

# Vision and hearing screening in schools

Successes and lessons learned from Mangochi District, Malawi, September 2008

## BACKGROUND

Uncorrected vision and hearing problems affect a child's ability to participate and learn in school. In Malawi, the prevalence of these disabilities is unknown, partly because most of these children are not in school. Malawian children with visual and hearing impairments start school at a big disadvantage. Basic teacher training does not give teachers skills to address these needs, and with class sizes of more than a hundred, it is hard for teachers to identify and help children with disabilities. Consequently, these children are at risk for falling behind and dropping out. A student at Chiunda School with a hearing disability explained, "I would be failing exams because I would not hear what the teachers were teaching us."

## APPROACH

Screening children for vision and hearing problems is relatively simple and can be done easily by teachers at the start of the school year. Schools can resolve mild immediately and refer more severe problems to health facilities. Save the Children introduced vision the screening within the context of a comprehensive School Health and Nutrition (SHN) program, aimed at addressing all key health and nutrition problems that prevent children from fully participating in school. Save the Children launched the program in 1999, initially reaching 101 schools in Mangochi, with an additional 70 schools in Balaka district added in 2004.



A young girl has her vision tested by a trained teacher and a young boy has his hearing screened.

Specialists trained four teachers per school to conduct initial vision and hearing screening of children. We tested all children the first year to establish a baseline. In subsequent years, teachers tested children entering first grade, children who felt they had vision or hearing problems, and children identified by teachers. Addressing vision and hearing problems early ensured that children with impairments could fully participate in school.

Before each vision test, teachers explained examination procedures and checked eyes for consistency, infection, and color. Teachers next checked visual acuity in each eye. Children stood six meters from an eye chart and pointed to show the orientation of the letter E. This allowed testing of children who couldn't read. Children with scores under 33 percent were classified as low vision. In a hearing test, teachers stood out of the child's sight and made various sounds (e.g., sand shaken in a bottle, a whisper, or a tone). The child raised her hand at each sound. In some cases, the child used headphones to take the test from a hearing test machine. Screeners used the test results to identify children needing additional support.

After screening, teachers placed children with mild vision or hearing problems at the front of the class so they could see the board and hear the teacher. Screeners referred children with more severe problems to a health center for further tests and follow-up treatment by specialists. Save the Children facilitated provision of hearing aids and eye glasses for students who needed them. Screeners referred students with other disabilities, such as speech, intellectual, or emotional problems to health facilities.

## COVERAGE

In Mangochi, Save the Children screened 24,000 children in 101 schools each year. Screening identified 48 children with vision problems and 47 with hearing problems; 12 students received eyeglasses and 47 received hearing aids.

## SUCCESSSES

Save the Children held a focus group discussion for children with hearing or vision problems in 2007. Children reported that before screening, they could not see the board well and often failed exams because they could not grasp the material.<sup>1</sup> Most of these pupils said teachers positioned them at an appropriate distance from the board and that they could now follow classes and progress with their peers. One child from Mpiniumodzi School said, “Had I not been screened and assisted accordingly, I would have gone completely blind. My performance in class would have gone down greatly.”

## CHALLENGES AND LESSONS LEARNED

- Hearing and visual aids are expensive. Parents are unlikely to be able to afford them without contributions from external donors. Low cost eye glasses and hearing aids are needed, particularly for children with severe problems, but also for those with milder problems that may worsen if uncorrected. Even if the cost of corrective aids is out of reach, the identification of children with vision and hearing problems is essential. Knowing a child has hearing or visual impairments allows a teacher to take appropriate action instead of assuming the child is intellectually delayed.
- Some children with impairments complained that teachers kept them at the back of the class because they were tall and blocked other children’s view. Problems like this must be resolved at the school level so these children can learn and progress alongside their peers.
- Given high levels of teacher turnover and the large number of students, particularly in first grade, the program must train several screeners per school.
- Few teachers are trained as specialists in learning difficulties. With overcrowded classes, teachers struggle to provide individualized attention, and children with learning difficulties and are more likely to leave school.

## NEXT STEPS

In 2007, the Ministry of Education launched a national School Health and Nutrition program that is currently rolling out to all schools in the country. Although the program was largely modeled on Save the Children’s SHN program in Mangochi district, it does not include vision and hearing screening. However the Ministry of Health has agreed to take up the screening through community Health Nurses. After ten years of SHN programming, Save the Children is phasing its programming out of Mangochi and will no longer support SHN activities, including vision and hearing screening. Currently, schools have the materials and capacity to continue the screening. A strong link with the Ministry of Health is essential to ensure this activity is sustained in the future. If the cost of corrective aids are supplemented, children with severe vision and hearing problems are likely to be left untreated and eventually drop out of schools.

For more information, please contact:

**Humphreys Kalengamaliro**  
[hkalengamaliro@savechildren.org](mailto:hkalengamaliro@savechildren.org)  
 or **Natalie Roschnik**  
[nroschnik@savechildren.org](mailto:nroschnik@savechildren.org)

### Photos by

Save the Children/Malawi County Office staff

### References

- <sup>1</sup> Save the Children. *Mangochi SHN post intervention study* (2007).  
*Balaka Post intervention study* (2007) [Qualitative].



**Save the Children**

2000 L Street, NW, Suite 500, Washington, DC 20036  
 (202) 640-6600 • [www.savethechildren.org](http://www.savethechildren.org)

Save the Children is the leading independent organization creating real and lasting change for children in need in the United States and around the world. It is a member of the International Save the Children Alliance, comprising 28 national Save the Children organizations working in more than 110 countries to ensure the well-being of children.