nurse but no help given. Interview form was well filled out by RRB field worker on 7.7.83. The Rehabilitation Plan (Form 3) gave no completion date nor was mention given of when training was to begin. No schedule was defined. Goals set (e.g., teaching cane techniques, making bed, washing clothes, etc.) seemed to reflect a "wish list" rather than based on an assessment of the client's abilities at the time the Plan was compiled. Difficult to track progress or identify what skills had been mastered throughout this 2 1/2 year period. File contents did not reflect mother's need for help or need for Mr. Salawa to receive a comprehensive assessment.

Irene Lata. Visited this multi-impaired 8-year old child at home. The child is immobile and has no speech; appeared heavily sedated. Mother and father are separated. Mother lives with her parents. Mother receives help from Society only. Volunteer has worked with the child in areas of sensory stimulation. Originally referred to the Society by the Crippled Children's Society who are willing to serve her if transportation can be provided. Mother seemed not to realize implications of failing to give child recommended amounts of medication. Administering of medication seems haphazard. This was discussed at some length. Review of Irene's "master file" included Early Intervention Progress Reports covering -- 26.9.84; 22.11.84; 15.8.84; 18.4.85 and 27.6.85. - average of 2 month periods. A medical report was dated 18.7.84. This Evaluation Team made strong recommendations that Irene be referred to the Crippled Children's School for comprehensive assessment followed by service provision. The field worker felt confident she could obtain the necessary travel expenses and the mother, during our visit, agreed to take the child to the School. Family will need ongoing support and the child needs multi-disciplinary services with ongoing input from the RRB field worker.

Ramen Prasad. Visited this 40-year old man at his home. Previously worked as a clerk at the Fiji Sugar Corporation. Lost his sight 5 years ago. States he went into hospital to have a boil removed from under his eye and left totally blind. Is obsessed with need to obtain written report from the hospital and gain second opinions from overseas specialists as to whether sight can be restored. Although efforts made to obtain this information from the hospital, he has received nothing in writing. Although he has received RRB training in sighted guide, independent cane travel and gardening, he appears reluctant to use his skills until the medical issues are resolved. The Society has also approached the hospital but "people are reluctant to put anything on paper...". Client states the Society's services have been "good". His previous occupation involved clerical work. Evaluation Team suggested maybe Dr. Hawley might give this client a comprehensive assessment; that he might be introduced to others of his own age (another client of Mr. Prasad's age lives close by and is a successful farmer with a market stand). In addition, it seems advisable that Mr. Prasad be counseled by a Vocational Counselor who has the experience in working with clients of Mr. Prasad's age and previous work experience. Mr. Prasad's physical health appeared generally good but he may benefit from counseling and vocational guidance services. These issues were discussed among the Evaluation Team and RRB supervisor and field worker.

Gulshiat Nisha. Visited this young woman who is working as a packer at Jason's Products on the outskirts of Ba. Was sent home from the School for the Blind without follow-up services being provided (prior to introduction of RRB program, clients were responsible for seeking own employment). When RRB program started, they assisted Gulshiat in locating this particular position. Can use independent travel skills but often travels to work by taxi. Enjoys her work and experiences no problems. Is busy at home helping with household chores and caring for young brothers and sisters. Is now in "closed status" and has no current needs. Seems well-accepted and respected by work colleagues.

Litimai Adiuva. Visited this young woman (probably early 40's) at her home. When we arrived we found her actively involved in cutting grass with a cane knife. Prior to receiving Society's services three years ago, would not leave her home; was extremely shy and embarrassed. Has been blind for 10 years. She attended a regular school but when sight was lost she remained home. Society's first efforts were to deal with her shyness and persuade family to encourage her to mix and go out more. Today she is employed as a switchboard operator. Travels by bus and uses independent cane skills. Proudly stated the fact that she had visited the bank last week - without any assistance! Feels she is slowly but surely regaining her independence and seems to enjoy life. Workmates accept her "because of work done by the Society". Feels the need to learn braille. Presently using a recorder but with difficulty. Use of braille would assist her in taking messages at work. Field worker does not have braille skills. This area is to be explored but Miss Adiuva expressed total satisfaction and appreciation of the Society's services and no other needs were mentioned.

Lalita Mani. Visited this 29-year old woman in her home. States she lost her sight at age 12. Family currently lives in a "tin" construction due to original home being destroyed by recent hurricane. When first referred to Society (July, 1981) she received intensive home visits from the RRB field worker of 2-3 days a week. Prior to receiving services she "was ashamed to meet people". Although still admitting to be a little shy, Lalita is now actively socializing with friends of her own age, enjoys music and informed us her "next step is marriage"! Although she does little cooking, she states she is now capable of cooking her own breakfast and does clothes washing and dishes at weekends. She is able to travel independently with a cane but because there are numerous busy roads to travel to work she takes a taxi which is paid for by her employers. She enjoys her work as packer at a local factory and stated she had no further needs at this time. She and her family expressed enthusiastic appreciation for services provided by the Society's RRB workers.

Manasa Dokoivalu. Visited this 50-year old at his home. Lives with his sister and her children and owns his own farm. Was referred by the Social Welfare Department. The RRB worker has helped him with techniques for caring for his farm and piggery. Emphasis has been placed on linking him to useful community resources such as the Rich Scheme at the Department of Agriculture, welfare assistance, medical exemption and travel pass. The Agricultural Department has provided him with seeds and assisted in marketing his produce. Stated the field worker "had opened the world" to him rather than teach him actual skills. Meeting with field worker revealed this man continually seeks more money and she must continually stress the Society's rehabilitation perspective than a welfare perspective. Client is receiving all appropriate entitlements. (Blind from birth.)

Farina Bibi. Visited this 3-year old child and her family at home. Child is totally blind from birth. Farina has been adopted by younger brother of the father. Family has three sons aged 7 to 21. Farina responded well to her adopted father. Farina has been served by the Society for the last three years. Was referred to the Society by hospital as time a tumor was removed. Has been receiving intensive services from the Society during last 1 1/2 years. Prior to this they had received no help at all. Family are concerned about Farina's occasional "blindisms" but feels the RRB field workers have helped in this area. Other services have covered instruction on eating skills, sensory stimulation, games and social communication. Family expressed appreciation of Society's work and intend to "to stay with them and do whatever they suggest". Child seems happy, independently mobile within the home, accepted by other children, and responds to "directions". Family expects she will attend school and get a job. They feel the need for more communication with other parents of handicapped children but stated they couldn't afford to travel to Suva. This Evaluation Team recommended the field worker ensure medical monitoring of other eye and explore, with the parents, the possibility of prosthetic eyes. Field worker will follow through on suggestions made.

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The above summaries have been selected from over 27 client interviews conducted by the Evaluation Team. The Team felt the visits reflected a wide range of needs and that services were being adequately provided. Review of clients' master files suggested the need for tighter quality control. Generally, however, the Evaluation Team was satisfied with review of case files and sincerity of clients who seemed appreciative of the Society's extensive service delivery systems.

APPENDICES*

* See note, Table of Contents

APPENDIX I.

LIST OF SUPPORTIVE DOCUMENTS (Available from HKI/New York)

A Concept Proposal for the South Pacific Region, July 1985

A Proposal to Continue and Expand Community-Based Education and Rehabilitation Services to Blind Children and Adults and to Develop Blindness Prevention and Primary Eye Health Care Services for an at-risk population in Fiji and the South Pacific Region. (Dated 10/1/82)

Evaluation Report: Fiji Project, April 5-6, 1982.

Fiji Report May 23 - July 6, 1984 by Frances W. Wiesenfeld.

Report to HKI on Fiji Project by Jeanne Leiper, Educational Consultant, July, 1985.

Fiji School for the Blind: Agriculture, Annual Report, 1984.

Fiji Society for the Blind: Early Intervention Pre-School Program for Visually Impaired Children. Workshop, June 1984.

Fiji Society for the Blind, the Living Community, 1983.

The 1st Seminar on Development of Services to the Visually Handicapped in the South Pacific, 19th - 23rd October, 1981.

Small Scale Development in the Pacific Way, Suva, Fiji. November 8-14, 1981.

APPENDIX II:

List of Individuals Interviewed by Evaluation Team

INTERVIEWS WERE HELD WITH THE FOLLOWING INDIVIDUALS

Fiji Society for the Blind

Mr. Sachida Reddy, President, Fiji Society for the Blind.

Sister Stephen (Matron of the School's residence/hostel) and staff (1 sister and 1 full-time cook).

Saimoni Nainoca Rural Rehabilitation for the Blind (RRB). Supervisor.

Laisani Radio RRB Fieldworker and Early Intervention Coordinator

Jone Keteca Head Teacher of the School for the Blind

Irshad Ali School's Vocational and Placement Counselor.

Emele Cevalawa RRB Fieldworker

Veniana Seruvakula Integrated Education Resource Teacher

Renu Samu Teacher of Multi-Handicapped Children

Clients

Early Intervention

Veronica Narayan (FSB) Suva Region

Farina Bibi (Vatuwaqa) Suva Region

Sisi Roko (Korolevu) Sigatoka Region

Irene Lata (Naduri) Sigatoka Region

Rural Rehabilitation Program for the Blind

Litimai Adiuva (Raiwaga) Suva Region

Lalita Mani (Nadera) Suva Region

Suren Pandit (Navua) Navua Region

Suruj Lal (Tokotoko) Navua Region

Manasa Dokoivaŋu (Vunibau) Navua Region

Maikeli nagata (Saunaka) Nadi Region

Vilikesa Salawa (Moala) Nadi Region

APPENDIX III:

Copy of paper written by Frank Hilton.

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THE TRAINING OF TEACHERS OF THE HANDICAPPED IN THE
SOUTH PACIFIC REGION 1975 - 1985

by
FRANK HILTON

Ten years ago very little had been done in special education teacher training in the South Pacific. The initiatives for providing services had all been taken by non-governmental organisations, Crippled Childrens Societies, formed as an aftermath of the great poliomyelitis epidemic of the late fifties, and Cross Societies Societies for the Blind, Societies for the Intellectually Handicapped, all perceiving a need in their country and endeavouring to make a small inroad into the problem of disability, mainly in the childhood population.

Most of these societies providing some service for disabled children were formed by expatriates who had had some experience in their own country or who had a disabled child of their own. In many cases the expatriate wives provided volunteer help to local staff in the setting up of small units to cater for all types of disabled children, physically handicapped, visually impaired, hearing impaired or intellectually handicapped. In Fiji, programmes had gone ahead from 1967 and teacher training had become an accepted fact as all teachers employed in the special schools were registered trained teachers, paid by government.

The other factor which influenced the specialist training approach was that in Fiji unlike the small units throughout the Pacific had started separate schools for physically handicapped and deaf children, Intellectually handicapped and a school for the Blind.

As no other courses or training were available in the region, and largely due to a substantial amount of Australian Aid for Special Education in Fiji over 10 years about thirty teachers completed the diploma course in Special Education in the area of physically handicapped, deaf, blind and visually impaired or intellectual handicapped. Eight of these subsequently completed a degree in special education. Courses were conducted at the Teachers' Training College as part of the normal teacher training programme. Although these courses were of short duration and amounted to only six or seven sessions to cover the whole field, they did at least create an awareness and understanding of the problem on the young graduating teachers.

At least three governments of countries in the South Pacific sent teachers to Australia and New Zealand to train in specialist fields. These teachers graduated from the respective training courses but were either deployed on other teaching or government posts on their return or were disgruntled because they could not use their newly acquired skills and resigned.

The specialist courses in Australia at diploma level are academic designed for Australian trained teachers who would be working in a system of special education, vastly different from the services available in South Pacific islands. The practical work would be conducted with children who had received sophisticated intervention services from birth, living in a society whose culture and living standards totally different from the islands. Even for Fiji with Government support in partnership with the voluntary organisations, and specialisation into schools for Physically Handicapped and Deaf, Mentally Retarded and Visually Handicapped, I am sure that the delegates from Fiji will agree with me that the overseas courses are not the ideal preparation for Pacific Island based programmes.

How much more so with the other islands few of whose teachers have had formal teacher training, have often lacked higher educational qualifications but who had great qualities of dedication to a cause, often working for meagre salaries and with so much to contribute to the development of our disabled children, given some appropriate training.

It was against a background of increasing numbers of disabled children in our region the development of small multi-diagnostic centres staffed by staff who did not

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possess sufficiently high qualifications for diploma level courses and the inappropriateness of available training courses that the Australian Development Assistance Bureau funded a feasibility study in which I visited Papua New Guinea, Solomon Islands, Vanuatu (then New Hebrides) Tonga, Western Samoa and the Cook Islands during which I had discussions with the relevant Government officers and voluntary organisations concerned to assess the need for a Pacific Island Based training programme. The Government of Fiji was approached as was the Fiji Crippled Children Society, The Suva Intellectually Handicapped Society and the Fiji Society for the Blind in order to get permission to operate a training course largely within their schools. This was readily agreed to and as a result of the demand from the region for a ~~basic grass-roots level~~ **basic** course of training, largely practical in content in order to provide the students with the skills, knowledge, experience and motivation to enable the teachers to cope more effectively with the task of training children with any disability within their own country. A pre-requisite of acceptance for training was that they should be already employed in the service of the disabled.

The reasons for basing the course in Fiji were as follows:

- (a) The environment in Fiji is similar in many ways to that of the trainees own country.
- (b) The services in Fiji had evolved over the 10 years from similar beginnings to the services in their own countries. They were by 1978 sufficiently well developed to provide adequate learning situations for the trainees.
- (c) As rehabilitation is so closely linked with the culture of the country, it is essential to carry out the training in a cultural environment as near as possible to their own.

The trainees can adjust more easily in a social environment more akin to their own than in a highly developed country and educational system such as Australia.

- (d) With the 10 years or so of development of Special Education Services in Fiji and the consequent development of specialised services, teachers from Fiji had qualified in diploma level and some at degree level in specialist areas. Therefore it was possible to provide a cadre of supervising teachers for the practical training and some of the lectures.

The Course

The first course was held in 1978 for a period of 24 weeks and subsequent courses were conducted in 1979, 1980, 1981, 1982 and in 1984 when the course was transferred from direct ADAB funding to funding through ACROD. The course was modified over the years and hopefully improved through experience and a copy of the course outline for 1984 is attached. In all, 44 teachers or nurses have been trained on the Suva based course.

The course was designed for a specific purpose i.e. a basic, generalist course in rehabilitation, and the identification, training, teaching of children with disabilities.

It was never intended to produce specialist teachers of the deaf; blind, ID or any other category. It has a large practical content with the main premise being that our people learn skills better by seeing and doing rather than by the text book.

The participants on the last course picked up the practical skills of developmental screening with astonishing success by seeing and doing rather than following the directions of a text book.

Again, it must be remembered that the training needs of every country and indeed every unit within the country are different. For instance the training needs of Tuvalu with its field worker community based rehabilitation system are different from the centre based unit catering for ID children. The educational standards vary greatly and the ability of the students to understand and communicate in the English language is also another variable.

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General Evaluation of the Course

In general I believe that the course has fulfilled its purpose in the past. There has been a strong demand expressed by several of the countries represented here for the basic course to continue. As can only be expected, there will be losses of personnel for many reasons and Solomon Islands Red Cross in particular has suffered heavily over the last year and is left with two untrained teachers. Others are setting up new centres in other islands and require basic training for staff.

Over the years, modifications have been made to the course, upgrading some areas, but it must be understood how the course operates, now it is a combined effort of a lot of teachers, therapists, organisations and others co-ordinated into a planned programme.

My position has been director and co-ordinator and I have conducted some areas of the course. In co-operation with the head teachers, a programme for each school has been setup - practical teaching under the supervision and direction of the class teacher, followed or preceded by talks on relevant aspects of the teaching experience. It is essential that learning should take place with the guidance of a practising teacher - not a theoretical lecturer who is not involved in the every-day delivery of service for this type of course to succeed. The Head Teachers, teachers and therapists, employed by the Ministry of Education or the societies, do not receive any extra payment for their involvement in the course and so it is not possible to drastically re-write or revise the various areas in the same way as one could do in a training college or in the normal training courses. These men and women give the benefits of their practical experience freely and I have the highest regard and gratitude for their contribution over the years. The Head Teachers have carried out a series of appropriate level sessions on their specialities with the students and this has proved to be of great value. Sometimes these have been disrupted by circumstances beyond their control as happens in special schools and it has been necessary to fill in the gaps at the end of the course whenever I could. Papers, text etc. have been prepared, video films, manuals on each area have been prepared and distributed during the courses, some of which are on display.

The Course Content

A more detailed summary of the course content should be available with this paper, but the skeleton outline is as follows:

Section 1

Five weeks child development - motor, speech, language, social. Use of developmental charts, practical experience in screening of babies 0 - 12 months at M.C.H. Centres. Hearing screening of babies.

In my opinion this is a corner stone of any successful preparation of a worker in the field of rehabilitation. The understanding of child development, the need to see every child as a unique individual is essential and that any programme must take into account the developmental stage of the child.

Section 2

Teaching experience with varied age groups of physically handicapped children. Working with a physiotherapist with different age groups from baby and mother to older children. Individual case studies and lectures on topics by H.T. and physio-therapist.

There are weaknesses in this area - with eight or more teachers attached to a school some students have to go with experienced senior teachers while others have to go with less experienced and less skilled teachers. This system too, requires a high degree of commitment from the student. I have encouraged them in our feed-back sessions to participate fully, ask questions, try their ideas with their individual child, try to break down the tasks to their simplest component. Find out from the teacher, the therapist or any other person anything they do not fully understand. The students must not expect everything to come up to them on a plate,

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Advanced or Post-Basic Courses

1. There is a very strong demand for further training for teachers who have completed the basic course in Fiji. This forum should identify very clearly what is required. The following are some points of issue which need to be addressed.
 - (a) Is a specialisation type of course required? e.g. Intellectual Handicap, Physical Handicap, or Hearing Impaired.
 - (b) How could such a course be undertaken with so many different needs from different countries?
 - (c) If a generalist course is required how could it be achieved at a different level from the Basic Course using the same resources?
 - (d) Would post basic courses be more appropriate held in your own country Is this feasible?
 - (e) Is the real need for a "refresher" course in Fiji either going into specialist areas or generalist course using the same course format out at more depth?
 - (f) Would such a course attract overseas funding if it were virtually a refresher course?
 - (g) What would be the criteria for selection of teachers for a post-basic course?
 - (h) Would there be a need for training rehabilitation workers to operate community-based programmes?

In my view I think it would be very difficult to conduct a post-basic course with a new syllabus with our present structure in Fiji. There would be a great amount of work needed to write up new texts, new materials and it could only cover the same areas as before. To bring in specialists from other countries would need the approval of the Fiji Government and the acceptance by the Special Education teachers at the schools. It would also be a very expensive project.

The real value of the basic course can only be assessed by the contribution the teacher is able to make in his or her own country and whether the course meets the needs of the teacher to enable him or her to effectively provide learning experience for their disabled children.

On examinations or tests, with the great range of ability to handle written English language it would not be possible to set examinations, nor was it the intention to produce an examinable course in the academic sense.

On future developments, I think we have to look very carefully at our policies. It is essential that we all look to ways in which we can deliver services to disabled children outside the main towns. In our centre based programmes relatively few of the many children in our countries are getting any service. While the centres are necessary for children in the towns, as a focal point for services and a resource centre we need to expand our services into the family, into the community as far as we can. Consideration should be given to implementing a community based rehabilitation system through your country's Community Health Service. Teachers trained on the course should be capable of training volunteers, the family etc. as outlined in the WHO. CBRS plan. We cannot go on providing more and more sophisticated services for a few while there is nothing to offer children in the villages.

Another important step forward would be for the teachers who have been trained in Fiji to get together in their own country and share the knowledge and skills they have gained with each other and their untrained colleagues. Do they ever go over the many notes, books, papers, charts etc. that they took back from the course? Do they critically look at their programmes in relation to the skills they learned or do they gather dust in a cupboard? It is so easy to give out the same jigsaws, beads, sorting boxes etc. that the child could do blindfolded. Let us ask ourselves why we are doing this, what is the next step, where do we go from here.

as it were. We must all develop an enquiring mind. More and more emphasis must be placed on seeing the child as an individual - finding out exactly what stage he is at and constructing a programme from that point. A more on the job supervisor approach would be valuable if the class teacher would willingly accept this intrusion into the class.

Section 3

Teaching experience with varied age groups of hearing impaired children - use of equipment, development of speech, language and signing, use and care of hearing aids, audiometry. Lectures by specialist teachers of the deaf on related topics. Case studies of deaf children.

This course has proved successful but the time allowed is always too short to cover the ground adequately. A lot more could perhaps be done in students' free time with deaf children in the hostel. A lot of practice is needed with speech trainer and simple audiometry, screening tests for young children more on the development of speech and language if any future course is run.

Section 4

Teaching experience with different age and ability groups of intellectually handicapped children. Lectures on related topics given by specialist staff as detailed in the course content paper.

I cannot see any other way of conducting a training course in this field in 3 - 4 weeks other than by "on the job" training supplemented by lectures or discussion on the teaching, behaviour training, daily living skills, progress records, task break down developmental records, social training etc.

There was never enough time to cover all the course as effectively as was desired and as with the P.H. section, some teachers had the benefit of experienced teacher while others had less effective supervisory teachers. Case studies could be more effectively used as emphasising the need to look on each child as a unique individual to be helped along at his own rate of progress to develop his potential to the maximum. Throughout this course we need to encourage the students to seek out the unique talents and abilities, interests and skills of the intellectually handicapped. They are there if we can discover them. More emphasis could be given to practice in assessment and construction of individual programmes and in the preparation of teaching aids from local materials without having to rely on expensive imported items that could be substituted by more appropriate items from the environment.

Section 5

Orientation and mobility skill training with blind and visually impaired children and young adults. Daily living skills, early intervention programmes.

This section was carried out by O.M. Instructors under the Foresight programme of Australia. This was a very good programme but in view of the fact that programmes for the visually impaired in Western Samoa, Papua New Guinea, Solomon Islands through rural rehabilitation programmes started by H.K.I. and that very few of our trained personnel have been involved in any way with visually impaired, perhaps it is time to delete this section of any future course and where the need is, to request for in-country training courses.

Where do we go from here?

Basic Training Course

There appears to be a need from a number of countries for further courses to be conducted. The purpose of the discussions following this paper should reflect your considered thoughts on what type of changes are needed, whether these are feasible. If a decision is reached that a basic training course is needed, either Fiji based or elsewhere, it would be the duty of this forum to request the Australian Government, through ACROD, to fund such training courses indicating what is needed and why.

Training Courses are good but they only give us the tools - we have to use them.

If we are really doing our job as special education teachers, we shall go on learn to the end of our career. Time teaches us little we know of the human brain, how much we have to evaluate our work, modify our approach, seek out the abilities of our disabled children. Very often there is no parent pressure on the teacher why their child cannot do this or that, no one can measure their potential and so it is up to us. Let every child be our child for whom we would want the teacher to give nothing less than the best.

~~Finally, our organisation must remember that in our countries we have the onus of leadership in our field. We are the ones who care most and must pursue at all cost our efforts to break down the negative attitudes towards the disabled.~~

We must do everything in our power to get early detection of disability screening in operation and early intervention programmes involving the family.

It is in the first few years of life that the infant brain is at its most receptive stage to adapt to brain damage. If we can give priority to such programmes many, many more of the disabled children would be able to attend normal schools.

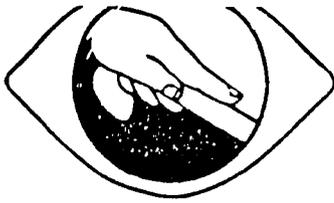
We must have one golden rule also, that if a child can cope, even with some assistance in the normal school, he should be there, not in a special school. If he can be prepared in our schools by enriched teaching, to enter into the normal stream, this should be our goal. Our greatest success will be the number of children who can be helped into the main stream of life.

Finally, let us not forget that our children will become adults and our responsibility extends to see that our school programmes are always geared to provide the disabled young persons with the necessary skills to take their place in the community whether it be open employment, work in the village or in any other way that is available in our countries.

The final years of schooling must be a preparation for whatever the young adult will be doing when he leaves us. If the school day extends for just a few hours with no training in work skills and work habits, it would be very difficult for them to adjust to any work lifestyle.

All our programmes must have the end goal in sight - to prepare our disabled children to acquire the skills of daily living, an education up to the maximum potential of the child and the training to become a useful member of his or her society, accepted in every sense by that society.

APPENDIX VI:
Fiji Society for the Blind: Statistics



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FIJI SOCIETY FOR THE BLIND

NANUKU STREET, VATUWAQA

TEL: 382966

G.P.O. BOX 521
SUVA
BANKERS: BANK OF NEW ZEALAND
SUVA

FIJI SCHOOL FOR THE BLIND TEL: 382020
RURAL REHABILITATION FOR THE BLIND TEL: 382186
EARLY INTERVENTION PROGRAMME TEL: 382186
HOSTEL TEL: 386656

Ref: 103/02/370

8th October 1985

The Head Teacher
Fiji School for the Blind
SUVA

Dear Sir

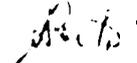
Re: Early Intervention Programme

The following children in the programme appears to be the 1986 school age candidates:-

a.	Pratika Praveena	Date of Birth	25/11/80	Address	Makoi, Nasinu.
b.	Lavenia Diliku	"	5/11/80	"	Namacu, Koro.
c.	Rohit Pala	"	12/2/80	"	Raniga St, Nadi.

Please advise me in advance the appropriate staffing dates for parents information.

Yours faithfully


Laisani Radio
E.I. CO- ORDINATOR

cc. RRB Supervisor

N.B

Visit to the Western 14th - 18th October
Visit to Nabouwalu 4th - 8th November
(Re-scheduling if need arises).

LIST OF DAY CHILDREN

1. PETAIA SEMUJALEKALEKA
2. JOSEFA ROMULO
3. FUATA FAKTAUFON
4. IAN ROSS
5. SAIRUSI NAVONO
6. AMIT CHAND
7. JITENDRA PRASAD
8. MADHU KALESH

LIST OF HOSTEL CHILDREN

1. MADHU MATI
 2. AKATA TAULAWA
 3. YABAKI KUNANEWA
 4. VERONICA NARAYAN
 5. NAVALD JOAVE
 6. ARTHUR MCKENZIE
 7. EDWIN BABANISI
 8. JOHN SIMPSON
 9. TIMKI NAITOUSAO
 10. FILIMONI NINICINA
 11. NARENDRA PRASAD
 12. RAJEN SURESH CHAND
 13. RAJESH PRASAD
 14. DEEPAK PRASAD
- } LEFT FOR J.E.

CHILDREN AWAITING ADMISSION

RECEIVING SCHOOLS - 1985

SCHOOL	STUDENT	CLASS '85	'86	VISITS.
ASSEMBLIES OF GOD PRIMARY	1. Serupepeli Vatuwaga	4	5	1 hr/wk
	2. <u>U</u> sesela Robarobalemi	6	7	"
MARCELLIN PRIMARY	1. EDWIN BABANISI	2	3	7 HRS/wk
	2. RAJEN UMESH CHAND	3	4	8 HRS/wk
	3. YABAKI KUNEMAWA	3	4	6 HRS/wk
	4. NAREN PRASAD	6	7	5 HRS/wk
	5. RAJELI BULLAI	7	8	1 /month
VUNIMONO SINATAN H.C.H	1. ANGELINE SHOBNA	Fm 2	Fm 3	1 hr /month
LAMI CONVENT PRIMARY	<u>MILIKA</u> BAINIKALOU	1	2	1 hr/wk ^{65.}
ST. THOMAS PRIMARY	SHIVASI DHVOKIA	4	5.	1 Annually 1 visit annual
NAULILILI PRIMARY	<u>LUISA</u> TOANIVUNA	4	5.	1hr/month future unknown
ST JOHN COLLEGE	ALISI ADITILA	Fm 3	F4.	tel. contact wkly
KESAVA POINT KINDERGARTEN	VERONICA NARAYAN	KINDY.	1	1/wkly
<u>FOR 1986</u>				
MARCELLIN	DIATA FAKTAUFON		3	

RKB Programme

B = RESERVE

C = FOLLOW UP

D = CLOSED

Summary

REGIONS.	A	B	C	D
TAVUA / RAICI RAKI / RA.	2	6	11	17
LABASA / MACUATA	6	20	6	3
SUVA / NAVUA (1)	5	4	7	16
SANUSANU / CAKANDROVE	4	34	10	2
TALILEVU / MATIASIRI / REWA.	10	11	6	15
SUVA / NAVUA (2)	3	12	7	1
NADI / SICATOKA.	10	22	7	1
LAKERA / LAMU	3	14	6	6
BUA / NATSOUWALU.	2	15	9	7
BAI / LAUTOKA.	7	33	8	1
<u>TOTAL</u>	<u>52</u>	<u>171</u>	<u>77</u>	<u>82</u>

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PROJECT EVALUATION REPORT



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- I. Evaluation for the Western Samoa Association for the Blind, Brohier & Watts, June-July, 1982.
- II. Initial HEI Training Report, March 18, 1985
- III. Western Samoa Follow-up Visit Report: July-August, 1985

*Appendices included with this report are those not previously on file with USAID. Additional copies will be made available on request.

BRIEF SUMMARY OF PROJECT HISTORYBackground

Since the late 1970's, the Western Samoa Association for the Blind (WSAB) has received financial and technical assistance from the Christoffel Blindenmission (CMB), West Germany, and Helen Keller International, Inc. (HKI), USA. During 1978, the Society's Alafamua School (the only school for the blind in the country) and Workshop for the Blind in Lotoga, was closed due primarily to internal management problems and a cessation of international aid. Then, in July, 1980, the School reopened with thirteen (13) students whose ages ranged from 6-26 years, and by 1981 the School was serving nine (9) students, before closing again in early 1982.

The Association conducted a Survey on the Incidence of Blindness in February/March, 1982 (see Appendix I) and identified a total of 220 individuals in need of services (5 children aged 0-5 years; 4 children aged 6-12 years; 33 individuals aged between 13 and 45 years; 34 aged between 46-60 years and 144 aged 60 years and over). Following analysis of survey data, a joint evaluation of WSAB activities in relation to the need for services to blind people was conducted during June and July, 1982 by Mr. Bill Brohier, CBM's East Asia Regional Representative, and Ms. Faith Watts, HKI's Education Consultant. (At the time, WSAB was not providing services and the government had no specific programs for the education and training of disabled persons.)

The resultant evaluation report (see Appendix I) summarized relevant information on the country's blind population (including demographic data, health care and education resources) and recommended:

That a community-based programme be developed and implemented early in 1983 in which trained Samoan Field Workers will provide rehabilitation and education services. This programme should be under the auspices of WSAB through which foreign funds will be channeled in trust, specifically for the programme. The approval and cooperation of the government of Western Samoa are also essential.

Specifically, the program was to provide services to blind children and adults in Western Samoa through community-based outreach services, rather than the more traditional residential school programs. For example, blind children would be placed into regular schools in their home villages with support services provided by specially trained teachers (later referred to as "field workers") of the WSAB, who would also deliver basic rehabilitation services to blind clients in their own homes.

This Community-Based Education and Rehabilitation (CBERS) approach would not only directly benefit the blind adult, but would also allow the blind person's family to become involved directly in the rehabilitation process. It was hoped that this community-based approach would expand the range of services presently being offered by the WSAB and increase the number of persons presently receiving services.

Specific project recommendations, prepared by Watts and Brohier (1982) included:

- . That a consultant provide technical assistance for a minimum of one year and duties will involve:
 - a) assisting in the selection of local personnel;
 - b) training the selected staff;
 - c) coordinating all aspects of the programme;
 - d) monitoring and evaluating the project.
- . That one person be selected and trained as the Local Counterpart/Supervisor.
- . That three fieldworkers be selected, preferably from among teachers, to work with school-age children in the integrated education programme.
- . That 6-8 weeks of WSAB staff intensive training begin as soon as possible and be followed by further on-the-job training for shorter periods.
- . That based on the survey findings (showing number and distribution of visually impaired persons from 0 to 60 years of age):
 - . Upolu be divided into two target areas of service and two local people be selected to be trained as fieldworkers;
 - . Savaii be taken as one area with one fieldworker from that island;
 - . The case-load per field worker be between 20 and 30 clients;
 - . The counterpart/supervisor will also have to service between 5-10 clients.
- . That the Supervisor and fieldworkers develop individual rehabilitation plans for their clients, to include but not be limited to, the following areas:
 - a) Personal and family counseling;
 - b) Daily living skills, e.g., grooming, cooking, sewing.
 - c) Orientation and Mobility.
 - d) Improved agricultural techniques and mastery of local crafts.
 - e) Vocational training, specifically for those who have the potential and express the desire for such work experience in firms and factories.
- . That the four children in the 5-12 age group (identified by the WSAB Survey as having no additional handicaps and academic potential), be integrated into their village primary schools with support services provided by the fieldworker.
- . That a more thorough National Survey of the Incidence and Causes of Blindness be one of the responsibilities of the fieldworker.

Efforts to implement these recommendations were initiated almost three years later, in January, 1985 when Mr. Kirk Horton, HKI Consultant,

visited Western Samoa for a period of approximately two (2) months. During this period, he was responsible for a) setting up the administrative structure of the CBERS program; and b) conducting a training course for the WSAB field staff.

The training course covered a 6-week period (January 28 - March 8, 1985) and course participants included five WSAB staff members, two of whom, including the field supervisor, were recently hired (the remaining teachers had been WSAB for a number of years). Three additional participants included: one administrator, Iiga Suafole, and one teacher, both from the Loto Taumafai National Society for the Disabled, Inc., and the wife of the caretaker of Alfamua, Paeai Malele (due to conflicts with administration, all have since left their positions). A description of the course curricula along with successes, problems and recommendations for course refinement, and a proposed structure for administering the community-based program, can be found in Mr. Horton's Initial Report of March 15, 1985 (see Appendix II).

Mr. Horton's key recommendations from his first visit included:

1. A follow-up training course and monitoring of the project should be done in about four months time.
2. Two motorcycles should be purchased. One to be used by the field supervisor and the other by the teacher in Savaii.
3. The roles of Vaa Malu (WSAB schoolteacher) and Alefosio Harris (recently appointed Field Supervisor) should be carefully monitored in the next several months by the WSAB Implementation Committee.
4. A supply of canes should be sent to WSAB immediately.
5. At least five (5) braille writers should be ordered for WSAB.
6. Specific books (list given) sent to Australia for transcription are urgently needed.

7. An evaluation of the project should be undertaken at the end of the first year.

With the exception of Recommendation 2, all the above have been implemented.

In July and August, 1985, Mr. Horton returned to Western Samoa for the purpose of a) monitoring the field supervisor and fieldworkers "on the job"; b) providing follow-up training and c) determining the future needs in terms of equipment, program support and training.

During this second visit, Mr. Horton noted that organizational changes had taken place. Alefosio Harris, the Field Supervisor had been fired from his position and was replaced by Asofa Iese, who had received prior training from Mr. Horton during his first visit and had worked on the island of Savai'i. A new teacher, Malaifua Matamea, had filled Mr. Iese's position.

Having completed the follow-up assignment (see report in Appendix III), Mr. Horton's recommendations included:

1. Give appropriate salary increases to Asofa Iese, Supervisor and Vaa Malua, fieldworker.
2. Hire Paeani Malele (wife of the caretaker of Alfamua) as a part-time braille transcriber.
3. Provide further training in rehabilitation skills with particular emphasis being given to Activities of Daily Living.
4. Provide isolated pieces of equipment, including a thermoform repair kit.
5. Forward a copy of the American Braille Maths Code.
6. Forward teaching aids for braille reading developed by Mangold.
7. Revise the Samoan Braille Code (the main goal being to transcribe the Samoan Bible into braille).

8. Conduct Case Review Committee meetings on a regular basis.
9. Conduct in-service training sessions, during bi-weekly supervisor/field worker meetings, in the areas of typing, math skills and braille contractions.
10. Provide Malaifua Matamea with a certificate after one year in the field."

In November, 1985, when this Evaluation team visited the Western Samoa Association for the Blind, the majority of these recommendations had not been realized.

The first part of this report provides a summary overview of the project along with a series of specific recommendations for modification and change. The remainder consists of summaries of interviews conducted by the team which were utilized as a basis for subsequent recommendations.

SUMMARY OVERVIEW

Most of the recommendations made by Watts and Brohier (1982) for the training of WSAB staff to conduct community-based and integrated education services, were implemented by Mr. Kirk Horton, HKI Consultant during his January-March and July-August, 1985 sessions with WSAB staff. However, although it was also recommended that a full-time consultant be based in Western Samoa, that a local counterpart/supervisor be trained, and that ongoing surveys to locate and register blind persons be conducted, these did not occur.

According to discussions held with WSAB Supervisor, two fieldworkers and several clients, relevant services are being provided in Western Samoa, and the workers expressed enthusiastic endorsement for the training they had received and a commitment to doing "a good job". The Evaluation Team documented certain specific concerns, however, indicating a need for closer supervision in time utilization, the workers' need for continual reassurance of their roles and responsibilities (e.g., there was confusion as to if and how they should compliment the school teacher in an integrated education situation); the advisability of training workers in client assessments, documentation and monitoring client needs, and the development and utilization of supportive community resources. Teaching of Activities of Daily Living skills appeared to play a relatively minor role, and braille appeared overly dominant; the Western Samoan preference for oral versus written communication seemed to have been overlooked. It was not possible for this Team to evaluate directly the fieldworkers' teaching abilities, and as no documentation of service provision was available, there was no objective means for assessing their methods of client evaluation, monitoring and case closure.

Discussions with Mr. Iese, Fieldworker Supervisor, revealed an absence of client "master files", confusion as to how many clients were being served, how many had been served, and how many were awaiting service. Staff management and client problems are apparently dealt with as and when they occur (or ignored). Mr. Iese's statements regarding his on-the-job visibility with fieldworkers were contradictory, and it was therefore difficult to determine how he is utilizing his time. One of the teachers stated that Mr. Iese's plans for 1986 included visiting his staff every second month rather than on a monthly basis.

Along with Mr. Crichton, President of WSAB, Mr. Iese submits reports to CBM and HKI but appears not to use report contents as a means for monitoring client services or developing short and long range plans for program refinement or improvement. In addition, there is no systematized means for storing or filing client reports. Neither expressed any interest in publicizing the new program initiatives, and evidence of leadership and commitment to the realization of mutually agreed upon HKI goals and objectives (as outlined in the Watts/Brohier 1982 Report) was lacking.

There are also indications of staff frustration, including their being unable to provide clients with canes; spending extensive amounts of time traveling between clients; lack of access to the Samoan Braille Code, and being unable to copy Mr. Crichton's Samoan Bible (a popular request from clients). Yet, in spite of all these shortcomings, there remains evidence, among the fieldworkers interviewed, of continued interest in their work, a desire to learn more, and a hope that HKI staff will provide further in-service training and development.

Administrative-related recommendations by Watts and Brohier, included the need for arrangements to be made for utilizing the Alafamua School complex which today is vacant (with the exception of one office used by Mr. Iese) and in a state of disrepair. Mr. Crichton appears disinterested in this particular site and more concerned in locating government-subsidized property in the center of Apia. He discussed his plans for developing a "center", the first of many throughout the country, for blind people to receive intensive training in crafts and agricultural skills by fieldworkers, who would ensure skill-transference to each client's own home. The center would have a workshop component and be a base for selling items made or grown by the blind clients. This aspiration however (which Mr. Crichton claims will be a reality in early 1986) would seem to conflict with the original goal of developing community-based education and rehabilitation services.

In reference to other recommendations made by Watts and Brohier: no actions have been taken by Mr. Crichton to finalize and disseminate the Samoan Blind code to his fieldworkers, and there is no evidence of affiliation with the World Blind Union (formerly the World Council for the Welfare of the Blind), or other bodies, which could assist in improving the range and quality of current community services. In addition, no efforts have been made by Mr. Crichton to further develop prevention and primary eye care services. (Eye examinations are still not considered a vital part of the client's initial assessment process.)

It seems to this Evaluation Team that except in meeting the absolute essentials required by CBM and HKI administration (especially in the area

of fiscal accountability), Mr. Crichton expresses no interest and has no plans for initiating service refinements, increasing the visibility of services available, or expanding community-based programs. Nor were any such initiatives evidenced in Mr. Iese's perception of his own role and responsibilities. Mr. Crichton's sole emphasis is on obtaining overseas financial aid and equipment. He gives "lip-service" to realizing a community-based service network, but his real interest is in developing a center-based facility which he avoids discussing as he realizes it is in conflict with service goals agreed upon with CBM and HKI representatives.

Discussions with local community leaders revealed their distrust of Mr. Crichton's motives and commitment to developing quality and accountable community-based education and rehabilitation services. Current inter-agency communication is poor, and mistrust of Mr. Crichton is widely shared among the directors and staff of other organizations. These feelings are also evident in representatives from the field of blindness and other disabilities. At the ACROD Conference in Queensland, Australia on November 21, 1985, Mrs. Felicity Purdy, a member of this Evaluation Team, met with Mr. Frank Hilton (Fiji), and Mr. Don Willis, who works with one of New Zealand's voluntary associations, and is active in New Zealand Aid to the Pacific. Neither indicated much respect for Mr. Crichton, although Mr. Willis indicated he was willing to offer \$40,000 to Western Samoa, providing the Loto Taumafai National Society for the Disabled, Inc., and the Society for the Intellectually Handicapped "come together".

There is every indication that, without intensive HKI direction, the current WSAB community-based program will not survive, although it is questionable whether current services should be further supported within the WSAB environment. However, it is vital that a community-based program should continue to be supported in Western Samoa.

The two other major human service organizations: Loto Taumafai National Society for the Disabled, Inc. and the Society for the Intellectually Handicapped, may benefit from more intensive administrative and technical assistance consultation services, and each organization shows potential for working separately and/or together to delivery quality and accountable services to disabled individuals. Each has developed short and long range goals that involve program refinement and expansion, and strategies for creative income-generation. Each has also shown initiative in refining their services. No such initiatives exist, however, at the Western Samoa Association for the blind and, because of this apparent apathy on the part of Mr. Crichton and Mr. Iese, their programs are in serious jeopardy. While the staff remains committed, there is little evidence of Mr. Iese's enthusiasm or initiative for promoting new program directions. However, based on the limited time spent in Western Samoa, this Evaluation Team found it difficult to determine whether Mr. Iese's apparent lack of enthusiasm was due to simple confusion and feeling "out of his depth." There is potential among the fieldworkers for developing an effective service delivery system, yet there are major management and leadership concerns which are directly reflected in the following recommendations.

RECOMMENDATIONS

- . Public information and promotion strategies should be developed to inform the population of the new community-based program initiatives and plans for serving blind individuals in Western Samoa.

- . Members of the Executive Board, Implementation Committee and Case Review Committee should be clearly identified, should develop policies and procedures for accountable program implementation, and ensure regular meetings of all members.

- . The Fieldworker Supervisor should receive relevant management skill training in recordkeeping, tracking systems, report writing, simple survey methods, supervising techniques, time-management, form utilization, development of master files, compilation of client-related data, means of presenting material to the Implementation Committee and Executive Board. In addition, he should develop skills in program planning, public education, public relations, networking and referral processes.

- . The Supervisor should be prepared to conduct short-term intensive education/training sessions during specific times of the year to educate parents of preschool children, prepare children for admission into regular schools, prepare adults for employment. Other education workshops should reflect demonstrated need.

- . The Supervisor should develop a professional network of resources that would be of help in delivering multi-disciplinary services to multi-disabled individuals, clients in different age groups, and those with particular needs such as vocational training and multi-disciplinary services.

- . Improved systems should be developed for the provision of canes and other aids/appliances to clients after they have completed training.
- . The Supervisor should develop a formalized system for preparing classroom teachers to receive blind children in their classrooms (see page 24).
- . Fieldworkers should receive "hands-on" experience from HKI consultants on establishing and using systematic reporting procedures relevant to the clients they serve. HKI consultants should respond to other ongoing in-service training needs as they become apparent.
- . The supervisor should compile an up-to-date inventory of equipment and have all needed repairs and dispositions made of unwanted items.
- . Issues regarding Mr. Crichton's Samoan Braille bible should be resolved and Samoan and English Braille should be taught to all fieldworkers.
- . An intensive training program should be provided to all fieldworkers emphasizing mastery of rehabilitation versus education skills and placing in an appropriate context the use of braille, which tends to be viewed as "the most important skill for a blind person to master," regardless of the unique needs of the individual client.
- . The issue of transportation should be more closely studied. The Supervisor claims he has limited time to visit fieldworkers as he has to

use public transportation. Apparently the purchase of motorbikes has been approved by CBM but no action has been taken and it is therefore recommended that this issue be resolved immediately.

. The thermoform machine should be repaired immediately to avoid unnecessary duplication of fieldworkers time in transcribing the same braille materials. Effective policies and procedures for storing and disseminating braille copies and related materials should also be established.

. An efficient system for maintaining a register of blind individuals should be immediately implemented and accompanied by written policies and procedures for ongoing record maintenance.

. The Supervisor should explore the need for volunteers and develop in-service training mechanisms that will enable them to respond to current needs of both clients and staff.

. The Director should develop a long-range action plan for prevention and primary eye care programs to be supplemented by short-range action plans prepared by the Supervisor.

. Joint meetings should be held with Loto Taumafai National Society for the Disabled, Inc. and the Society for the Intellectually Handicapped to determine their interest in a possible merger, which might clearly define one agency as a resource/planning/funding "arm" and the other as a "service-provider".

. HKI and CBM should consider relocating the current WSAB community outreach programs within such a merged entity.

. Appropriate HKI/CBM personnel should explore Don Wills' offer to give \$40,000 to Western Samoa - providing the Loto Taumafai Society for the Disabled, Inc. and the Society for the Intellectually Handicapped "come together".

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INTERVIEWS WITH WSAB REPRESENTATIVES INCLUDED:

- 1) Asofa Iese, Supervisor.
- 2) Two Fieldworkers.
- 3) Mr. Crichton, President.
- 4) Mrs. Mathews, Member, Implementation Committee

Interview conducted with Asofa Iese, Supervisor, WSAB.

Mr. Iese revealed that since his appointment to the position in late July, 1985, nine (9) children had entered integrated education and thirty-four (34) were currently receiving community services, 23 are on the island of Upolu and 11 on Savai'i. Eight clients had been "closed". However, it should be emphasized that numbers of clients served, according to Mr. Iese, may not be quite accurate as Mr. Kirk Horton, HKI Consultant, had recommended that the four fieldworkers serve no more than ten (10) each and therefore some of the fieldworkers may not be reporting those they serve over ten.

In discussing Mr. Iese's responsibilities, it was evident he was experiencing difficulties in managing the program. He stated the previous supervisor had failed to orient him to any filing or accountability systems and he had not developed his own. No individual client files are maintained and thus a request to review client files proved unsuccessful. Mr. Iese was unable to locate copies of completed Client Interview Forms (the initial report completed during a fieldworker's first visit to a potential client). Since August, 1985, he had been keeping copies of Monthly Client Reports but these, too, were difficult to locate. In addition, fieldworkers did not keep copies of reports and rarely maintained daily notes. There was no systematized filing system for maintenance of client files nor means of tracking individual clients' programs. Some confusion was also evident in terms of how many blind persons were being served, how many had been closed and how many were awaiting services. It appears that no "new" clients had been located - rather the Supervisor was working from the survey "list" developed in

1982. As ophthalmological examinations are not an automatic part of the assessment process, documentation in this area was virtually nonexistent.

There were at least two "systems" for tracking the registration of blind individuals and both were inefficient. One involved a breakdown according to age, village and sex. People were grouped according to "decade", i.e., a person registered at the age of 15 years would be placed in the 10-20 year-old group. Transference of each individual to another age bracket was especially cumbersome and the system was not maintained. Another "system" was in the form of a wall chart that listed every blind person served by the Association and each name was accompanied by a series of checks. Upon questioning, it was unclear as to what each check represented and how each person's progress was "tracked".

In reference to equipment maintenance, Mr. Iese assumed he was responsible. Should a machine such as a typewriter be in need of repair he would take it to a local car mechanic. At the time of the Team's visit over nine Lavendar Braille Writers were in a state of disrepair (the dots were "not good enough to read") and numerous typewriters were stored uncovered. A thermoform machine was unused because spare parts (which had apparently been sent by HKI) had not been fitted. There is obviously a lack of initiative in equipment maintenance.

Mr. Iese's other responsibilities included: serving two clients (age 5 and 7) on the island of Savaii. Monday's, because of limited transportation from his home on Savaii to his office at the Alafamua School, a few miles from Apia, time was limited, so he often visited one of his fieldworker's clients. Tuesday, Wednesday and Thursday he visited

fieldworkers "on-the-job", and Friday was "administration". Every other Friday he conducted staff meetings. During these meetings, client "problems" were discussed, braille material was transcribed, and staff practiced their skills in braille and typewriting.

He acknowledged that these meetings were important for staff to share mutual concerns but stated that fieldworkers spent much of the time transcribing materials for children attending regular schools. Each week, fieldworkers meet with the children's school teacher to determine each child's lesson plan for the following week. These lessons are then transcribed by the fieldworker and handed over to the teacher, but occasionally two fieldworkers will transcribe the same classroom material. Also, transcribed work tends to remain at the school (no lessons have as yet been returned to the Association) and the Supervisor suspected that even if material were returned it may need to be redone because of overuse. Mr. Iese recommended that repairing the thermoform machine might relieve the workload in this area. (Apparently spare parts have been received from overseas but, as stated earlier, the machine has not yet been fixed.)

Mr. Iese has weekly meetings with his supervisor, Mr. Crichton, and occasionally Mrs. Verretta Heem is available to him. He has never given a report to the Executive Committee, which he thought consisted of Mr. Crichton, Mrs. Heem and the Business Manager, and, to his knowledge, the Implementation Committee has not met since he joined the Association.

Interview conducted with two fieldworkers.

Discussions with two of the four fieldworkers revealed that both served

integrated school children and each reported a case load of eight (8) adults. Both stated the supervisor, Mr. Iese, visited them "on-the-job" on a monthly basis but this was to be changed to every two months. Both felt the need for sharing concerns at the staff meetings (held every other week) and when asked how they perceived their professional needs, they stressed the need for more training in the use of the abacus, learning Samoan and English-contracted braille, and the need for more braille writers. One of the teachers made mention of using Mr. Crichton's Samoan Braille Bible and the need for it to be copied for clients. This issue has apparently been discussed many times before but had not been resolved.

One teacher expressed difficulty in keeping up with her student in mathematics. Although it was agreed that the presentation of such concepts was the school teacher's task, she felt not enough time was spent working with teachers, orienting them to the particular needs of blind children, and clearly defining the mutually supportive roles of teacher and fieldworker. The Supervisor agreed that he could do much more in this area by initiating in-service training sessions for school teachers.

One of the fieldworkers described how work with an integrated school child could encompass almost a three-day period. Because of limited transportation, she spent time away from home and stayed overnight with the family of a partially-sighted child. This same visit included a three-hour walk to serve a partially-sighted client who lived nearby.

Both fieldworkers were remiss in maintaining records, stating: "lessons are kept in our heads". Both expressed a need for typewriters, yet, at

the same time, recognized they first needed to master typing skills. Both claimed they did not have access to long canes (they have been waiting since March, 1985 for a delivery), and some clients who received orientation and mobility training have had to wait for over five months.

The fieldworkers claim to visit each of their eight adult clients on a once-a-week basis. Recent visits, as a result of a mandate from Mr. Crichton, President, have involved encouraging adult clients to prepare handicrafts for sale in a store to be opened early in the new year by the Association.

Both teachers expressed enthusiasm for and commitment to their work. Quite often, however, they feel the need to share their concerns with a knowledgeable professional in rehabilitation and education of blind people and for this reason, they recommended that an HKI Consultant be available to them at least once every six months for the purpose of "brain-storming" and providing "refresher in-service training courses".

In relation to further HKI training, the Supervisor recommended that courses should be given on report writing and involving parents in the education/rehabilitation process.

Interview conducted with Mr. Liki Crichton, President, WSAB.

Mr. Crichton expressed his satisfaction with the Association's services and believed CBM to be "happy" with the current programs. He stated he was meeting CBM's expectations by submitting the appropriate reports and

being financially accountable. Although he has no current plans to conduct fund-raising because "there are too many other groups seeking local funds," he hopes to convince the government to release funds ultimately, although he does not expect this to occur in the immediate future.

In a discussion on "equipment," he believes the Association is adequately supplied and expressed the opinion that additional canes were not required from "outside" as they could be made by individual families "in the Samoan way". When a large order was sent from Germany a few years ago, he claimed they were given out but never used, and that it was the custom of clients to use a regular walking cane.

He claimed to meet with the Fieldworker Supervisor, Mr. Iese, about three times a week. He stated he was aware how the Supervisor spends his time and, although he might be able to benefit from management skills training, Mr. Crichton believed the staff needed to acquire skills in animal husbandry, plantation work and vocational training.

Mr. Crichton also claimed to meet regularly with his Executive Committee, which included the Minister of Finance, his Secretary and Business Manager. There is no regular time schedule; meetings take place when he calls them and no minutes are kept. He was unclear as to whom was appointed to the Implementation Committee and, although aware of its intended purpose, he stated that, to his knowledge, the Committee had never met.

Mr. Crichton made few comments on the way the current services are delivered and seemed to have little interest in their range or content. He stated that his secretary, Vernetta Heem, played an active role in the day-to-day running of the organization. (Unfortunately, Mrs. Heem was out of the country and therefore unavailable for comment.)

There was no evidence of any plans or enthusiasm to build on or increase the visibility of services initiated by Helen Keller International - rather, there was virtual indifference toward HKI and to current service delivery content. His main concern involved meeting CBM requirements in order to receive overseas funding. The Team felt Mr. Crichton has his own distinct aspirations to build a visible center in the center of Apia and provide a range of services that are welfare-oriented rather than rehabilitative and community outreach in nature.

Interview conducted with Mrs. John Mathews, member of the Implementation Committee (she was accompanied by her husband, who has been involved in Catholic relief services in many parts of the world).

In early 1985, Mrs. Michiko Mathews was invited to be a member of the Implementation Committee, the purpose of which was: To monitor the implementation of community programs, to make major program recommendations to the Executive Board and to meet monthly with the Field Worker Supervisor. Members of this Committee included: Mrs. Vernetta Heem, Mrs. Iiga Suafole (who has since resigned) and Mrs. Mathews.

Mrs. Mathews explained that meetings had taken place between January and March, 1985 and the emphasis had been on the utilization of the WSAB compound and monies related to its ongoing management. To her knowledge,

no meetings had included reports on the status of the community-based programs nor on individual clients served. Although Mrs. Mathews had expected to utilize her government contacts and her wealth of experience in the area of social services on the committee, it had not met for at least six months and she is currently unaware of who is now on the Committee or whether any future meetings have been arranged.

Her personal observations included a concern as to whether any of the current staff and administrators had the capacity to develop an efficient community-based program, and whether the current infrastructure was conducive to such intentions.

Mr. and Mrs. Mathews suspected that WSAB's current services were not reflective of primary HKI expectations as stated in the Watts and Brohier Report, 1982. Essentially, they felt it was not enough to have an expert come into the country for a brief time to train staff and then leave. They emphasized that in order to ensure effective implementation, monitoring and follow-up services, "someone needs to be committed to the program for a meaningful length of time" and, prior to leaving, a local persons should be trained to take over. Both stressed the need to consider appointing a full-time director to steer the program in the right direction, and to build a reliable local network of resources and people committed to strengthening HKI initiatives.

Interview conducted with Ms. Fiasili Keil, President and Ms. Julia Wallwork, Vice President of the LOTO TAUMAFAI NATIONAL SOCIETY FOR THE DISABLED IN WESTERN SAMOA.

Mrs. Keil gave a brief presentation of her organization's current responsibilities which included services for at least thirty-six (36) individuals with such disabilities as: deafness, slow learning, paraplegia, cerebral palsy and amputations. Regular attendance involves 20-25 individuals for 2-3 days a week. The organization also services three (3) visually handicapped individuals (ages: 12, 14 and 21) who had left the Western Samoa Association for the Blind because of dissatisfaction with services. Training programs encompass: academic subjects (maths, writing and reading), basic survival skills (daily living, etc.) and "current affairs" (typing, crafts, vocational preparation, etc.).

Due to limited resources, community outreach services were not currently provided. Although the teachers are paid by overseas funds, additional monies are available through local fund raising efforts and local grant requests. Administrative duties are conducted on a volunteer basis but recent improvement has included the appointment of a Peace Corps workers who is compiling comprehensive "master files" on each client served and arranges for each client to receive physical health assessments, and physical therapy services from the local hospital including development of appropriate diets for children served by the Society.

Mrs. Keil and Mrs. Wallwork both expressed interest in receiving advisory services from HKI-trained fieldworkers but suspected that, because of their distrust of Mr. Crichton, and his reluctance to work with them, this

was unlikely to materialize. (According to them, Mr. Crichton had shown no interest in the two organizations working together to meet the needs of blind people in a coordinated manner.)

At the time the Evaluation Team met with Ms. Keil and Mrs. Wallwork they were adjusting to the recent discharge of one of their senior administrators, Mrs. Iiga Suafole, Program Coordinator. They claimed previous efforts to develop cohesive relationships with other organizations, such as the Society for the Intellectually Handicapped, might have been jeopardized by Ms. Suafole's forceful personality. They felt her absence would help improve the Society's image and they looked forward to improving their management credibility and quality of services. They recognized that their mutual role of providing direct client services while at the same time being a national "umbrella" organization, had led to "image" conflicts and that this area had to be resolved. They claimed the only reason they had entered direct service was because "no one else was doing it" - and they were attempting to "bridge the service delivery gap".

Discussion regarding WSAB's new community-based rehabilitation and education services led them to express concern that the public was generally unaware of these new services and that many people thought, since the School had closed, there were no longer any services for "the blind" and that the community services, of which they knew little, were "under Helen Keller" and not "the Association". As a result of recent disagreements, relationships between Mr. Crichton and administrators of Loto Taumafai were at an all-time low - "there is no trust - from either side".

Although they said they had no intention of duplicating services, they were sceptical of Mr. Crichton's claimed commitment to providing rehabilitation and integrated education services to blind persons. However, they would be interested in exploring the delivery of services to blind people and felt their recent commitment to the training of appropriate staff, compulsory record keeping, comprehensive assessment, and the promotion of services via the media, would provide a sound basis for such new activities. Ms. Keil expressed a commitment to building on her organization's strengths and working with other organizations such as the Society for the Intellectually Handicapped but her immediate concern was to re-establish the credibility of her Society after the recent discharge of Ms. Suafole.

Interview conducted with Ms. Patricia Marfleet, Committee Member of the WESTERN SAMOA SOCIETY FOR THE INTELLECTUALLY HANDICAPPED.

Currently, the Society services approximately twenty handicapped individuals and staff consists of one primary school teacher, one preschool teacher and a resource teacher (trained by Frank Hilton, School for Crippled Children, Fiji), directed by selected members of a 20-member volunteer Executive Board, many of whom have human service backgrounds and all of whom, with the exception of Ms. Marfleet, are Samoan. Short-term plans include the hiring of a part-time administrator.

Ms. Marfleet indicated that as a result of Ms. Iiga Suafole's recent departure from the Loto Taumafai National Society for the Disabled, there

were new opportunities for the two organizations to work together, although she stressed the need to resolve the latter's "dual-role" dichotomy as service provider and national resource body.

Ms. Marfleet was unaware of WSAB's new service initiatives. She said the new programs had received no publicity and although no details were given, she too distrusted Mr. Crichton's motives in providing services to blind people. She expressed the opinion that if WSAB's overseas monies ceased, the organization would "die" as Mr. Crichton showed "no initiative to fund raise locally".

She believes her Society's strengths to be in "creative fundraising", the provision of quality and accountable services, fiscal responsibility, and the promotion of public empathy for the needs of the handicapped and the availability of services. She also stressed the Society's commitment to providing quality services by appropriately trained staff and its interest in developing constructive relationships with other organizations such as Helen Keller International and the Loto Taumafai National Society for the Disabled in Western Samoa.

Interview conducted with Mr. Ungapo Pusi Ulule,* Senior Education Officer, Acting Director of the WESTERN SAMOA GOVERNMENT DEPARTMENT OF EDUCATION.

A brief meeting with Mr. Ulule revealed that the Department of Education grants \$10,000 each year to every association providing education services to handicapped children. There are two teacher training colleges - one serving primary school teachers, the other secondary. The Education Department does not provide special education training, nor does it

conduct schools for handicapped children. Schools will apparently accept children with disabilities but as classes can include up to 60 children, disabled children can be overlooked. In reference to curriculum, Mr. Ulule stated the Mission schools tended to use the same syllabus but that all children sit for the same state examinations. He acknowledged that Australia had, over the last 10 years, given Western Samoa extensive assistance in the area of curriculum development.

A discussion on teacher training led Mr. Ulule expressing an interest in orienting teachers-in-training to the needs of the visually handicapped child. He stated there were approximately 100 teacher graduates each year and that he would be interested in working with the Supervisor of WSAB to develop an "in-service" training component for graduating school teachers. The inservice training program could be designed to provide school teachers with basic guidelines and introductory material on how they might assist a visually handicapped child in a classroom situation. This information was shared by the Evaluation Team with Mr. Iese who stated he would submit a draft proposal for Mr. Ulule to review. Mr. Ulule had suggested that he be given the opportunity to review the outline so he and appropriate educators at the Teacher Training College could provide Mr. Iese with appropriate feedback.

EVALUATION TEAM SCHEDULE: WESTERN SAMOA

Tuesday, 5th November, 1985 Day spent with Asofa Iese - visited 4 clients

Wednesday, 6th November, 1985 Morning spent with Asofa Iese at his office. Afternoon: visited fieldworker/pupil at community School. Interview with representatives from Loto Taumafai National Society for the Disabled, Inc. Interview with Mr. Crichton, President, Western Samoa Association for the Blind

Thursday, 7th November, 1985 Interview with Mr. & Mrs. John Mathews, and separate interview with Fieldworker, Malaeniu Aukustino. Interview with representative from Peace Corps, another meeting with representatives from the Loto Taumafai School, meeting with representative from the Department of Education, and a meeting with representatives from the Intellectually Handicapped Society.

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Supervisor of Field Workers - Job Description

1. Supervise all students who are enrolled in village schools and ensure that all students are receiving and making progress in appropriate programs.
2. Supervise adult visits.
3. Check teachers' schedule regularly, regarding visits, transport and overnight stays.
4. Keep an attendance sheet for each employee, noting absences, annual leave, holidays.
5. Interview each employee on a regular basis.
6. Receive reports from field workers.
7. Make up wages for all employees.
8. Receive and answer all correspondence both locally and overseas.
9. Review test materials, resources for students and adults with fieldworker.
10. Suggest appropriate programs for both staff and students.
11. Initiate courses/programs which are appropriate for blind adults, i.e., workshops.
12. Liase with Education Programs and implement appropriate ones for blind members.
13. Liase with Health Department regarding a national prevention program.
14. Attend executive meetings and present report of staff, student, adult progress.
15. Represent the WSAB at meetings when advised by the Executive.
16. Liase with village schools for ease of facilitation of school adult programs.
17. Keep records of transport, overnight stays for each fieldworker.
18. Initiate fund working ventures on behalf of the Association.
19. Keep accurate records and accounts for auditor to scrutinize.
20. Keep records of new cases and closed cases.
21. Visit the field workers to evaluate staff performance, needs and services.

22. Keep an inventory of all items and property belonging to the Association.
23. Consult the Executive on any decisions.

According to the Supervisor, Asofa Iese, the above Job Description was prepared by Mrs. Vernetta Heem, Vice President and Secretary, Western Samoa Association for the Blind.

APPENDICES*

- I. Evaluation for the Western Samoa Association for the Blind, by Mr. W. G. Brohier, East Asia Regional Representative, Christoffel Blindenmission, and Ms. Faith J. Watts, Education Consultant, Helen Keller International, June 21 - July 5, 1982.

- II. Initial HKI Training Report, J. Kirk Horton, March 18, 1985.

- III. Western Samoa Follow-up Visit Report: July 22, 1985 - August 14, 1985.

*See Note, Table of Contents

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*Appendices included with this report are those not previously on file with USAID. Additional copies will be made available upon request.

BRIEF SUMMARY OF PROJECT HISTORY

Background

Until 1984, services to blind children and adults living in Papua New Guinea were extremely sparse and the concept of providing non-institutionally based services to this population was virtually unknown.

In April, 1984, Helen Keller International, at the request of the then-developing National Board for the Disabled, initiated a two-year demonstration project to develop community-based education and rehabilitation services for blind children and adults, in addition to a small pilot blindness-prevention program. HKI closely collaborated with the three major private agencies responsible for the provision of limited services to the blind in Papua New Guinea - St. John's Association for the Blind in Port Moresby; Mt. Sion Center in Goroka; the Handicapped Children's Association in Lae - and aimed to implement community-based education and rehabilitation programs at all three locations. Each pilot program model was different and attempted to address the diverse needs of the blind populations and communities in the specific areas being serviced.

In the document A Project to Demonstrate the Feasibility of Community-Based Education/Rehabilitation and Primary Eye Health Care Services in Papua New Guinea (HKI, August, 1983), the following five-year Objectives were identified:

Objective__1: To develop an effectively operating network of eye health services established at key base hospitals throughout the country and staffed by indigenous eye specialists.

Objective__2: To implement mobile eye units operating from all base hospitals with eye care units providing treatment and restorative surgery to individuals unable to reach base hospital eye clinics.

Objective__3: To implement an effectively operating system of primary eye care integrated into the primary health care system.

Objective__4: To expand and develop appropriate education and rehabilitation services for blind children and adults, with particular emphasis on a community-based service delivery system.

Each of the above objectives has a five-year__time__frame. The Project commenced in April, 1984, and was evaluated by this Team in November, 1985 - only nineteen (19) months after Project commencement. While bearing in mind the above long-term objectives, it is important to measure the Project's impact against the two-year Target Objectives discussed in detail in pages 17 to 25.

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An Overview of the First 19 Months Activities

During the period April, 1984 - November, 1985 - representatives of the Mt. Sion Center, St. John's Association for the Blind, and the Handicapped Children's Association in Lae, have worked alongside HKI in an effort to develop community-based education and rehabilitation services for blind children and adults.

The other major HKI effort during this time was an attempt to develop a network of eye health and outreach services throughout the country (Objectives 1 -3). When HKI initiated this project early in 1984 there were three ophthalmologists in Papua New Guinea: Dr. Korimbo at Goroka Base Hospital; Dr. Lloyd at Port Moresby General Hospital and Dr. Parsons at Madang Base Hospital. However, at the time of this Evaluation Team's visit, Dr. Korimbo had entered private practice; Dr. Lloyd had left his Port Moresby post as Senior Medical Officer of Ophthalmology at the end of 1984 and was not replaced; Dr. Parsons went on extended leave from July, 1984 and had not returned. Although HKI representatives spent extensive periods of time attempting to stimulate the government's interest in developing primary eye care services and outreach efforts, limited progress was made in this area, primarily because no in-country ophthalmologist was available to assist HKI in the planning and the implementation of specific project goals and objectives. Thus progress on objectives 1-3 was understandably disappointing and most of the last nineteen months' efforts involved the HKI Country-Coordinator, Mr. Tim Sniffen, in the accomplishment of Objective 4 (i.e. To expand and develop appropriate education and rehabilitation services for blind children and adults, with particular emphasis on a community based service delivery system.).

Schedule of HKI Activities - April 1984 - November 1985

April, 1984 Tim Sniffen, HKI Country-Coordinator arrives in PNG.

April, 1984 3-week introductory course on community-based rehabilitation services and basic skills of rehabilitation conducted at the National Sports Training Institute in Goroka. Participants included: Barber Horner and Konio Apa (St. John's Association for the Blind), Olive Avea and Kila Mea (PNG Handicapped Childrens Association), and Brothers John Amona and Cosman

Manau (Mt. Sion Center). Mr. Keake, Director of St. John's Association and Karen Heinicke, Director of PNG Handicapped Children's Association, participated as observers for 2 days.

June 4-11, 1984 Tim Sniffen provided Ruth Sangkol and Konio Apa (St. John's) with training in orientation and mobility, lesson-plan preparation, task analysis for daily living skills, and methods for conducting weekly case-review meetings.

June 19-22, 1984 Tim Sniffen visited PNG Handicapped Children's Association and provided specific lesson plans for orientation and mobility instruction for two of Kila Mea's clients.

June, July & August, 1984 During this time Brothers Amona and Manau (Mt. Sion) received limited training from Mr. Sniffen in adaptations for low vision school children, orientation and mobility skills, and survey methods.

July/August, 1984 Four days in July and 3 days in August were spent by Mr. Sniffen providing guidance to Kila Mea (PNG Handicapped Children's Assoc.) related to each of his integrated students.

September 1984 Each afternoon for one week Kila Mea (PNG Handicapped Children's Association) and Brothers Amona and Manau (Mt. Sion Center), received training by Mr. Sniffen in orientation and mobility.

October - December, 1984 Mrs. Maree Rennie worked with St. John's Association for the Blind assisting their fieldworkers, Ruth Sangkol and Konio Apa in providing guidance to each of their clients. During this time the case-load expanded from limited services for 3 clients to comprehensive services for 11 clients.

January 14 - February 8, 1985 A 4-week initial training course was conducted for fieldworkers at the National Sports Institute in Goroka. Participants included: 3 fulltime fieldworkers and 1 supervisor from St. John's Association; 1 supervisor and 2 fieldworkers from PNG Handicapped Children's Association; 2 fulltime teachers, 1 field supervisor and 9 part-time volunteer fieldworkers from Mt. Sion Center. (The 9 volunteers completed 3 of the 4 week program.)

May 20 - June 28 J. Kirk Horton, HKI Education Consultant, worked 6 weeks with teachers at Mt. Sion Center to upgrade their skills and guide them in developing an integrated education service. He also provided limited inservice to St. John's fieldworkers.

July 6 - 10, 1985 Follow-up training was provided by J. Kirk Horton to Mt. Sion's Mercy Mission volunteers. He was assisted by two indigenous supervisors: Tony Drua and James Aiwa.

August 10 - September 7, 1985 Tim Sniffen and Tony Drua team-taught a five week course at the East New Britian Project for the Disabled in Rabaul. In attendance were 7 Mercy Mission Society community school teachers, 1 lecturer at Gaulim Teachers College, 5 family members of blind persons, and a field supervisor, Norman Tiamini - staff member for the Project.

Intensive on-the-job supervision was given by Tim Sniffen to Tony Drua, Rehabilitation and Primary Eye Care Coordinator at the Mt. Sion Center for the Blind, Goroka who has now been appointed Mr. Sniffen's local counterpart for the Eastern Highlands.

REPORT SUMMARY

HKI's work-relationships in Papua New Guinea are relatively recent and projects are only nineteen (19) months old. Prior to HKI's involvement, services to the blind in the country were extremely limited in scope and entirely "institution-based"; no services were being provided in the community or the visually impaired person's own home.

At the First Seminar on Development of Services to the Visually Handicapped in the South Pacific, in 1981, Brother John Adams described issues related to the country's blind and visually impaired population as follows: "magic is still given as a cause of blindness...services available for visually handicapped people are only in the initial stages...A group of people, including two children, are receiving basic training through the St. John's Association for the Blind. During 1982 the Association for Handicapped Children in Lae intends to establish a group of about sixteen (16) children and these are the only two programmes for blind people...". In addition statistics and demographic data on the country's blind and visually impaired populations were unreliable and unsubstantiated.

Throughout this period, HKI's visibility and technical assistance programs appear to have positively influenced and stimulated service providers to address the needs of blind individuals and to actively pursue appropriate solutions. Although much remains to be done, especially in the area of primary eye care, sound foundations have been built in the area of education and training of indigenous personnel. Yet, in some instances, not enough time has elapsed for their effects to be truly "tested".

At the Mt. Sion Center, where HKI-efforts were primarily centered, a theoretically sound infrastructure is in place. Brother John Adams, Director of the Center, and his superior, Brother Leach, are both committed to making the new program initiatives "work"; teachers at the School and volunteer field workers have received intensive HKI training both in group and one-to-one situations; a young man, Tony Drua, has been trained to provide rehabilitation skills (orientation and mobility, agriculture, activities of daily living, etc.), and in his role as Rehabilitation Coordinator, supervises HKI-trained community-based volunteers. Mr. Drua has, for many months, been supervised by Mr. Tim Sniffen (HKI Country Coordinator) not only in teaching-related skills, but in management and communication. In addition to his rehabilitation-related work, Mr. Drua is now also responsible for developing primary eye care outreach efforts within the Goroka area.

At the time of this Team's visit, Mr. Tim Sniffen was preparing to leave the country and it was not known if or when he would be replaced. In reference to Mr. Sniffen's departure, Brother Adam expressed a need to "test" the new program initiatives and HKI-trained personnel and to see if he and the staff can make a "go" of it without Mr. Sniffen's direction. Brother John implied Mr. Sniffen had prepared the staff and now, under his direction, it was "up to us to make it work". This Evaluation Team felt that, although some adjustment time would be necessary, especially in relation to Brother Adam's supervising Mr. Drua, both men seemed committed to the success of new program initiatives and to building on the potentially sound service-delivery base created by HKI.

The team found it commendable that Brother Adams, in his position of Director, had played a low-key role and allowed Mr. Sniffen to supervise and train Mr. Drua without any apparent power conflicts. Mr. Drua, because of his background as a Health Extension Officer (well-respected by Dr. Bieber, Assistant Secretary of Health for the Division of Health in the Eastern Highlands), may prove to be a significant force in furthering the development of primary eye care and outreach efforts within the Eastern Highlands.

Overall, the situation at Mt. Sion has much potential for providing relevant and quality services to blind individuals living within its catchment area. However, because of the short duration of program activities to date, this Team recommends that ongoing HKI consultation services be made available to Brothers Adams and Leach, and Mr. Drua for a further year. Such consultation should be short periods, on a quarterly basis, for the primary purpose of support, program review and follow-up. The need for ongoing HKI services should be assessed after this period.

Efforts to bring community-based education and rehabilitation services to the PNG Handicapped Children's Association in Lae have, unfortunately, failed after much useful assistance from HKI. Although staff were trained and a seemingly appropriate infrastructure (albeit center-oriented) was in place, the field supervisor resigned in March, 1985 and was immediately followed by the two remaining field workers. In May, 1985, two newly-appointed fieldworkers based in Lae also resigned due to the program's apparent instability and the Association's Board decided to suspend new program initiatives until the end of 1985.

At the National Board for the Disabled (NBD), Vision Impairment Subcommittee meeting held in November, 1985, representatives of the PNG Handicapped Children's Association stated their intentions to limit services to individuals under the age of 16, to restrict service-outreach to the Lae area, and to now seek further HKI training in the area of blind and visually impaired children only.

In terms of future HKI involvement with the Association, the Team recommends training programs be designed and implemented, preferably in the Lae area, that are specifically relevant to the needs of staff and children to be served. Ongoing monitoring and consultation services will be necessary, but because of the small numbers to be served, extensive time-investments may prove unnecessary.

St. John's Association for the Blind is, through its Supervisor and three field workers (all of whom have been HKI-trained), continuing to provide community outreach rehabilitation and education services to approximately eleven (11) adults and eleven (11) children. The Project's staff, specifically Ruth Sangkol and Konio Apa, express a commitment to developing quality programs. The Evaluation Team was impressed by Rose Kekedo, Volunteer Coordinator of the Rural Rehabilitation and Education Services at St. John's (she also holds an influential full-time position as Secretary to the Minister of Labor and Employment). However, although project staff expressed enthusiasm for building on the services initiated with Mr. Sniffen, it was difficult for this Team to evaluate the specific quality and quantity of work being performed due to a total lack of documentation and a

preoccupation with apparent lack of support for new program initiatives on the part of the Association's chief administrator, Mr. Keake. According to project staff, such internal problems were jeopardizing the effectiveness of new initiatives and in addition, they (including Rose Kekedo) were frustrated and angry with what they considered to be "incomplete" services provided by HKI staff. Mr. Sniffen was occasionally described as "speaking too fast and being hard to keep up with"; other comments emphasized that what had been proposed by HKI in terms of training had, to them, "sounded good" but how it had been accomplished was unsatisfactory and incomplete.

This Team recommends that efforts be made to deal with the staff's concerns and to work with them and Miss Rose Kekedo in developing a system relevant to their needs and the establishment of a sound infrastructural-base for those they aim to serve. It is also recommended that Miss Kekedo be an active participant of future planning strategies and be given the support necessary to guide the program toward the provision of quality, accountable services on a long-term basis.

In addition to these direct-service program, the new National Board for the Disabled (NBD) has established itself during the last nineteen (19) months as a network forum for information exchange and professional support and has the potential to develop national and regional service strategies. It has recently become a nucleus for the preparation of individual or joint grant requests for government and/or private funds, and a proponent of service-action strategies. As such, the NBD is responsive to the needs of its member-service providers and consumers and their mutual commitment to improved conditions throughout Papua New Guinea.

Other recent activities reinforce future opportunities in the country. Firstly, as a result of baseline data on causes, prevalence and distribution of the visually impaired population developed by Mr. Sniffen and the community-based fieldworkers, each region now has dependable indicators for the preparation of responsive action plans and strategies.

In addition, new programs have emerged, most notably the East New Britain Project for the Disabled in Rabaul, which requested HKI technical assistance services and subsequently has established a sound infrastructure for the provision of services to blind community-based individuals under the strong leadership of Mrs. Julie Hamilton, Coordinator of the NBD Project.

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In the relatively short period of nineteen (19) months, much has been accomplished but it is possible that the original two year Target Objectives were too ambiguous and may have contributed to an intense workload being placed on Tim Sniffen. A quieter pace now seems more appropriate with ongoing HKI support for all three projects plus the Rabaul initiative, in order to bring to fruition the extensive efforts of these preliminary months.

PRIMARY RECOMMENDATIONS

- . Although a theoretically-sound system is in place at the Mt. Sion Center, new program initiatives have yet to be "tested". It is therefore recommended that an HKI representative be available to Brothers Adams and Leach and Mr. Tony Drua to assist in a "low-profile" manner in program(s) review, follow-up and the development of strategies for program refinement.

- . Since Mr. Tim Sniffen left Papua New Guinea, Brother Adams accepted responsibility over Mr. Tony Drua, Supervisor of Rehabilitation and Primary Eye Care Coordinator. Although both Mr. Drua and Brother Adams are committed to delivering quality services to blind individuals in the community, each has different work histories and perceptions of the scale and nature of problems to be addressed. It is therefore recommended that an HKI Consultant be available to guide their working relationship through the initial stages and ensure that short and long range priorities, as identified by Brother Adams in his presentation at the National Board for the Disabled Meeting (November, 1985) are effectively pursued.

- . An HKI representative should be assigned to assist the Project Director, Ms. Olive Avei, of The Handicapped Children's Association in Lae, to design and implement strategies for a) conducting surveys of current blindness prevalence rates, the prevalence of avoidable blindness, and the primary regional causes of blindness and b) provide inservice training programs related to serving blind and visually impaired individuals under the age of 16.

- . An HKI representative should work with Ruth Sangkol, Supervisor of St. John's Association for the Blind and Ms. Rose Kekedo, Coordinator to a) develop short and long range plans to strengthen the Association's infrastructure in terms of blindness-related services b) strengthen staff skills, knowledge and abilities, c) strengthen Mrs. Sangkol's management skills and supervisory abilities and d) undertake intensive follow-up of clients (with fieldworkers present).

- . Efforts should be made to involve Ms. Rose Kekedo as a trainer in future in-service programs, especially relating to rehabilitation versus welfare perspectives.

- . An HKI representative should continue to work alongside Mrs. Hamilton, Project Coordinator of the East New Britain Project for the Disabled in Rabaul, to help her realize the organization's goals, defined at the NBD meeting held in November, 1985 (see Appendix I).

- . Agency personnel from Port Moresby, Goroka and Lae expressed varying degrees of concern that the 2-year goals set for the HKI Country Coordinator were "unrealistic" and might have contributed to staff feeling "rushed" and "overwhelmed" by new demands. It is recommended that this area of concern be further explored by HKI administration and resolved before another HKI Country Coordinator is appointed to PNG.

- . The original HKI training course was viewed by many participants and course-presenters as unproductive. It is therefore recommended that thorough

analysis be made of trainees' pre-requisite skills and abilities, past work experience, cultural and regional backgrounds, expectations and assumptions toward HKI training, and that "needs" related to actual work assignments within specific geographical locations be analysed.

. Efforts should be made by HKI representatives, and key agency personnel to locate and train individuals who will function as counterparts to the HKI technical assistant, education/rehabilitation consultant.

. An HKI representative should be available on a limited basis to guide and support Mrs. Ruth Sangkol in her recently appointed role as Chairman of the Sub-Committee for the Blind of the National Board for the Disabled.

. It is recommended that original objectives 1-3 be reviewed, and that representatives from HKI, Christian Blind Mission International (CBM), and the National Board for the Disabled in Papua New Guinea meet with representatives of the Ministry of Health at national and regional levels (i e. Dr. Bieber in Goroka) and appoint an ophthalmologist to train Health Extension Officers to supervise the delivery of rehabilitation and primary eye health care services, and to conduct primary eye care services.

. Following the implementation of the previous recommendation, representatives of HKI, CBM and the NBD should formulate short and long-range plans for developing eye health care programs as a component of the national eye health care system.

. Follow-up studies should be undertaken annually for the next 3 years of client-service provision, inservice training needs and infrastructure

effectiveness in Port Moresby, Lae, Goroka and Rabaul, for the purpose of service refinement, short and long range planning, and the determination of specific research and development needs.

. It is recommended that HKI continue to work with the four organizations in Lae, Port Moresby, Goroka and Rabaul, to refine and reinforce programs initiated during these first two years.

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EVALUATION REPORT: PRIMARY FINDINGS RELATED TO PROJECT ASSUMPTIONS

The following report describes the primary assumptions used as a basis for goal development and the formulation of specific target objectives. Each assumption and target objective is then followed by a review of the actual project experiences during the initial nineteen (19) month period (April, 1984 - November, 1985) of the 5-year project.

A Review of the HKI Project Assumptions

Assumption 1. The National Board for the Disabled of Papua New Guinea, with representation from both government and private agencies and organizations concerned with the needs of disabled persons and the prevention of disability, has the capacity and interest to support and guide the development of community-based education, rehabilitation, and primary level eye health care for blind and the at-risk population of New Guinea.

Actual Experience

Since April, 1984 the National Board for the Disabled has indeed demonstrated an interest in "supporting the development of community-based..." services but has only recently (as a result of the last 19 months' efforts) begun to develop the capacity to "...support and guide the development of community-based..." services for blind individuals living in Papua New Guinea. In the summer of 1984 the Board became an incorporated entity and created a Sub-Committee for the Blind. Due primarily to the efforts of Mr. Tim Sniffen, HKI Country-Coordinator, Board membership has expanded, private and government representatives have become aware of regional needs and identified mutual concerns (i.e., the need to recruit government appointed ophthalmologists), and the Board has begun to develop short and long range plans relevant to the needs of the nation's blind populations.

The contribution made by Mr. Sniffen in helping develop the National Board for the Disabled was formally acknowledged by the President, Executive Officers and members at the Board's Executive Meeting in November, 1985.

Assumption 2. The indigenous private and voluntary agencies of Papua New Guinea concerned specifically with the needs of blind and visually impaired persons, support the development of community-based services and prevention programs to provide direct services to the people of Papua New Guinea.

Actual Experience

The Evaluation Team noted that all interviewed representatives of such agencies (see Appendix II) supported the development of community-based services and primary eye care programs in Papua New Guinea and expressed an almost overwhelming demand for ongoing staff training, guidance, and consultation services. (The impact of each organization's work experience with HKI staff and how their programs have since developed is discussed in detail in Appendix III.)

Assumption 3. The Government of Papua New Guinea and the Ministry of Health will continue to support the efforts of indigenous and expatriate ophthalmologists in the country and to develop primary eye health care programs as a component of the national eye health care system.

Actual Experience

Papua New Guinea is currently without a government appointed ophthalmologist. Although a vacancy exists, and the HKI Country Coordinator has provided the Ministry of Health with curriculum vitae of at least five

interested individuals, no action has yet been taken. This area is viewed by specific government officials and all agency representatives as a serious omission warranting immediate attention. As "need" has been acknowledged by the Ministry of Health, it is recommended that HKI and other interested organizations work through the National Board for the Disabled to immediately resolve this situation. Dr. Bieber, Assistant Secretary of the Department of the Eastern Highlands, Division of Health, believes there is a case for utilizing Health Extension Officers as rehabilitation and primary eye care coordinators and to train HEO's to conduct such primary eye care services as simple cataract surgery. He recommended that HKI and CBM should approach Dr. Levi Gialis, First Assistant Secretary of Primary Health Care, with this proposal - a proposal that would necessarily involve an ophthalmologist being appointed to supervise the project.

Dr. Bieber described the Ministry of Health's infrastructure and their utilization of Health Extension Officers within community health centers and community outreach efforts, and suggested that Swiss Mission workers, because of their spiritual orientation, might prove appropriate candidates for coordinating rehabilitation and eye care services. He believes that community workers, especially those involved in the development of primary eye health care programs, require "credibility" to address the power of sorcery evident in many Papua New Guinea village communities. He enthusiastically supported the efforts of Helen Keller International to promote primary eye health care programs as a component of the national eye health care system, and felt the Ministry of Health's actual and proposed infrastructure could complement HKI's concepts. He again urged HKI and CBM representatives take the initiative and meet with Dr. Gialis to formulate short and long range planning strategies that would include hiring an ophthalmologist to direct development of primary eye health care programs.

Assumption 4. Foreign and local donors will continue to provide financial and material support to the Government of Papua New Guinea and indigenous private and voluntary agencies in Papua New Guinea which are concerned with the needs of blind persons and the prevention of blindness.

Actual Experience

Although this Evaluation Team was not provided with documents related to the Project's financial support, it was evident from interviews conducted that these agencies were reliant on overseas aid for development and continuance of their basic programs. As will be discussed in Target Objective 1, the Government has recently awarded the National Board for the Disabled a total of US \$72,840 for dissemination (based on grant applications) to private agencies serving disabled individuals, and there is every indication that further government funding will be made available.

Assumption 5. The Government of Papua New Guinea will provide appropriate visas and work permits, duty-free importation of household and project equipment and materials, and tax-free status to Helen Keller International consultants assigned to the project.

Actual Experience

Interviews conducted by this Evaluation Team revealed no problems or potential "barriers" in this area.

Assumption 6. The South Pacific Regional Development Office, USAID, will provide the financial support requested (Section X) for a two-year project and, based upon project success, will consider a request for a project extension.

Actual Experience

Monies requested by HKI from USAID were indeed forthcoming and a continuation grant is currently being prepared for USAID's review and consideration.

EVALUATION OF TWO-YEAR TARGET OBJECTIVES

The following report addresses the Target Objectives defined by Helen Keller International, Inc., in the document: A Project to Demonstrate the Feasibility of Community-Based Education/Rehabilitation and Primary Eye Health Care Services in Papua New Guinea (HKI, August, 1983). Each Target Objective will be followed by a review of the actual experience.

Target Objective 1. To assist the National Board for the Disabled in formulating an effective National Plan of Action related to blindness prevention, treatment, and services, and the full integration of handicapped persons into the family and community.

Actual Experience. The Country Coordinator, Mr. Tim Sniffen, viewed this objective of priority concern and the progress made in this area is due largely to his motivation and persistent efforts.

Shortly after Mr. Sniffen's arrival in Papua New Guinea on April 24, 1984, meetings were initiated with the National Board for the Disabled. At a meeting held June 11, 1984, the Board established a Subcommittee on Visual Impairment. The Subcommittee's essential purpose is to function as a decision making body; to guide HKI's proposed project development and implementation, and be a resource to the National Board for the Disabled and the Government of Papua New Guinea. At the Subcommittee's first meeting on July 16, 1984, members were appointed and it was agreed that community-based education and rehabilitation should receive primary emphasis during the first year of the HKI Project which involved the development of programs for each of the three designated agencies (St. John's, Mt. Zion Center, and the PNG Handicapped Children's Association). In addition, development of a primary eye care pilot project was to be explored by Mr. Sniffen.

The remaining part of 1984 involved Mr. Sniffen in extensive meetings with the three targeted service agencies and participation in the development of a booklet, Agencies Serving the Disabled in Papua New Guinea, which was published and distributed by the Board (see Appendix IV). Increasing Subcommittee membership attendance, from an average of 8 members during the first quarter of the project to an average of 25 members during the meetings of the third quarter, was seen as a promising sign of future progress.

1985 saw the incorporation of the National Board for the Disabled and the adoption of a new constitution which placed the Board in a position of receiving, distributing and coordinating financial aid on behalf of the Government. In June, 1985, US \$72,840 was allocated by the Department of Finance for distribution among service providers who were members of the NBD.

In September, 1985, the Board was able to hire Mrs. Jay Bush on a part-time basis as the first paid Executive Officer of the National Board for the Disabled. (Her office is at the Port Moresby General Hospital). During October, 1985, Mr. Sniffen assisted Mrs. Bush in the coordination of the Board's Annual General Meeting held in Goroka.

On November 15, 1985, this Evaluation Team attended the Board's Subcommittee on Visual Impairment Meeting. As the Chairman of the Committee, Mr. Sniffen's primary goal was to assist members in developing a three-year National Plan of Action. Each organization was asked to present a review of their programs and to define future plans and objectives:

Brother John Adams, Director, Mt. Zion Center for the Blind, described the progress made to date in testing the volunteer service-delivery approach in the region of Goroka. Here community teachers, members of Mercy Mission, had

been trained by HKI to work with blind and visually impaired individuals living in their own homes and communities. He stated he would like to consolidate the current programs and assess the quality and quantity of services delivered. For the future, he hoped to expand services into Chimbu Proving (possibly by mid-1986), and develop the means to serve visually impaired individuals living in the town of Goroka.

Mrs. Ruth Sangkol, Supervisor, St. John's Association for the Blind, expressed her regret that her program lacked support from the St. John's administration. Objectives considered important by the organization's project staff were not endorsed by the General Secretary, Mr. Keake, and she viewed the organization's infrastructure as inadequate for enhancing and improving the services currently provided to blind persons. Regardless of this, Mrs. Sangkol emphasized her commitment to continued service provision and conducting surveys in the new year. (A copy of her report was given to Mr. Sniffen.)

Mrs. Karen Heinicke, representing the PNG Handicapped Children's Association, Lae, gave a report which described the demise of the project in Lae. A decision to restrict clients to children under the age of sixteen (16) years had been made by the Association's Board of Directors. For the coming year the Board had plans to recruit volunteers to conduct surveys for locating blind persons in the region; to serve clients from the city of Lae only; to appoint one full-time teacher to supervise volunteers or, if numbers of clients do not justify this, to establish a resource position and help integrate the four (4) blind school children currently being served, into the regular school system. They are anxious to receive more HKI training, preferably in Lae.

Mrs. Julie Hamilton, Coordinator, East New Britain Project for the Disabled Rabaul, expressed total satisfaction with Helen Keiler International technical services and regretted Mr. Sniffen's departure. She is satisfied with the project's progress to date and enthusiastically committed to expanding and further refining current programs. The 1986 Objectives defined for her organization are:

1. To continue programs already begun with the HKI-trained field office volunteer teachers, family members and clients.
2. To seek a second training course, possibly drawing from a wider range of volunteers. (Consideration is to be given to recruiting village women Aid Post Orderlies.)
3. To promote prevention of blindness and seek more visits from ophthalmologists and primary eye care teaching consultants.

The organization's three-year goals are:

1. To provide rehabilitation services to all blind persons living in New Britain.
2. To have an established eye unit for the New Guinea islands region, based in Rabaul.
3. To seek specialist training for a (Tolai) teacher who would supervise integration of blind children into community schools.

(Mrs. Hamilton's report is contained in Appendix I.)

One focus of discussion at the meeting was the current inadequacy of the country's ophthalmological services. Mr. Sniffen stated he had forwarded five curriculum vitae to Port Moresby's Senior Medical Officer but that no action had as yet been taken. Other HKI objectives were discussed and the Subcommittee agreed upon the following national goals:

1. To develop resource awareness within/outside the Subcommittee.
2. To establish the Mt. Sion Center for the Blind as a materials-resource base.
3. To develop and establish effective infrastructures within existing agencies.

4. To develop indigenous trainers.
5. To concentrate on the development of existing programs.

The meeting closed with Mrs. Ruth Sangkol (St. John's Association for Blind) being elected as Chairperson of the NBD Sub Committee on Vi Impairment. (A full report of this meeting can be obtained from Sniffen.)

It is the opinion of this Evaluation Team that Mr. Sniffen has contrib much to the success of Target Objective 1 and a sound base has been devel for formulating an effective National Plan of Action. In less than nine (19) months, agency representatives of this Committee appear aware of problems and needs of PNG's blind population; they recognize the existenc distinct regional differences and are pursuing specific resources to identified client needs; they have a clearer understanding of the number be served, and - without exception - intend to improve and expand on initiatives of Helen Keller International.

Target Objective 2. To carry out an assessment of the training need staff currently working in the following three programs which service b and visually handicapped persons: St. John's Association for the Blind, Moresby; Mt. Sion Center, Goroka; and PNG Handicapped Children's Associat Lae.

Actual Experience In 1981, the government-created National Board for Disabled (NBD) invited Helen Keller International, Inc. to send representative to Papua New Guinea to discuss the concept of community-ba education and rehabilitation services for blind and seriously visua

impaired persons. Following these discussions, it was decided that the feasibility of this approach should first be field-tested in Fiji and then considered for adoption and implementation in Papua New Guinea. During October/November, 1982, two individuals from Papua New Guinea, with backgrounds in education and social services, were sent to Fiji to participate in a preliminary training program in community-based services. The two trainees subsequently returned to Papua New Guinea to develop outreach services on a limited basis in the Port Moresby area.

With the exception of Brother John Adams (whose work experience had been at a residential school for the blind in Australia) none of the three organization's workers had undergone any formalized training in the field of blindness, rehabilitation and integrated education. The resultant initial training curriculum (see Appendix V) was therefore basic and reflected the assumed needs of the population to be served and the preliminary community experiences based on HKI work in Fiji.

Target Objective 3. To develop a plan of action to provide Community-based Rehabilitation Services for the blind and visually handicapped persons within the service infrastructure of the three designated programs.

Actual Experience Although a service plan of action appears not to have been formalized with each of the identified organizations, it was evident to each of them that HKI had the expertise for helping them improve services to blind and visually impaired people. The three organizations were recognized as having the potential to help realize this goal and their active participation was encouraged by HKI and the National Board for the Disabled.

Although four organizations have provided Mr. Sniffen with indications of their future plans (see Target Objective 1), it is this Team's recommendation that meetings take place with each organization to develop detailed plans of action that respond to each organization's specific situation. General outcomes could contribute to the development of a more detailed national plan that would be directed by the National Board for the Disabled, supported by government and private sector contributions.

Target Objective 4. To develop an inservice training effort, including appropriate training materials, to upgrade the skills of personnel in these three designated programmes, to provide comprehensive and appropriate programmes for blind and visually handicapped persons.

Actual Experience Mr. Sniffen is currently editing an Education Manual prepared by himself and J. Kirk Horton, HKI Education Consultant. The Manual includes a range of techniques for specific tasks. A Rehabilitation Manual has also been developed by Mr. Sniffen and Mr. Horton is being prepared for publication and distribution in Papua New Guinea. Both manuals will be of use to trainees and graduates as resource/reference materials.

With minor discrepancies relating to the teaching of specific urban and rural skills, and the need for more information on specific populations, such as pre-school and blind children, the basic HKI introductory training was, according to participants, appropriate to their needs. However, many of these trainees hope to receive additional comprehensive courses in the future.

Target Objective 5. To identify and train 12-15 community-level fieldworkers who can provide education/rehabilitation services to blind and visually handicapped persons at the village level.

Actual Experience A total of five (5) fieldworkers were trained at St. John's Association for the Blind (one has since left); three (3) were trained at PNG Handicapped Children's Association (all have since left); one (1) supervisor and twelve (12) volunteer workers at the ENB Project for the Disabled, Rabaul, and a total of thirteen (13) at the Mt. Sion Centre for the Blind in Goroka. In addition to formalized training programs (see pages 3-4), on-site training has been provided at all four organizations, with major emphasis being given to Mt. Sion Center in Goroka.

Target Objective 6. To identify and transfer appropriate technical skills to one or more individuals who will function as a counterpart to the HKI technical assistant, education/rehabilitation consultant.

Actual Experience Tony Drua was selected by Mr. Sniffen to function as his local counterpart for the Highlands. Mr. Drua, currently Rehabilitation and Primary Eye Care Coordinator at the Mt. Sion Center for the Blind, has, according to Brother John Adams, Director of the Center, been personally "groomed" and supervised by Mr. Sniffen. Mr. Drua has also received training as a Health Extension Officer. Bill Bieder, Assistant Secretary of Health, Division of Health for the Eastern Highlands, spoke highly of Mr. Drua's abilities and the relevance of his background experience to his new position as Coordinator at Mt. Sion Center.

No other individual has been recommended to function as a counterpart to the HKI Coordinator. This Evaluation Team recommends that steps be taken to prepare others (see page 12) especially as Mr. Drua, who seems highly motivated and ambitious, may not remain with the program for an extended period of time. Currently, however, he seems committed to taking over from Tim Sniffen in Goroka. Because Mr. Drua has not had time to "test" his new skills and responsibilities under the supervision of Brother Adams, it is recommended that an HKI representative be available, on a regular basis, to both of them.

Target Objective 7. To conduct an evaluation of the three CBRS programmes developed, with recommendations related to expansion.

Actual Experience A review of Mr. Sniffen's comprehensive and very detailed Quarterly Reports, since the project commenced in April, 1984, provides an ongoing account of each organization's status and related activities. His final report will include his recommendations for future directions. The findings and recommendations stemming from this Evaluation Team's Report will, along with other HKI evaluation studies, provide relevant information for analysis and contribute to HKI's short and long term development plans for Community-based Rehabilitation Services in Papua New Guinea.

Target Objective 8 To work with the Ministry of Health and ophthalmic personnel to assess, identify, and plan a targeted pilot programme in primary eye health care and blindness prevention.

Target Objective 10. To train personnel and implement a targeted primary eye health care and blindness prevention programme.

Although none of the above three Objectives were realized, much time and effort has gone into 1) attempting to locate opthalmologists to fill the current government positions and 2) conducting numerous meetings with government and private sector personnel to discuss the current needs within primary eye health care and blindness prevention. It is to Mr. Sniffen's credit that these issues, although unresolved, have remained visible at both government and private sector levels. These same objectives are of priority concern to NBD members, and Dr. Bieber, Assistant Secretary of Health in Goroka, has expressed his commitment to working with HKI and CBM in an effort to resolve this situation. In addition, Virginia Turner, HKI Primary Eye Care Consultant, visited the country in October, 1985 to review this area of concern and to make recommendations that will affect future development.

APPENDICES*

* Appendices attached are those not previously on file with USAID.

APPENDIX I

REPORT: EAST NEW BRITAIN PROJECT FOR THE DISABLED

See tabled Annual Report for overall view of the Project's work.

Blind Programme

In May 1983, St. John's Association for the Blind was approached for advice regarding ways to assist blind people in the village. As a result of this, two field officers from St. Johns, came to Rabaul in October 1983, and conducted a one week course for blind people and their relatives. They then followed this up for two weeks by visiting the blind clients in the villages. Socially, this course was very successful, and some clients improved their mobility. However, it was obvious that East New Britain needed it's own Kuanua speaking Field Officer for the Blind. Discussion followed regarding the possibility of forming a branch of St John Association for the Blind in Rabaul. However, it was decided to form the East New Britain Board for the Disabled, and so have a body of people involve in aiding people with all types of disability.

In July 1984 communications began between Disabled Project staff and Mr. Tim Sniffen of Helen Keller International and in October 1984 H.K.I. staff met with Disabled Project staff in Rabaul. In May 1985, Tim Sniffen spoke to the interim E.N.B.P. Board for the Disabled about the proposed Community Based Rehabilitation Blind programme for E.N.B., and training for Mr. Norman Tiamani as Field Officer for the Blind. In June, 1985, Norman Tiamani had two weeks training in Goroka with H.K.I. & Mt. Sion staff. In August/September 1985, Tim Sniffen and Tony Drua came to Rabaul to work with Norman to run a training programme for teacher volunteers and family members. They were later joined by Mr. Kirk Horten, Education Specialist with H,K.I. There were 12 participants in the course, who have consequently been working with Norman Tiamani with 14 blind clients.

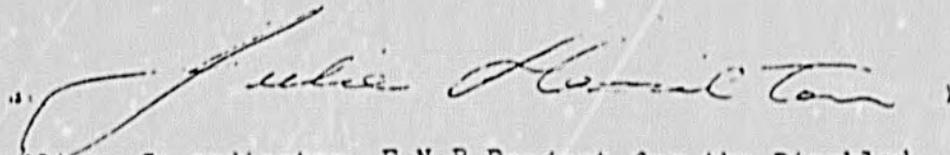
Project staff appreciate the technical assistance that Helen Keller International is providing. What is being taught is completely relevant to the needs of the blind people who live in the villages. We are also grateful for teaching given by Mr. Horten regarding the needs of blind children and how to assist them. So far 4 children from E.N.B. have attended Mt. Sion Centre for the Blind.

Objectives for 1986

- 1) A continuation of the ~~programme~~ already begun with the field officer, volunteer teachers and ~~family members~~, and the blind clients ~~who they~~ are work with.
- 2) A second training course, possibly drawing from a wider range of volunteers, (could include village women and Aid Post Orderlies if motivated, and if they live in the locality of blind clients).
- 3) Prevention of blindness promotion. We require more visits from an ophthalmologist, and primary eye care teaching could be improved.

Three Year Plan

- 1) To provide rehabilitation services to all the blind of E.N.B.P.
- 2) To have an established eye unit for the New Guinea Islands region, based in Rabaul.
- 3) Specialist training for a Tolai teacher who would supervise the integration of blind children into community schools.



Julie Hamilton- Co-ordinator- E.N.B.Project for the Disabled.

JULIE HAMILTON
 Co-ordinator
 ENB Project f/b D/S

12.1 Background

This is an NPEP project which is controlled by the East New Britain Division of Health. It began operating in March 1983. At the end of 1985 NPEP funding will cease.

Future funding for this project will be from the Provincial budget.

The Project aims are:

- 1) To make a survey and register all disabled persons in East New Britain Province.
- 2) To determine the needs of these people and try to help them to become as active as possible, and so improve their quality of life.
- 3) To prevent disability.
- 4) To educate the community about the causes, prevention and treatment of disability.
- 5) To encourage the community to assist disabled people and their families.

The survey is being conducted through the existing Health structure. Referrals are made from hospital, health centre and aid post staff. Some referrals come direct from village people. This year Disabled Project staff have spoken at some of the Primary Health Care seminars arranged by the East New Britain Council of Women. As a result of this, some women's groups have made some referrals. All those referred are either assessed in the village, or at the aid post, health centre or hospital. Where necessary, disabled people are referred to doctors for further assessment and treatment. Those considered to be disabled are registered, and where possible, assisted to cope with their disability. The project aims to assist disabled persons to continue to live in the community to which they belong, and to improve their quality of life within that community. There are no institutions for disabled persons in East New Britain Province.

Staff: Co-ordinator Physiotherapist - Mrs. J. Hamilton
 Physiotherapist Nonga Hospital - Miss C. Hunter
 Field Officer for the Blind - Mr N. Tiamani

(Mr Tiamani is also Psychiatric Officer Nonga Hospital)

Transport: The toyota hiace bus with driver and ramp, continues to be adequate for the Project. However, with three staff now working on the project, maximum use is being made of the bus. If a four wheel drive vehicle is required the bus is exchanged for the use of a suitable vehicle.

Expenditure: This year 16,000 kina is being spent for running the bus, wages of the co-ordinator, travel and equipment. The Disabled Trust Fund has provided some funds for wheelchairs and hearing aids, as has Nonga Volunteers. Fundraising provided K5,000 for travel for the Disabled Sports team.

Hellen Keller International paid all expenses for their staff to conduct the training programme for Blind Rehabilitation that was held in Rabaul in August-September this year. They are also paying travel expenses for the project co-ordinator to attend a meeting with their overseas officials, in Port Moresby, in November.

12.2 Statistics and Action

As at 31st October 1985, 778 people have been registered as disabled. Approximately one third of these have severe disability. That is, they have completely lost one of their faculties, ie the ability to hear, speak, see, walk or use their arms.

The major disability groups are as follows:

<u>Type of Disability</u>	<u>Number affected</u>	<u>Action so far</u>
Deafness (total & partial) Of these, 59 have limited speech or are mute.	153	32 have been provided with hearing aids. One has had corrective surgery in Port Moresby.
Cerebral Palsy	68	Physiotherapy service is available at the hospital and for home visits. Mobility aids are provided where needed.
Leg Amputations	83	Those without a prosthesis are encouraged to be fitted with one at Lae. Spare part service provided by Nonga Physiotherapy Dept.
Hemiplegia 31 of these are children	75	Physiotherapy treatment at the hospital and at home.
Blind	46	This year a field officer for the blind has been trained with assistance from Helen Keller International staff. He is leading a community based rehabilitation programme, with the assistance of Mercy Mission teacher volunteers who have been trained to teach blind people mobility, cooking and garden skills.
Partially sighted	56	

<u>Type of Disability</u>	<u>Number Affected</u>	<u>Action so far</u>
Deformity due to leprosy	45	Physiotherapy and corrective surgery is available. Emphasis is early treatment and prevention of disability.
Retardation 19 with Downs Syndrome	20	Most are well looked after in the village.
Paraplexia & Quadriplegia	30	Physiotherapy and walking aids or wheelchairs provided, plus home visits for review. Some of these people participate in Disabled Sports. In August, two team members represented PNG at the International Disabled Sports in England. A bronze medal was won. In October, 7 team members plus 2 coaches participated in the National Disabled Sports. They won the wheelchair basketball competition and took 16 first places and 6 second places in field events: swimming and wheelchair races. Mrs J. Hui, Mr. Steven Bala, and trainee brothers from Vuvu have been assisting with coaching the team on a voluntary basis.
Neurological Diseases	28	Mobility walking aids and wheelchairs provided as necessary. Follow up visits in the village. A limited number of excursions arranged.

Of those registered 303 are below 13 years of age.

Distribution of Registered Disabled by Health Centre Areas

<u>Name of Health Centre</u>	<u>Number Registered</u>
Rabaul Urban Area	288
Vunapope	68
Vunapaka	60
Ponio	45
Butuwin	39
Tapipipi	35
Molot	34
Paparatava	29
Palimalmal	22
Gaulim	21
Raunsepna	20
Guna	20
Vatnabara	19
Napapar	18
Kerevat	18
Warangoi	17
Marunga	14
Lassul Bay	4
Open Bay	3
Nutuve	2
Uvol	2

NB: Lassul Bay has sent numerous referrals but attempts to see that people have been thwarted. Uvol, Muela, Nutuve and Iona have not yet made any referrals.

12.3 National Board for the Disabled

The East New Britain Disabled Project is a member of the National Board for the Disabled. Two meetings of this Board have been attended this year. One was in conjunction with the Disabled Sports in Goroka. The Co-ordinator will attend the November meeting in conjunction with the Helen Keller International meeting.

12.4 East New Britain Provincial Board for the Disabled

This board has been established this year. The existence of this board means that the Disabled Project has added support to achieve it's aims. The Board will also help to:

- 1) Plan and develop policy to assist disabled people in East New Britain.
- 2) Find ways and means of raising funds to support the operation of the Disabled programme.

Plans for 1985

- 1) Continuation of services so far established.
- 2) Further training of volunteers to assist with the blind community based programme.
- 3) Participation in attempts to be made nationally to develop a community based programme for deaf/mute children. This will be to teach them improved communication skills, ie speech and more developed sign language, building on what signs they have themselves developed. A kuanua speaking person with teaching experience would need to be trained to lead this programme.

- 4) Request visit from Ear Nose and Throat Specialist, who would bring his instruments and be able to perform corrective surgery in Rabaul. Most of those recommended for surgery in 1983 did not want to go to Port Moresby.
- 5) Request more visits from Eye Specialists. There has been no visit to Rabaul in 1985, and many people are awaiting cataract surgery to prevent blindness.
- 6) Encourage referrals from remote areas and try to visit these areas.
- 7) Try to increase the number of excursions for disabled persons who are confined to their village.

APPENDIX II

EVALUATION TEAM'S SCHEDULE - PNG

EVALUTION TEAM'S SCHEDULE

Sunday, 10th November, 1985	Arrived Port Moresby - 3-4 hour orientation with Tim Sniffen, Country Coordinator.
Monday, 11th November, 1985	Reviewed materials provided by Mr. Sniffen. Left Port Moresby for Goroka. Team meeting with Mr. Sniffen in Goroka.
Tuesday, 12th November, 1985	Visited 2 clients and 1 ex-fieldworker. Interview with Brother Adams and selected staff members of Mt. Sion Center. On-site visits made to Salvation Army Training Center and Cultural Center (re. potential client voc. placements). Interview with Dr. Bieber, Goroka base Hospital. Evening meeting with Brothers Adam and Leach.
Wednesday, 13th November, 1985	Early meeting with Tony Drua, Supervisor of Mt. Sion Center's volunteer fieldworkers. Returned to Port Moresby. Evening meeting with Barbara Horner (ex-employee of St. John's Association for the Blind).
Thursday, 14th November, 1985	Day at St. John's Association: interviewed Mr. Keake, Director, Mr. Sagere, Assistant, Mrs. Ruth Sangkol, Supervisor, Mrs. Ko. o Apa, Fieldworker.
Friday, 15th November, 1985	Visited 3 clients. Attended the Visual Impairment Subcommittee of the NBD.
Saturday, 16th November, 1985	Early meeting with Julie Hamilton, ENB Coordinator. Attended NBD Meeting. Evening meeting with Olive Avei and Karen Heinicke of PNG Handicapped Children's Association.
Sunday, 17th November, 1985	Evening meeting with Mrs. Maree Rennie, Special Education Resource Specialist to St. John's Association for the Blind.

APPENDIX III

Summary of Interviews Conducted with Personnel from:

ST. JOHN'S ASSOCIATION FOR THE BLIND, PORT MORESBY

PNG HANDICAPPED CHILDREN'S ASSOCIATION, LAE

EAST NEW BRITIAN PROJECT FOR THE DISABLED, RABAU

MT. SION CENTER FOR THE BLIND, GOROKA

ST. JOHN'S ASSOCIATION FOR THE BLIND, PORT MORESBY

Interview conducted with Mrs. Ruth Sangkol, Supervisor, and Mrs. Konio Apa, Rehabilitation Field Worker, St. John's Association for the Blind, Port Moresby.

Mrs. Sangkol (BA, Social Work) and Mrs. Apa (for many years a government welfare assistant) have both had previous work experience with the Project Coordinator, Ms. Rose Kekedo. All three women had worked in the government Social Welfare Department

Mrs. Apa joined the Association in April, 1984, and Mrs. Sangkol in May, 1984. Mrs. Apa attended the 2-week HKI training program in April/May 1984 and provided Mrs. Sangkol with inservice training when she joined the Association in May. Mrs. Apa felt the training had been "a good introduction," but problems were evident when both Mrs. Apa and Mrs. Sangkol attended a six-week HKI training program in Goroka, January 14 - February 8, 1985. Negative reactions were expressed by both women who claimed their training needs were not met; volunteers attending the course had received priority treatment; time was wasted due to class cancellations and waiting for classes to commence; their work experience with blind clients went unrecognized; other course participants had no previous work experience with blind people; much of the syllabus was familiar to them; they had anticipated being involved in teaching course segments but this did not occur; they observed much frustration on the part of course instructors/advisors. The main objection, however, centered on them viewing the specific mix of volunteers and professionals within the group of participants as inappropriate, occasionally concepts were

difficult to master because of participants' lack of prerequisite skills; there were personal confrontations due to regional differences, and too many erroneous assumptions had been made about specific participants' needs for skill training and attitude adaption, etc.

Mrs. Sangkol informed us that the Association currently employs a total of five workers. In addition to Mrs. Apa and Mrs. Sangkol, they include a driver and two field workers (Mr. Gureki Taviri and Mr. Diki Peruka) both of whom undertook the previously mentioned 6-week training program. Based on discussions, this Evaluation Team felt the Project staff were committed to delivering rehabilitation services but that they lacked organizational support and felt somewhat "cheated" by compromised HKI services. They did, however, acknowledge a need for more training. Specifically, they would like more information on eye disorders and diseases and the resultant effects on normal vision. In addition, they felt for HKI training to have "status" and credibility, participants should be awarded certificates. In the future, they intend to conduct their own staff training but would require the help of a local eye specialist. It was this Evaluation Team's impression that if their active participation was invited in future training programs, they would be willing and enthusiastic - providing they felt their view were listened to and respected.

Mrs. Sangkol is now involved in full-time administration. A discussion regarding the number of blind clients served by the

Association was vague but she believed they were serving eleven (11) children and eleven (11) adults. No client cases had been closed since the program started. Client assessment methods were unclear and a request to review client "master files" proved unsuccessful. While rehabilitation forms have been made available, they have not been used. Both Mrs. Sangkol and Mrs. Apa claim that Rehabilitation Plans are "in their heads." Writing is viewed as a "chore" although they do acknowledge the need for records.

This Evaluation Team recommends that Mrs. Sangkol receive an introduction to basic management systems such as filing, compilation of client master files, and client-program monitoring. Mrs. Sangkol seemed overwhelmed by what needed to be done, especially in the area of written documentation and accountability, and was frustrated by her small office space. The idea of conducting client surveys was, because some areas were deemed "unsafe," disturbing to Mrs. Sangkol, and she was concerned as to whether the Association could respond to increased demands for service.

Mrs. Sangkol stated her commitment to being a "good manager" but felt the job warranted a full-time supervisor to work under her. She feels that the organization lacks leadership and this contributes to her sense of being "overwhelmed" and uncertain of priorities. This Evaluation Team believes that Mrs. Sangkol, her staff and the Project would benefit greatly from intensive HKI guidance and redirection, providing Ms. Kekedo, Coordinator, and Mrs. Sangkol, are in full agreement.

Interview conducted with: Ms. Rose Kekedo, Coordinator of the Rural Rehabilitation and Education Services at St. John's Association for the Blind, Port Moresby.

The Evaluation Team met Ms. Kekedo, Secretary to the Minister of Labour and Employment, at her government office in Port Moresby.

In summary, Ms. Kekedo believed the training programs conducted by HKI had been "fine" but limited in depth and range. She stated she had been aware of course content and had made suggestions for change which Mr. Sniffen had chosen to ignore. She emphasized that future training programs should respond to the needs of each specific organization. She stated that her workers, although attempting to do a job, were "like the blind leading the Blind," that there were major gaps in their training, and that Mrs. Sangkol would be capable of training once she had been adequately trained herself.

Ms. Kekedo firmly supported HKI's concept of community-based services but felt, in order to accomplish an effective service system, they needed "an almost permanent inside-trainer for the field workers." At the same time, however, she stressed that "outsiders" (e.g. HKI personnel) should include indigenous people in the planning and implementation process and not be "too forceful" in trying to get their own ideas accepted. She would like to build on the HKI training but does not want to be offered "more of the same." She also stated that because St. John's has a history of responding to welfare needs that future training programs might help workers to

appreciate the different philosophies and assumptions inherent in the delivery of rehabilitation versus welfare services. This Evaluation Team recommends that, because of Ms. Kekedo's government position, she might be an ideal choice to teach this component. She indicated an interest in doing this. She believes the organization's welfare orientation is in large part responsible for workers feeling unable to "close" a case. In reference to a lack of written accountability, she stated that this form of communication was "new" to the PNG culture, but recognized it as a weak area that needed attention.

She raised other concerns and mentioned differences of opinion she had with HKI representatives in relation to the development of the Operations Manual; the program in Rabaul where HKI had "discouraged the Project Director in Rabaul from working with St. John's Association," and when efforts were made to place Barbara Horner (expatriate) in a supervisory position at the Association. Despite her frustrations, she expressed a deep commitment to building the program and felt that, with or without Mr. Keake's involvement, the community program would survive. She recognizes there are conflicts in the Project functioning with St. John's Association and that when funds are raised "for the Blind" they go into a general fund. She stated that, in relation to services for the blind, she has an ally in the Minister of Finance, and that his interest in services could be further developed. Ms. Kekedo stressed her interest in discussing future plans with HKI.

This Evaluation Team felt that her differences with HKI were related not so much to what needed to be done but rather how and by whom. The Team was impressed with Ms. Kekedo's expressed commitment to the program and her range of insightful questions and concerns. It seemed evident that she would be willing to plan "with" consultants, but would not be "told" what to do nor to follow a plan that did not involve her or her staff's committed participation.

Interview conducted with: Mr. Graeme Keake, General Secretary of the St. John's Headquarters, Port Moresby. (Mr. Keake's assistant and adopted son, Dendek Sagere, was also present.)

After giving a history of the Association and its role in provision of services to the blind, Mr. Keake discussed the Association's current service system to blind people. He seemed essentially satisfied with the Project's staff and the HKI training. He did, however, question the relevance of promoting programs tested in Fiji yet seemed satisfied with the resultant HKI programs conducted for his staff in Papua New Guinea. He stated, however, that they required much more training. He also expressed frustration at being pressured by Mr. Sniffen to hire two additional workers but had done this because Mr. Sniffen had guaranteed their salaries would be paid by HKI. Mr. Keake stated it was many months later before he received reimbursement and he claimed this had been an "embarrassing" situation. Although he is concerned that if overseas monies are withdrawn he would be unable to continue the Project's programs, he stated that the Association had no contingency plan.

He stated that it was neither the "PNG way nor the Association's way to think in terms of 5-year plans," however, he did aspire to expand the Association to other locations throughout the country.

In summary, based on this discussion, it is highly questionable whether Mr. Keake is committed to working with HKI to develop quality and accountable services to blind individuals living in the Port Moresby area. Although it was not expected, Mr. Keake should be familiar with the details of service delivery, he showed no interest in short or long-range plans that would help secure the program's stability, nor any desire to expand current services. He seemed quite satisfied with the status quo even though he recognizes that there are problems to be resolved.

This Evaluation Team believes there is potential at the staff and coordination level for program refinement, growth and development. However, due to Mr. Keake's apparent apathy or lack of commitment in this area, it is recommended that any future HKI planning and program review meetings involve primarily Ms. Kekedo and Mrs. Ruth Sangkol. Ms. Kekedo, especially, should be acknowledged as having a significant leadership position. Without her support, the programs for blind people at this Association will be in serious jeopardy.

PNG HANDICAPPED CHILDREN'S ASSOCIATION, LAE

Interview conducted with Ms. Olive Avei, Executive Director of the PNG Handicapped Children's Association in Lae, and Ms. Karen Heinicke, Executive Director of the Association and Deputy Chairperson of the National Board for the Disabled.

According to Ms. Avei and Ms. Heinicke, the Association currently serves approximately sixty (60) children, four (4) of whom are blind. (Most of the children have deafness as their primary disability.) Twenty-five percent of the Association's funding is provided by CBM and the remainder is raised locally and overseas. The Association, originally funded from expatriate fund-raising efforts, now has three divisions; one for deaf children, another for intellectually and physically handicapped, and a third for pre-school children.

In 1983, the Association, with encouragement from CBM, hired a Supervisor, Kila Mea, who had previously worked for St. John's Association for the Blind in Port Moresby and received introductory training in Fiji, assisted by Helen Keller International In-Country personnel based in Fiji at the time. In late 1984, three additional field workers were hired and they attended HKI's PNG Training Program conducted in January, 1985. In April, 1985, Mr. Mea left the program due to (according to Ms. Heinicke) dissatisfaction regarding his salary. The field workers, recently appointed and trained, left shortly thereafter, apparently due to the insecurity felt by Mr. Mea's absence and uncertainties as to whether the program would "survive." The new program, which lasted for approximately one year,

involved field workers conducting demographic surveys and providing direct rehabilitation and integrated education services to selected clients.

The loss of project staff resulted in two integrated-education children receiving supportive services from Brother Adams at Mr. Sion Center in Goroka. In addition, two home-based children were brought into the Association's center-based school and some of the older clients were placed in a local sheltered workshop.

As discussed in Target Objective 1, the Association's Board of Directors had decided to provide future services only to individuals under the age of sixteen. Both Ms. Avei and Ms. Heinicke stated their commitment to "making a fresh start," and working with HKI representatives to develop new program directions.

In reference to the expansion of the National Board for the Disabled, Ms. Heinicke made a point of praising Mr. Sniffen's contributions. Ms. Heinicke commented that Mr. Sniffen's assignment, i.e., to "get three programs off the ground in two years," had, in part, contributed to a "high pressure" situation, and the project in Lae had been viewed as the lowest program priority due to the Association's strengths. They stated that visits made by Mr. Sniffen occurred "only every few months" and that his "rushed approach seemed to confuse staff." The overall sense, however, was that Mr. Sniffen's influence in furthering services to blind and visually impaired individuals in Papua New Guinea had been considerable.

EAST NEW BRITAIN PROJECT FOR THE DISABLED, RABAU

Interview conducted with Mrs. Julie Hamilton, Coordinator, East New Britain Project for the Disabled, Rabaul.

In 1982, Mrs. Hamilton approached St. John's Association for the Blind in Port Moresby to arrange for a basic introduction to independent living skills for a small group of local blind people. Two field officers from the Association conducted a training program for fifteen (15) blind people and their relatives.

Mrs. Hamilton viewed the training program as successful but felt the workers' abilities were limited. Although the program provided benefits (i.e. some people did improve their mobility skills), Mrs. Hamilton felt that participants could benefit from more training.

Although Mr. Keake, Secretary of the St. John's Association, was eager to form a branch of St. John's in Rabaul which would have involved Mrs. Hamilton in fund-raising for the St. John's Association, it was decided that the East New Britain Board for the Disabled would attempt to respond to the needs of blind people alone. Also, the St. John's Association did not seem to offer much of an institutional/organization base for the ENB Project.

The project started with monies raised during the International Year of the Disabled. Mrs. Hamilton was appointed part-time physiotherapist and a full-time physiotherapist was recruited from England. The Project for the Disabled was formalized within the Provincial Government's Department of Health.

In 1984, a formal meeting was held between Mrs. Hamilton, Mr. Sniffen and Mr. Ron Texley, HKI. Although Mrs. Hamilton expressed an initial wariness of working with Americans who might impose "an American culture," she found HKI staff responsive to the particular needs of the East New Britain Project for the Disabled and to the needs of people living in the Rabaul regions.

Shortly thereafter, Mrs. Hamilton recruited a part-time Supervisor, Mr. Norman Tiamani, with a background in psychiatric work and who spoke Kuanua. In June, 1985, Mr. Tiamani received a 2-week training program in Goroka followed by more individualized training in August and September, 1985, conducted by Tim Sniffen and Tony Drua in Rabaul. During this time, a training program was also conducted by Mr. J. Kirk Horton, HKI Education Consultant, with a total of 12 volunteers, (eight of whom were female Mercy Mission teachers, and four were male family members of blind individuals). Based on this experience, Mrs. Hamilton intends to recruit and make arrangements for training female family members in the future, as they have more flexible time schedules.

By early 1985, the Project had identified a total of 445 disabled persons in the Gazelle Peninsula of East New Britain Province, including 33 totally blind persons and 34 low vision persons. At the time of our meeting, Mrs. Hamilton reported that the Board had registered 46 blind people and was serving fourteen.

Current staff needs were felt to be adequate but should the Board decide to train more volunteers to work in other districts, then a

full-time supervisor would be necessary. In terms of future training for Mr. Tiamani, Mrs. Hamilton was interested in his undertaking courses in administration and early intervention skills for working with children. (The organization has registered six to eight very young visually impaired children but is only working with one.) She was concerned about sending young children away from their homes and for this reason was reluctant to refer children to Mt. Sion Center in Goroka for residential living and educational training. She stated that her preference would be to send staff to Mt. Sion for inservice training so that blind and low vision children could then be served in Tabul. The Evaluation Team recommends that she explore this issue with an HKI representative.

She praised Mr. Sniffen's approach which involved him continually adjusting his role to respond to perceived client(s) "needs" and she is enthusiastically committed to pursuing additional work with HKI representatives.

MT. SION CENTER FOR THE BLIND, GOROKA

Interviews were conducted with Brother John Adams, Director, Mr. Tony Drua, Rehabilitation and Primary Eye Care Coordinator, and James Aiwa, Education Coordinator of the Mt. Sion Center for the Blind, Goroka, and Brother Grahme Leach, Head of Christian Brothers and founder of the Mercy Mission Society.

Brother John Adams continually stressed the need, now and in the immediate future, to "consolidate" the Center's new service initiatives and to "test out" their effectiveness.

He described the Center as having three key components 1)education, which was integrated, and "center-based" (a total of 12 children are in residence and along with one "day" child, attend the center-based program; integrated children include one locally placed child, two in Lae, and one in Port Moresby); 2)rehabilitation (currently twelve clients are receiving services, six are waiting services and two are in follow-up status); and 3)primary eye care. (Related statistics and demographic data are included in Appendix VI.)

Brother Adams viewed both the primary eye care and rehabilitation programs to be in the formative stages of development. Both of these components are managed by the same supervisor, Mr. Tony Drua. It was felt that although Mr. Drua showed "good potential" and had received intensive supervision from Mr. Sniffen, he had not as yet had an opportunity to be "tested" on his own. Brother Adams, although officially Mr. Drua's supervisor, had chosen to step aside while Mr. Sniffen was supervising. It was probably as a result of this action that Brother Adams was vague as to how Mr. Drua spent his time, how

many clients were being served, by whom and how often. (Brother Adams does attend Client Case Review Meetings.) Although he indicated a measure of scepticism toward the commitment of volunteers and the limited training they had received, he commented that a crucial testing time would be after the January 1986 volunteer training sessions (to be conducted by Mr. Horton and Tony Drua), when, for the first time, he would be Mr. Drua's supervisor and Mr. Drua would be acting without HKI personnel support.

Brother Adams has not spent time observing services in the community but he intends to correct this early in the year (1986). He believes a sound structure has been developed and is willing to test out the policies and procedures outlined in the Operations Manual prepared by HKI representatives.

With regard to the Rehabilitation Program, his concerns included:

- . questions as to whether Mr. Drua has enough "hands-on" experience in teaching rehabilitation skills to be a supervisor of others in this area;
- . whether the volunteers are reliable and had adequate skills (these were also Mr. Drua's concerns);
- . if recently trained volunteers with no clients would be able to retain their skills (also of concern to Mr. Drua);
- . extreme wariness of integrating children into education systems without effective back-up resources;
- . whether enough time was being given to client follow-up (also of some concern to Mr. Drua);

. alarm at survey findings and difficulties responding to "high demand for services."

. whether Mr. Drua, with responsibilities in both primary eye care and rehabilitation, might not be spreading himself "too thin." (For the future, he was considering having two supervisors and separating the areas of rehabilitation and primary eye care.)

Although Mt. Sion Center staff have all received HKI training, there are indications that Brother Adams has a measure of scepticism about the effectiveness of community-based versus center-based services. As Brother Adam's entire work history in the field of blindness is "center-based," and as the Center's program initiatives are "new and untested," his scepticism is understandable. However, the Evaluation Team recommends that HKI provide Brother Adams with ongoing support while at the same time playing a low-key role and allowing staff to learn from their own experiences.

Both Brother Adams and Mr. Drua recognize that other issues need to be resolved including:

- . how to provide services to clients living in the town of Goroka;
- . how to avoid the temptation of bringing children into the center-based school program when they might be more adequately served in the community;
- . how to conduct effective case reviews;
- . how to implement client "individualized planning" programs (especially for children attending the center-based school);
- . how to implement an accountable client follow-up system.

A review of school records revealed that the children's "master file" did not reflect an individualized planning approach, yet a review of lesson plans did show such an approach and, in discussions with teachers, it was evident that they "thought" in this way. In a review of rehabilitation clients case files, the systems were well developed but utilization was inconsistent. Again, Mr. Drua knew what had to be done, but it was too early for the Team to determine whether changes would be effectively implemented over time. There is every indication, however, that the systems in place could work well providing adequate time and effort is given by Mr. Drua and Brother Adams to ensure quality control measures are established and maintained.

In discussions with Brother Leach, the Evaluation Team concentrated on the importance of maintaining the current momentum for quality control and accountability; ensuring the establishment of effective follow-up mechanism; ensuring individualized prescriptions were reflected in each client/child's master file; obtaining objective feedback on the effectiveness of utilizing Mercy Mission volunteers (of special interest to Brother Leach), and stressing the importance of Brother Leach receiving effective data from Brother Adams and Mr. Drua to indicate the relevance of services delivered.

Brothers Adams, Leach and Mr. Drua felt the new program initiatives had every chance of succeeding and that the success would be due, in large part, to Mr. Tim Sniffen's concentrated efforts and his being based in Goroka. Although Brother Adams felt that "from the beginning HKI wanted to do too much too soon," he felt that Tim

Sniffen had spent time understanding the "local situation" and had evidenced a "wait and see" approach, which Brother Adams endorsed.

In summary, it is now time for the new program initiatives to be "tested." Staff and volunteers have been trained (see page 3-4), clients are being served (see Appendix VI), systems are in place (see Appendix VII), and a supervisor has received intensive supervision from an HKI representative. It is too early to measure the relative success of this project, but there is every indication that given ongoing monitoring and support by HKI personnel (in a low-profile position), services to blind and visually impaired individuals living in this region of Papua New Guinea will be greatly enhanced.

APPENDIX V

· OUTLINE OF HKI INTRODUCTORY TRAINING COURSE

I. Participants at the N.S.T.I. Introductory Training Course

HKI staff. Robert Jaekle, HKI Director of Rehabilitation, served as instructor. Tim Sniffen, HKI Country Coordinator for Papua New Guinea, served as logistics officer and assistant instructor.

St. John Association for the Blind staff. Barbara Horner, Administrative Officer (a parttime and temporary position), and Konio Apa, a newly-hired field worker. Another newly-hired fieldworker, Ruth Sangkol, was unable to attend the training due to a birth in her family.

PNG Handicapped Childrens Association staff. Olive Awei, Assistant Director, and Kila Mea, fieldworker and resource teacher.

Mt. Sion Centre for the Blind staff. Brothers John Amona and Cosmas Manau, teachers.

Observers. Karen Heinicke, Director of PNG Handicapped Childrens Association, and Graham Keake, Director of St. John Ambulance, participated as observers for two days towards the end of the training. Brother John Adams, Director of Mt. Sion Centre, was recuperating from heart surgery in Australia and was unable to attend.

II. Syllabus for the N.S.T.I. Introductory Training Course

A. Morning sessions (paired work under the blindfold):

- sighted guide technique
- the touch technique of using the long cane
- village travel
- a task analysis of one daily living skill and demonstration of that skill under the blindfold
- preparation of lunch for the training group, including buying the food at the market, preparing, eating, and cleaning up after the meal (3 trainees were to be blindfolded at all times)
- gardening at Mt. Sion Centre

There were a total of 15 morning sessions.

B. Afternoon classroom sessions:

- introduction to community-based rehabilitation services
- considerations in planning CBRS programs
- an example of a CBRS program: The Phillipines
- orientation and mobility concepts and terms
- sensory awareness training
- daily living skills and task analysis
- manual dexterity skills
- case management
- presentations by trainees on the above topics

APPENDIX VI

STATISTICAL DATA: BLIND/VISUALLY IMPAIRED IN PNG

LIST OF CLIENTS AND FIELDWORKERS WE HAVE IN THE PROJECT FOR THIS YEAR.

<u>FIELDWORKERS.</u>	<u>CLIENTS.</u>	<u>STATUS.</u>
1. Joe Gena	Omara Nopuwa	Active Active
*2. Bernard Sini	Sumio Minefa	Active Active
*3. Gabriel Banglang	Aninora	Active
4. John Wanis	Obert	Active
5. Arnold Patma	Kenduaine Sandy Tote	Active Active
*6. Tonny Drua	Pastor Kote Naro Abol Margaret John Buge	Active Follow up Follow up Inactive Active
7. Bessie Neilshein	Aitapa	Reserve
8. Christopher Kiabo	Kare Kipuli (Mr.) Kipuli (Mrs.) Habo Kitorobe	Reserve Reserve Reserve Reserve Reserve
9. Johnson Rungu	Maguasi Muipo Tono Ombo Leveliso Moi Amino Wanabo Hu'uge Ekesepe	Inactiv Inactiv Inactiv Inactiv Inactiv
*10. James Aiwa	Jennath Steven	Active Active

Note. The following clients who are in the Inactive stage are either having health problems which prevents us from working with them, or the Fieldworker has not worked with them for some reason like Johnson Rungu. I hope this maybe of help to you.

Tonny Drua.
Rehabilitation Co-ordinator.

RESERVE - waiting list - nobody available to serve them.

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
1985Mount Zion Centre for the Blind
Community-Based Rehabilitation Project

NAME	SEX	AGE	DEGREE	VILLAGE	STATUS
1 Kote	m	adult	total	Asaroka	active
2 Kureo	m	elderly	low visioned	Finintigu	active
3 Sumio	m	elderly	low visioned	Finintigu	active
4 Nopua	m	adult	low visioned	Hairo	active
5 Omara	m	elderly	low visioned	Hairo	active
6 Aninora	m	youth	low visioned	Kainantu	active
7 Abol	m	adult	total	Okapa/Faniufa	follow-up
8 Naro	m	adult	total	Okapa/Faniufa	follow-up
9 Amino Wanambo			total		inactive
10 Leveliso Moi			total		inactive
11 Tono Ombo			total		inactive
12 Uhuge Ekesepe			total		inactive
13 Margaret	f	youth	low visioned	Chuave	inactive
14 Jam Mokore	m	adult	total	Nagamaiufa	located
15 Fusi Opave	m	adult	total	Keya-Unggai No.1	located
16 Goriso Maravae	m	adult	low visioned	Amaiufa No.2	located
17 Simili Kara	m	adult	low visioned	Biute	located
18 Haho	m	adult	low visioned	Houka	located
19 Kotobe	m	adult	low visioned	Houka	located
20 Amanase	m	adult	low visioned	Kama	located
21 Hasove Aina ah	m	adult	low visioned	Kama	located
22 Ite Ite	m	adult	low visioned	Kama	located
23 Sinopang	m	adult	low visioned	Kama	located
24 Vincent	m	adult	low visioned	Namta	located
25 Ombo Moku	m	adult	low visioned	Pikosa	located
26 Kare	m	adult	low visioned	Yamiufa	located
27 Kipuli Nori	m	adult	low visioned	Yamiufa	located
28 Gonovira Mondu	f	child	night blind	Nomba	located
29 Fredlyn Pimi	m	child	low visioned	W. Goroka	located
30 Gomokuri	m	child	low visioned	W. Goroka	located
31 Gube N.	m	child	low visioned	W. Goroka	located
32 Kaylene Siam	f	child	low visioned	W. Goroka	located
33 Kereyuo Kereyuo	f	child	low visioned	W. Goroka	located
34 Philip	m	child	low visioned	W. Goroka	located
35 Philip Johnathan	m	child	low visioned	W. Goroka	located
36 Sepora	f	child	low visioned	W. Goroka	located

HELEN KELLER INTERNATIONAL/FNG DISABLED DATABASE
1985Mount Zion Centre for the Blind
Community-Based Rehabilitation Project

NAME	SEX	AGE	DEGREE	VILLAGE	STATUS
37 Konge Mogi	m	youth	total	Kama	located
38 Komogunee Simon	m	youth	night blind	Fatau	located
39 Saina	m	youth	night blind	Wenamo	located
40 Grace Silika	f	youth	low visioned	Kama	located
41 Michale	m	youth	low visioned	Kama	located
42 Allan Ibne	m	youth	low visioned	Nipa	located
43 Lapun Kamaifa	m	elderly	total	Avani	located
44 Yakrub: Eplah	m	elderly	total	Nagamaiufa	located
45 Okani	f	elderly	total	Koningi No.1	located
46 Moiwa Damu	m	elderly	total	Koningi No.2	located
47 Koko	m	elderly	total	Asaroiufa Coffee	located
48 Magusa Lekfave	f	elderly	total	Forapi	located
49 Nerobaro Aina	m	elderly	total	Magiro	located
50 Anupe Anuke	m	elderly	total	Kama	located
51 Ganba	m	elderly	total	Nomba	located
52 Lalafai	m	elderly	low visioned	Amaiufa	located
53 Nonkio Atumo	m	elderly	low visioned	Biute	located
54 Koningi	f	elderly	low visioned	Fatau	located
55 Kitirobe	m	elderly	low visioned	Houka	located
56 Apawa Suwire	m	elderly	low visioned	Kama	located
57 Auro Apirauwe	m	elderly	low visioned	Kama	located
58 Gankande Yaka	m	elderly	low visioned	Kama	located
59 Ipo Kesiooto	m	elderly	low visioned	Kama	located
60 Mirawe Kukuwe	m	elderly	low visioned	Kama	located
61 Rupo Masava	m	elderly	low visioned	Kama	located
62 Dawa Gene	f	elderly	low visioned	Koningi # 1	located
63 Nareka	m	elderly	low visioned	Koningi # 1	located
64 Gene Kono	m	elderly	low visioned	Koningi No.1	located
65 Kaupe	m	elderly	low visioned	Koningi No.1	located
66 Wendewende	f	elderly	low visioned	Koningi No.1	located
67 Agare Wombo	m	elderly	low visioned	Mirima	located
68 Kanengo Kombent	m	elderly	low visioned	Pikosa	located
69 Ulobolobolo Vero	m	elderly	low visioned	Pikosa	located

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
1985Mount Sion Centre for the Blind
Centre-Based Clients/past and present

NAME	SEX	AGE	DEGREE	EDUCATION	STATUS
1 Francisca Midal	f	youth	total	1	active
2 Robin Tamti	m	child	total	1	active
3 Avi Tilai	m	youth	total	2	active
4 Bebi Buk	m	youth	total	4	active
5 Tau Eva	f	youth	total	4	active
6 Harry Agua	m	youth	total	5	active
7 Sebastian Isava	m	youth	total	5	active
8 Roland K. De	m	youth	total	7	active
9 Lukas Pul	m	youth	total	prep	active
10 Steven Ete	m	child	low visioned	1	active
11 Obert Tatantun	m	child	low visioned	2	active
12 Jacobus Matthew	m	youth	low visioned	3	active
13 Samuel Garkio	m	youth	low visioned	6	active
14 John Buge	m	youth	low visioned	6	follow-up
15 Emil	m	child	total	prep	inactive
16 Paua Rumb	m	child	total	1	inactive
17 Peter Wena	m	youth	low visioned	6	inactive
18 Apel John	m	youth	total	8	integrated
19 Saina	m	youth	night blind	2	located
20 Dona Ou Daimo	m	youth	total	4	referred
21 Wenai Parker	m	youth	refractive error	4	reintegrated
22 Melchior Wokin	m	youth	low visioned	7	reintegrated

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
1985
ENB Project for the Disabled

NAME	DEGREE	VILLAGE	STATUS
1 Kaputin William	total	Butuwin	active
2 Damaris Liuat	total	Kuloun Piant./Kokopo	active
3 Moaina Amos	total	Malaguna No.1	active
4 Raphael Topenias	total	Malaguna No.1	active
5 Martina Dok	total	Matupit Island	active
6 Todovai Joseph	total	Matupit Island	active
7 Aloviz Toburarau	total	Raburbur	active
8 John Timael	total	Rakunai	active
9 Mesulam Tomalana	total	Rakunai	active
10 Theresia Iapindik	total	Rakunai	active
11 Towarngar	total	Ramale	active
12 Towarto Joseph	total	Ramale	active
13 Nicholas Katanuo	total	Vunadidir	active
14 Maliveran William	total	Vunakainalava	active
15 Toivat Melie	total	Vunakainalava	active
16 Topukei Melki	total	Vunakaur	active
17 Hendrick Namaula	total	Vunalaiting	active
18 Francis Valce	total	Nodup	deceased
19 Falamine	total	Bitarabarabe	located
20 Kuangini Elizabeth	total	Bulus	located
21 Snimkey Michael	total	Ganae	located
22 Samuel Tade	total	Gaulim	located
23 Manguve	total	Kadaulung	located
24 Bosco John	total	Lat Gar a/p	located
25 Michael Sitavo	total	Marunga	located
26 Anna Tanpoi	total	OLHS Convent	located
27 Topellel Bendom	total	Paparatava	located
28 Joyce Alkale	total	Pomio	located
29 Ia Paula Varpit	total	Rakunai	located
30 Sabatka Gabriel	total	Raunsepna	located
31 Joseph Mange Patel	total	Sampun	located
32 Isaac Kopoe	total	Tanaka	located
33 Varkura	total	Tavui No.1	located
34 Okole Ibana	total	Tavui No.3	located
35 Stanley Tokulupa	total	Tavui No.3	located
36 Robin Tamti	total	Tinganakom	located
37 Kulin Lena	total	Utuan	located
38 Jacob Tokinakaya	total	Vunapaka	located

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
1985
ENB Project for the Disabled

NAME	DEGREE	VILLAGE	STATUS
39 Boniboni	low visioned	Hoid	located
40 Lina Pokono	low visioned	Kabakada	located
41 Kuringomaget	low visioned	Malasaet	located
42 Roman William	low visioned	Malasaet	located
43 Lawrence Tarabath	low visioned	Malmaluan	located
44 Toluan Noah	low visioned	Malmaluan	located
45 Aloviz Bataik	low visioned	Marunga	located
46 Petrus Ibika Ureska	low visioned	Marunga	located
47 Lahumlu	low visioned	Milim	located
48 Wul	low visioned	Milim	located
49 Tutuk Isidor	low visioned	Napapar No.4	located
50 To Cure	low visioned	Nodup	located
51 Matlar Bungtabu	low visioned	Nonga	located
52 Levi Rout	low visioned	Pilapila	located
53 Tokaukau Michael	low visioned	Pilapila	located
54 Toputana Jacob	low visioned	Rakunai (Nonga)	located
55 Tau Agnes	low visioned	Ralunbang	located
56 Gabriel Tovarbar	low visioned	Rapitok No.4	located
57 Alphonsè Avunang	low visioned	Raunsepna	located
58 Elas Wasupka	low visioned	Raunsepna	located
59 Francis Lanamut	low visioned	Raunsepna	located
60 Lucy Lera	low visioned	Raunsepna	located
61 Anna Guang	low visioned	Riet	located
62 Kornelius Nemka	low visioned	Sampun	located
63 Joseph Stulokaueu	low visioned	Setwei	located
64 Patrick Victor	low visioned	Tagitagi No.1	located
65 Buave Maris	low visioned	Tavui No.1	located
66 Isimel Towai	low visioned	Tavui No.3	located
67 Paulus Topidik	low visioned	Tavui No.3	located
68 Tobirau Gabriel	low visioned	Ulaka Volavoko	located
69 Mila Ragat	low visioned	Vulaur Watum	located
70 Peter Kama	low visioned	Vunabuk	located
71 Toguge	low visioned	Vunakaur	located
72 Desi Epinal	low visioned	Vunalir	located
73 Samuel Munulai	low visioned	Vunavautikai	located
74 Albert Wagira	low visioned	Wairiki No.1	located
75 Anton Tomina	low visioned	Wairiki No.1	located
76 Leonard Minagar	low visioned	Wairiki No.1	located
77 Lucas Tomutnaram	low visioned	Wairiki No.4	located
78 Isidora Toto	low visioned	Warangoi	located
79 Apel John	total	Vuvu High School	referred
80 Francisca Midal	total	Wairiki	referred
81 Roland De	total	Rapindik	referred

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
 1985
 Saint John Association for the Blind

NAME	SEX	AGE	DEGREE	ONSET	PROGRAM	STATUS
1 Gatu Gena	m	child	total	congenital	ed	active
2 Ovoi Kaka	f	youth	total	child	ed	active
3 Genevive Sarufa	f	youth	total	youth	ed	active
4 Sedrick Foea	m	youth	sighted/HI	congenital	ed	active
5 Ivarature Eka	m	youth	sighted/HI	child	ed	active
6 Hilda Umani	f	child	low visioned	congenital	ed	active
7 Julie Obotet Aya	f	child	low visioned	congenital	ed	active
8 Kelly Sevese	m	youth	low visioned	congenital	ed	active
9 Wendy Ata	f	youth	low visioned	congenital	ed	active
10 Emmanuel Dakiva	m	youth	low visioned	youth	ed	active
11 Peter Robson	m	youth	low visioned	child	ed	active
12 Eugene Kosi	m	youth	low visioned	congenital	ed	active
13 Charlie Viri	m	adult	total	youth	rehab	active
14 Takuna Moga	m	adult	total	adult	rehab	active
15 Henao Tom	m	youth	total	child	rehab	active
16 Donna Ou	m	youth	total	youth	rehab	active
17 Marere Ivaharia	m	adult	low visioned	adult	rehab	active
18 Kaivori Kahai	m	deceased	total	adult	rehab	deceased
19 Joe Susuve	m	deceased	low visioned	youth	rehab	deceased
20 Micki Laroa	m	deceased	low visioned	child	rehab	deceased
21 John Patrick	m	adult	total	youth	rehab	follow-up
22 Sisia Keni	m	adult	total	adult	rehab	inactive
23 Edea George	m	adult	low visioned	congenital	rehab	inactive
24 Albert Yuwo	m	adult	low visioned	adult	rehab	inactive
25 Samson Bua	m	adult	total	adult	rehab	located
26 Tom Mwawesi	m	youth	total	child	rehab	located
27 Lou Guba	m	adult	low visioned	adult	rehab	located

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
 1985
 PNG Handicapped Childrens Association - LAE

	NAME	SEX	AGE	DEGREE	PROGRAM	STATUS	SETTLEMENT
1	Joseph Mala	m	youth	low visioned	center	active	eight mile
2	Mason Mala	m	child	low visioned	center	active	eight mile
3	Peggy Russell	f	youth	total	ed	active	Unitech
4	Jilter Kandring	f	child	low visioned	ed	active	Kamkumun
5	David Ramginin	m	youth	low visioned	rehab	referred	Chinatown
6	Willie	m	child	low visioned	nil	referred	Finschafen
7	Tatas	f	adult	low visioned	nil	located	Finschafen
8	Loang Atap	m	elderly	poor vision	nil	located	Kaiapit Static
9	Kasawe Samuel	m	child	aphakic	nil	adjusted	Lae
10	Peter	m	youth	low visioned	nil	adjusted	Lae
11	Saif Mufuts	m	adult	low visioned	nil	located	Lae
12	Bellasu	m	child	low visioned	nil	located	Lae
13	Gagain Sampai	f	elderly	low visioned	nil	located	Lae
14	Ningo Zuhuke	m	child	low visioned	nil	adjusted	Lae
15	Maiam Puris	m	elderly	one eye	nil	located	Lae
16	Ingainut Ngubang	m	elderly	low visioned	nil	located	Marangins
17	Mantam Giya	m	elderly	low visioned	nil	located	Marangins
18	Gibani Rumpun	m	elderly	low visioned	nil	located	Marangins
19	Ungis Montam	f	elderly	low visioned	nil	located	Marangins
20	Fatua Papup	m	elderly	one eye	nil	located	Marangins
21	Arisai Aruma	m	elderly	low visioned	nil	located	Mazam
22	Itamal Sarie	m	child	one eye	nil	located	Orori
23	David Bibuai	m	elderly	low visioned	nil	located	Suruan
24	Yatapsao	f	elderly	low visioned	nil	located	Suruan
25	Banabas Itsi	m	adult	low visioned	nil	located	Suruan
26	Angut Inu	m	elderly	low visioned	nil	located	Suruan
27	Thomas Mimai	m	elderly	low visioned	nil	located	Suruan
28	Aris Peter	m	adult	low visioned	nil	located	Suruan
29	Kawir Angiant	f	elderly	low visioned	nil	located	Suruan
30	Lilie Yamis	f	youth	low visioned	nil	located	Suruan
31	Ephram Angkat	m	adult	one eye	nil	located	Suruan
32	Damin Peter	m	adult	one eye	nil	located	Suruan
33	Inantsa Sau	f	elderly	poor vision	nil	located	Suruan
34	Wangkan Bunu	m	elderly	poor vision	nil	located	Suruan

HELEN KELLER INTERNATIONAL/PNG DISABLED DATABASE
1985

PNG Handicapped Childrens Association - LAE

NAME	SEX	AGE	DEGREE	PROGRAM	STATUS	SETTLEMENT
35 Roy Iyam	m	child	poor vision	nil	located	Suruan
36 Wangats Mura	f	adult	poor vision	nil	located	Suruan
37 Kawir Kuwas	m	elderly	poor vision	nil	located	Suruan
38 Usum Titum	m	elderly	poor vision	nil	located	Suruan
39 Mura Kuwas	m	elderly	poor vision	nil	located	Suruan
40 Gudgred Samuel	m	elderly	poor vision	nil	located	Suruan
41 Tanu Nuwai	f	elderly	poor vision	nil	located	Suruan
42 Aring Purugun	m	elderly	poor vision	nil	located	Suruan
43 Bunum Arimpap	f	elderly	poor vision	nil	located	Suruan
44 Yafagi Usum	f	elderly	poor vision	nil	located	Suruan
45 Kiramu Lipis	m	elderly	poor vision	nil	located	Suruan
46 Gurum Wampua	m	elderly	poor vision	nil	located	Suruan
47 Monica Damin	f	child	poor vision	nil	located	Suruan
48 Sumu Ngaruwagi	m	elderly	low visioned	nil	located	Ufuaf/Gantisap
49 Maranuf Upis	m	adult	low visioned	nil	located	Ufuaf/Gantisap
50 Ruben Martin	m	youth	low visioned	nil	located	Ufuaf/Gantisap
51 Iyn Ruben	f	elderly	low visioned	nil	located	Ufuaf/Gantisap
52 Samarida Maru	f	elderly	low visioned	nil	located	Ufuaf/Gantisap
53 Faiwa Ruben	m	adult	low visioned	nil	located	Ufuaf/Gantisap
54 Sising Nasung	f	adult	poor vision	nil	located	Ufuaf/Gantisap
55 Peter Ampits	m	adult	poor vision	nil	located	Ufuaf/Gantisap
56 Vimpru Nabia	f	elderly	poor vision	nil	located	Ufuaf/Gantisap
57 Yaengayam Urimpa	f	adult	poor vision	nil	located	Ufuaf/Gantisap
58 Janet Gahano	f	youth	low visioned	nil	located	moved to Hagen
59 Christina	f	child	low visioned	nil	located	moved to POM

APPENDIX VII

EXAMPLES OF OPERATIONS MANUALS/AGENCIES POLICES & PROCEDURES

LIST OF SUPPORTIVE AND RELATED DOCUMENTS

Supportive Documents (available from HKI, New York, USA)

1. PNG: First Quarter Report, April 1 - June 30, 1984
2. PNG: Second Quarter Report, July 1 - September 30, 1984
3. PNG: Third Quarter Report, October 1 - December 31, 1984
4. PNG: Fourth/Fifth Quarter Report, January 1 - June 30, 1985
5. PNG: Sixth Quarter Report, July 1 - September 30, 1985
6. HKI Document, August, 1983: A Project to Demonstrate the Feasibility of Community-Based Education/Rehabilitation and Primary Eye Health Care Services in Papua New Guinea.
7. HKI Document, July, 1985: Concept Proposal for South Pacific Region.

Related Documents

1. Papua New Guinea: Nation in the Making, National Geographic August, 1982.
2. Medium Term Development Strategy: Health Strategy, Discuss. Papers. National Planning Office, PNG, December 1984.
3. Division of Health, Annual Report, Department of the Eastern Highlands, 1984.
4. The Order of St. John in PNG, Directory 1984.
5. Two Maps; one showing population distribution in the Eastern Highlands Province; a second national map identifying areas/field workers serving Mt. Zion Center clients).
6. Grant Request submitted by Mr. Keake (St. Johns) to the National Board for the Disabled (grant was rejected).
7. Xerox copies of health-related materials submitted by Dr. Bieber.