

Comprehensive Eye Care with Community Development in Rural Area

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Research Article

Abstract: Dang is the smallest, poorest and backward tribal District of Gujarat state in India. It is one of the underdeveloped district of the country. The goal was to develop comprehensive eye care with community development in 73 villages with active community participation. The objective of the programme was explained with various community groups. To identify the urgent needs, it was decided to do the community assessment. Problems faced by community were tackled. Training imparted to various Health workers. The programme was implemented from year 2001 and yearly monitoring and evaluation was done. The reviewing of results showed satisfactory results. Comprehensive eye care programme with active community participation leading to improvement in general health, control of avoidable blindness, development of referral system, networking and linkages with Govt. and NGO's has helped in achieving Millennium Development Goals and sustainable eye care programme along with community development is develop in tribal area.

Introduction: Dang is the smallest, poorest and backward tribal District of Gujarat state in India. 93.96 of the population of the district are tribal and 0.73 of population belongs to backward class. 65% of families are identified as below poverty line. The key challenges in these villages were high incidence of avoidable blindness in children and adults, high incidence of nutritional blindness in children, high morbidity and mortality in children and women, inadequate health services, poor environmental sanitation, inadequate educational facility, high school drop out rate in girls, illiteracy, unemployment, poverty and rural to urban migration.

Research question / Hypothesis:

The goal was to develop comprehensive eye care with community development in 73 villages with active community participation. To achieve the goal, the hypothesis remained as

- ❖ To develop primary eye care as part of primary health care
- ❖ To control avoidable blindness in children and adults
- ❖ To bring down morbidity and mortality
- ❖ To improve environmental sanitation
- ❖ To improve education

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- ❖ To improve income
- ❖ Capacity building of existing Govt. staff and community based organizations through training
- ❖ Co-ordination with local health authorities and department of education, water and sanitation and social welfare to improve utilization of existing facilities and programmes.
- ❖ Develop linkages with Govt. and NGO's for sustenance of activities

Methods:

The objective of the programme was explained

- ❖ Through community dialogue, focal group discussions and semi structure interviews with community leaders, key people in women's group and youth groups, traditional healers, traditional birth attendants and they were involved in planning.
- ❖ To identify the urgent needs, it was decided to do the community assessment.

The community assessment revealed urgent need to tackle shortage of water supply, training of community health workers and traditional birth attendants, lack or awareness about Govt. Schemes and high school drop out rate in girls. The ways to tackle these problems were discussed with the community and the practical available solution was to utilize the existing Govt. schemes. With the help of Govt. schemes deep wells and check dams were constructed

Community health workers (CHW's) and traditional birth attendants (TBA's) were trained in the field of eye care and maternal and child health. The awareness was created in villagers about importance of education in girl child and their right to education at village level through Govt. facility. The programme was implemented from year 2001 and yearly monitoring and evaluation was done

Results:

The reviewing of results in 2007 showed satisfactory results. The perennial water supply through deep wells and check dams controlled diarrhoeal episodes and typhoid and cholera epidemics. It also improved farming (one crop to 3 crops in a year). Training of CHW's and TBA's created awareness on eye care, importance of balanced diet, personal hygiene and eye hygiene, acceptance of immunization services resulting into control of ophthalmia neonatorum, improved vit. A prophylaxis (0% to 96%), good immunization coverage (13% to 97%), decline in Infant Mortality Rate (112/1000 to 3/1000), under five mortality rate (159/1000 to 8/1000), maternal mortality rate (12/1000 to nil). The awareness on importance of education, improvement in education, 100% attendance at Anganwadi's which is non-formal education for under fives and improvement in primary education (boys 60% to 98% and girls 40% to 96%). The reaching the benefits of various Govt. schemes lead to decline in unemployment and improvement in family income. The families below poverty line declined from 65% to 10%. The collaboration with Govt. and NGO's in field of health, nutrition, education, welfare, water supply, agriculture, environment, district rural development agency, microskill training lead to community development and sustainable eye care programme.

Conclusion:

Comprehensive eye care programme with active community participation leading to improvement in general health, control of avoidable blindness, development of referral system, networking and linkages with Govt. and NGO's has helped in achieving Millennium Development Goals and sustainable eye care programme along with community development is develop in tribal area.

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