"Impact of a Rural Eye Health and School Eye Health Programme in Odisha and the Way Forward,"

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Present Situations

- The prevalence of blindness in Odisha is at 1.4% as compared to the national average of 0.8% and there is estimated **0.514 million blind person** in the state (Odisha report on NHM)
- An estimated 10% of the public health delivery systems in Odisha have eye care service provisions (majority of them only provide primary eye care)
- There are only 37 Ophthalmologist in the Govt. system against the position of 97
- Similarly the state has only 244 ophthalmic assistants in position who provide primary eye care against the position of 444
- As a result the State has a **Cataract Surgical Rate (CSR4) of 2630** (As per state blindness control report 2013-14) which is quite low compared to the **national average of 5406**
Rural Eye Health

Why

• Limited awareness, traditional beliefs, poor access and affordability
• Eye care: Standalone, cataract focused, ad hoc mode

How

• Integrated cost effective models
• Strengthening & sensitizing local CBOs towards eye care
• Community awareness and engagement
Rural Eye Health

• Goal is to make eye care services available, accessible and affordable to all through the Government and Non Government partnership model

• Objectives
  – Quality eye health service delivery
  – From geographical coverage to universal coverage
  – Engaging with eye health enhancing determinants
  – Engaging with leadership and governance for reforms
System Strengthening approach

• Holistic interventions at all the levels of the health delivery systems.
Primary Level

• The primary level platform are used for on ground demand generating activities through ASHA and other community based service deliverers, apart from first level of screening activities.

• Empowered 356 community health workers (CHW) for eye screening and provided them a scientifically designed screening KIT.

• These CHWs are sensitizing the community on Eye Care and referring cases for early treatment.
Secondary Level

• At the secondary level, the program is focusing on lacunae proof supply of high quality service in the form of cataract surgeries and secondary level screening facilities
• The primary focus is to plug supply gaps, as it is at this level that we have to deal with the biggest cause of blindness i.e. cataract (62.6%).

• To enhance demand generating activities, strategies are developed to work with the community level workers like the ASHA and AWW members in spreading eye health related awareness and subsequent demand generation, ensuring that people reach primary and secondary health centres.
• Streamlined the supply chain for effective service delivery.

• Under this approach we have also trained and build the capacity of the existing human resources to inculcate the tenets of data driven management in them.

• Incorporated quality checks and balances through quality record keeping.
The Outcome

• A scientifically designed eye screening KIT
• Number of eye camps have reduced by 34% in last two years
• Number of referrals been increased from 5% to 19% for Base Hospital
• Number of referrals been increased from 1% to 39% at reach out eye camps
• The district CSR has crossed 6000
Cataract Surgical Rate (CSR) of Dhenkanal District

- 2013-14: 1941
- 2014-15: 2356
- 2015-16: 6063
- 2016-17: 

No of cases referred to Base Hospital in a Calendar Year (Ref. by CHWs, School, VC, Eye Camps, SDH, DHH)

- 2013: 1402
- 2014: 2023
- 2015: 4578
- 2016: 6380
• Two fixed community Eye screening centre been opened under the project

• Under the pilot project mode, in the first phase Four CHCs of Govt been adopted and choosen as fixed monthly eye screening center

• Note: There are 35 primary health care institutions and 05 CHC, but the district has only 9 ophthalmic technical persons to handle the entire district.
The Impact

• Serving a finite population with permanent commitment to the population with appropriate infrastructure & trained human resources drawn from local communities
• In some geographic locations, people have now access to quality eye care services at their doorstep without having to lose a day's wage and patients need not be dependent on attendants
• 80% of the Vision Centre walk in patients were treated there itself at the VC and only 20% were referred to Base Hospital for further examination and treatment
• Community participation in eye care services
• Increases yield of surgical load at the referral services
• Improves the awareness about myths, misperceptions, different eye conditions and their management within the community
• The collaborative approach between GO & NGOs
• Image of the Hospital in the state has gone up
Way forward

• After demonstrating the model in one district the model will be scaled up in the nearby districts and the process are already started.

• To fill the supply gap, in the CY 2017, Kalinga Eye Hospital will provide Ophthalmic services in one of the SDHs of Angul district, where eye care services are not available.

• Similarly in another SDH, Kalinga Eye Hospital will have a fixed eye screening centre cum Vision Centre inside the SDH.

• Strengthening the Training Centre to supply the HR need.
School Eye Health

Why
• Vulnerable to wider development consequences
• Timely treatment essential for better learning outcomes
• Social and economic implications in long run

How
• Effective linkage with National School health programs
• Innovative screening & mobilization strategies (focus on Refractive Errors)
• Compliance and Impact monitoring
Overall change statement

• Good and maintained eye health is optimised in school children (5 – 15 age groups) so that improved learning outcomes in Government schools are evident.

• Started from July 2016.
Expected Outcomes

• Increased uptake of eye health services among school students
• Affordable and quality eye health services exist in the school health system
• Favourable policy and institutional environment exist facilitating effective school eye health delivery
## Achievements so far

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<th>Figures</th>
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<tbody>
<tr>
<td>1</td>
<td>Master Trainer Created</td>
<td>83</td>
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<tr>
<td>2</td>
<td>Teachers Trained</td>
<td>883</td>
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<tr>
<td>3</td>
<td>No of Children Screened</td>
<td>67,541</td>
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<td>4</td>
<td>No of Children Identified by Teachers</td>
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<td>5</td>
<td>No of Children Attended Confirmative Eye Camps</td>
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<td>6</td>
<td>No of Children Provided Spectacles at Free of Cost</td>
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<td>7</td>
<td>No of Children Provided Medicines</td>
<td>2029</td>
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<tr>
<td>8</td>
<td>No of Children Referred</td>
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<tr>
<td>9</td>
<td>No of Children undergone surgery</td>
<td>79</td>
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<tr>
<td>10</td>
<td>No of Clubs formed</td>
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Impact

• Light weight trendy plastic frames along with fiber lenses for Children.
• Other than refractive errors even other eye problems been diagnosed and treated accordingly
• Systematic referral system with the base hospital and the camp ways
• Provision of surgeries and medication required at free of cost
• Providing Low Vision aids at free of cost for needy
• Proper data base is created and maintained
• Providing IEC material through wall paintings in schools
• Formation of Eye Health Clubs in every school
• Sensitizing the School Management Committees on various aspects of screening and preventive aspects of eye health
The Way forward

• From second year,
  – Screening will be done for the newly admission children, treated children and the students of standard 1, 6 and 8.
  – Training of all teachers of a School
  – Instead of Retinoscope, Photo-Ref model to be adopted.
• Scaling the model to other districts
Thank you

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