

CONFERENCE ON PRIMARY EYE CARE IN INDIA COIMBATORE: 11TH-14TH APRIL 2002

Recommendations of Groups

A conference on Primary Eye Care workshop was held at Coimbatore from 11th-14th April 2002 to discuss important issues and problems relating to Primary Eye Care. The main objective of the Conference was to develop effective strategies for Primary Eye Care in India.

The participants were divided into three major groups dealing with:

- Infrastructure & Support for Primary Eye Care
- Human Resource Development and Training Needs
- Models for Service Delivery and Community Participation

The following were the major recommendations that emerged from the group discussions:

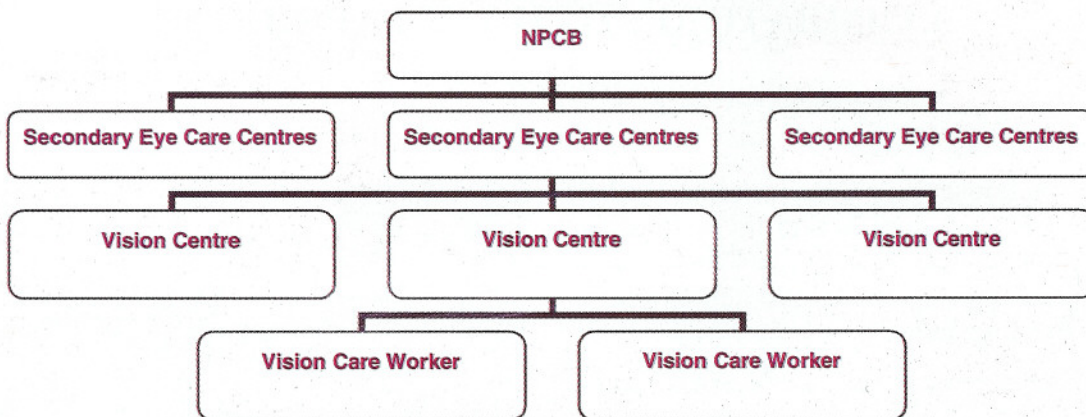
- Vision centers need to be setup to deliver Primary Eye Care to a population of 50,000 in the rural areas. These include Primary Health Centres / Cooperatives manned by Middle Level Ophthalmic Personnel (MLOP). The target would be to post one Middle Level Ophthalmic Personnel (MLOP) per 50,000 population throughout the country by 2020
- The functions of the vision centre would include identification, referral /treatment of minor external eye diseases e.g. conjunctivitis, eye injuries etc.; vision testing and prescription / dispensing of glasses; School Eye Screening Programme; eye health education; Training of volunteers and Identification / Referral of cataract, glaucoma etc.
- To strengthen as well as to improve the quality of PEC, NPCB could provide assistance in terms of providing equipment, drugs and materials to the vision centres and spectacles to the children
- Regarding human resource development, it was generally agreed upon that the personnel for primary eye care should include government staff at PHC/sub centres, school teachers and village level volunteers
- It was recommended to develop mobile primary eye care kits for the health workers / volunteers. The kit may contain simple questionnaire on PEC, material



on common eye ailments and simple tips on how to deal with these ailments

- Effective IEC messages on primary eye care for different target audiences need to be developed
- Efforts should be made to include eye health related issues in school curriculum
- There is need to develop modules for training different functionaries
- Orientation of indigenous practitioners in modern management should be undertaken for corneal ulcers, conjunctivitis and danger of harmful traditional medicines. The training should include recognition of sight threatening symptoms and referral system
- Mechanisms for monitoring should be developed to assess the effectiveness of training at various levels
- Referral and support system should be developed to link PEC to secondary & tertiary levels
- Development of existing infrastructure in the government and voluntary sector. Community based structures were also suggested to strengthen eye care at the primary level
- A 4-tier organizational structure for PEC beginning with NPCB, followed by Secondary Eye Centres,

Box-1 Organizational Structure for Primary Eye Care



Vision Centres and Vision Care Worker was suggested for PEC (given as Box-1)

ing for vision, glaucoma and diabetes and follow up and referral.

- Areas where community participation should be encouraged are school eye screening; immunization for measles and rubella; cataract identification; screen-

The implementation of these recommendations would go a long way towards improving PEC in a sustained manner through community involvement.

Cataract Surgery Rate : 2001-02

S.NO	States / UTs	Census Population 2001	Catops Performed 2001-02	CSR / Lakh Population
1	Andaman & Nicobar	356265	508	143
2	Andhra Pradesh	75727541	371949	491
3	Arunachal Pradesh	1091117	436	40
4	Assam	26638407	12850	48
5	Bihar	82878796	72080	87
6	Chandigarh	900914	5251	583
7	Chhatisgarh	20795956	51852	249
8	Dadra & Nagar Haveli	220451	572	259
9	Daman & Diu	158059	367	232
10	Delhi	13782976	55822	405
11	Goa	1343998	5043	375
12	Gujarat	50596992	414576	819
13	Haryana	21082989	102171	485
14	Himachal Pradesh	6077248	16843	277
15	Jammu & Kashmir	10069917	9238	92
16	Jharkhand	26909428	26000	97
17	Karnataka	52733958	202851	385
18	Kerala	31838619	68023	214
19	Lakshadweep	60595	2	3
20	Madhya Pradesh	60385118	234527	388
21	Maharashtra	96752247	473145	489
22	Manipur	2388634	697	29
23	Meghalaya	2306069	1238	54
24	Mizoram	891058	715	80
25	Nagaland	1988636	340	17
26	Orissa	36706920	86386	235
27	Pondicherry	973829	7374	757
28	Punjab	24289296	120504	496
29	Rajasthan	56473122	196835	349
30	Sikkim	540493	475	88
31	Tamilnadu	62110839	370031	596
32	Tripura	3191168	8549	268
33	Uttar Pradesh	166052859	536647	323
34	Uttanchal	8479562	27544	325
35	West Bengal	80221171	229665	286
	Total	1027015247	3716388	362

States/UTs with Cataract Surgery Rate>400

