



Ministry of Health & Family Welfare
Government of India



Training Manual on Eye Care for Multipurpose Worker at Ayushman Bharat – Health and Wellness Centres



Training Manual on Eye Care for Multipurpose Worker
at Ayushman Bharat – Health and Wellness Centres

Table of Contents

List of Abbreviations	iv
Chapter 1: Introduction	1
Chapter 2: Overview of Anatomy of Human Eye	3
Chapter 3: Health Promotion for Good Eye Care	5
Chapter 4: Assessing a person with an Eye Problem, Common Eye Complaints and How to Approach Them	8
Chapter 5: Overview and Management of Refractive Errors	10
Chapter 6: Overview and Management of Cataract	18
Chapter 7: Overview and Management of Conjunctivitis	23
Chapter 8: Overview and Management of Styte	25
Chapter 9: Overview and Management of Vitamin A Deficiency (Xerophthalmia)	27
Chapter 10: Overview and Management of Glaucoma	30
Chapter 11: Overview and Management of Trachoma	33
Chapter 12: Overview and Management of Eye Injuries	36
Chapter 13: Special situations for Eye Care	39
Chapter 14: Service Delivery Framework and Roles and Responsibilities of ANM/MPW in Eye Care	43
Annexures	
Annexure 1: Eye Screening Tool to be used at Various Levels	52
Annexure 2: How to apply Eye Drops correctly	54
Annexure 3: How to apply Eye Ointment correctly	56
Annexure 4: How to Clean Eyelids and Eyes in Conjunctivitis and Post-operative Cataract Surgery	58
Annexure 5 A: Applying Dry Warm Compress for Styte	60
Annexure 5 B: Applying an Eye Cover or Pad for Eye Injuries	61
Annexure 6: Community Based Assessment Checklist (CBAC)	62

List of Abbreviations

AB-HWC	Ayushman Bharat- Health and Wellness Centre
AB-HWC-SHC	Ayushman Bharat- Health and Wellness Centre- Sub- Health Centre
AB-HWC-PHC	Ayushman Bharat- Health and Wellness Centre-Primary Health Centre
AB-HWC-UPHC	Ayushman Bharat- Health and Wellness Centre-Urban Primary Health Centre
AF	ASHA Facilitator
ANM	Auxiliary Nurse Midwife
AWC	Anganwadi Centre
AWW	Anganwadi Worker
CBAC	Community Based Assessment Checklist
CHC	Community Health Centre
CHO	Community Health Officer
CPHC	Comprehensive Primary Health Care
DH	District Hospital
DM	Diabetes Mellitus
ECG	Electrocardiogram
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IU	International Unit
MAS	Mahila Arogya Samiti
MCP	Mother and Child Protection
MPW	Multi-Purpose Worker
MO	Medical Officer
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organisation
NPCB&VI	National Programme for Control of Blindness and Visual Impairment
OA	Ophthalmic Assistant
PRI	Panchayati Raj Institution
RAAB	Rapid Assessment of Avoidable Blindness
RBSK	Rashtriya Bal Swasthya Karyakram
RIO	Regional Institutes of Ophthalmology
SAM	Severe Acute Malnutrition
SDH	Sub-District Hospital
UHSND	Urban Health, Sanitation and Nutrition Day
VC	Vision Centre
VHSNC	Village Health, Sanitation and Nutrition Committee
VHSND	Village Health, Sanitation and Nutrition Day

CHAPTER 1

Introduction

Over the years, we have seen improvements in health status of the community. You are playing an important role in providing maternal and child care services, services for communicable disease like tuberculosis, malaria, leprosy, etc. to the community. You have also been trained recently in care for Non-Communicable Diseases (NCDs) and have initiated work of screening the target individuals for common NCDs and providing appropriate management. Now, as a country we have made progress in improving maternal and child health and communicable diseases. However, we are facing additional challenges. In order to address these challenges, various components of the Comprehensive Primary Health Care (CPHC) package of services under Ayushman Bharat are being rolled out and are currently being implemented across the country. Some of the newer services introduced in this package include screening, prevention, control and management of non-communicable diseases, screening and basic management of mental health ailments, care for common ophthalmic (eye) and ear, nose and throat problems, basic oral health care, elderly and palliative health care services and emergency medical services. These additional packages are aimed to ensure that every citizen in this country will be able to access comprehensive services at the place they live or nearby to them.

India has around 4.9 million blind people and 32.9 million people with visual impairment (presuming population of India as 136 crores).¹ Refractive error and Cataract are the most common causes of visual impairment in the country.

The National Programme for Control of Blindness and Visual Impairment (NPCB&VI) was launched in 1976 to reduce the overall prevalence of blindness in India to below 0.3%. Under the National Programme, some of the tertiary care centres were upgraded to Centres of Excellence [Regional Institutes of Ophthalmology (RIO)] focusing on the development of manpower and infrastructure. In order to facilitate the outreach activities, more than 3000 Vision Centres (VC) were started in providing primary eye care services. These peripheral Vision Centres, staffed with a trained Ophthalmic Assistant (OA), can carry out comprehensive eye examination and management of simple eye diseases. Currently, the plan is to establish Vision Centres at the level of Community Health Centres (Secondary Level Health Centres) later scaling up to the Primary Health Centre Level.

1. National Blindness Survey- The Rapid Assessment of Avoidable Blindness (RAAB) survey India- 2015-2019.

Now, with the introduction of Ayushman Bharat, this service will be expanded to the Ayushman Bharat-Health and Wellness Centres (AB-HWC) for the community members. Eye problems are very common and can occur from infancy to old age. Many people must have come to you with complaints about some eye disorders at some time. Most of these are preventable and easily treatable if detected in the early stages.

You as a Multi-Purpose Worker (MPW)/Auxiliary Nurse Midwife (ANM), are a very important team member in Ayushman Bharat-Health and Wellness Centres (AB-HWCs) and will play a crucial role in helping people maintain their normal eye sight and identifying those who have any eye problems.

Eye Care, under this programme is delivered at different levels. Basic care is given at the community level, while the AB-HWCs can provide a little more care in both rural and urban areas. Most of the cases with eye problems will be referred to the nearest AB-HWCs while high-risk cases will require referral to the Vision Centres (wherever available) and to the Eye specialist/Eye doctor at the Community Health Centre (CHC)/Sub-District Hospital (SDH)/District Hospital (DH) or other higher health facilities for complete diagnosis and treatment. Community Health Officer (CHO)/Medical Officer (MO) heading the nearest AB-HWCs will make these referrals to the required health facilities. You will assist them in undertaking this task. Inform the CHO/MO heading the nearest AB-HWCs regarding any visits to the health facility undertaken by any individual in your community for Eye Care to ensure regular follow-up of these individuals.

You will continue to provide support to both ASHA and ASHA Facilitators (AFs) in undertaking their tasks and work under the overall supervision of the CHO/MO heading the nearest AB-HWCs. They will monitor, support and supervise you in delivery of Eye Care services to the community in your area.

This training manual builds on your existing knowledge and skills by providing you with new information and skills.

This training manual has the following content:

1. Overview of Anatomy of Human Eye.
2. Health promotion for Good Eye Care.
3. Assessing a person with an Eye Problem, Common Eye Complaints and How to Approach them.
4. Overview and management of Common Eye Problems.
5. Service Delivery Framework and Roles and Responsibilities of Multi-Purpose Worker/ Auxiliary Nurse Midwife in Eye Care.

CHAPTER 2

Overview of Anatomy of Human Eye

2.1 Structure of the Eye

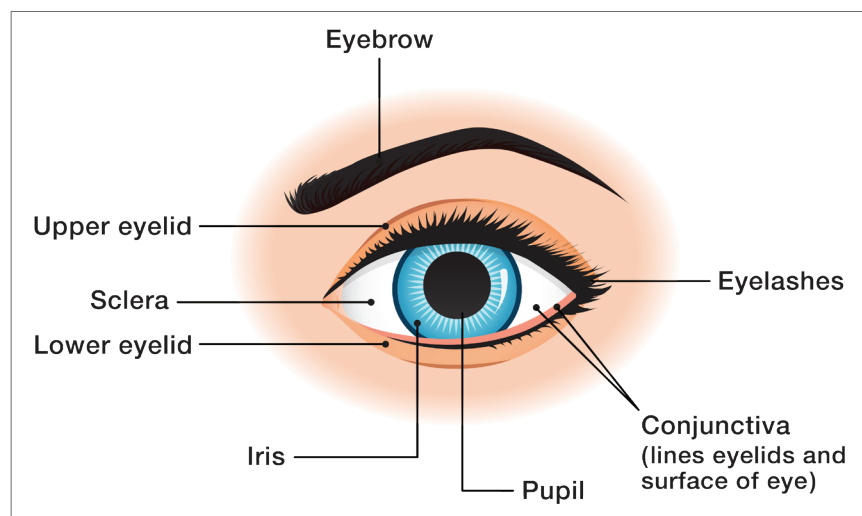
The eye has many parts that must work together to produce clear vision.

There are two parts to the eye – the front part which consists of the cornea, pupil, and lens; and the back part which has the sclera and the retina. All parts of the eye are very delicate, so it is important they remain well protected.

The eyes are covered and protected by the eyelids and the eyelashes, which help protect from any injury and keep dirt, dust, particles and even harmful bright light out of the eye.

The Human Eye consists of:

- ▶ Two **eyelids** in each eye - Upper and Lower.
- ▶ The **cornea** – central transparent dome like layer that covers the front of the eye.
- ▶ The **pupil**, or black circle at the centre of the eye, is an opening through which light can enter the eye.
- ▶ The **iris**, or coloured part of the eye (people have black, brown, green or blue colour eyes). It controls how much light enters the eye by changing the size of the pupil.



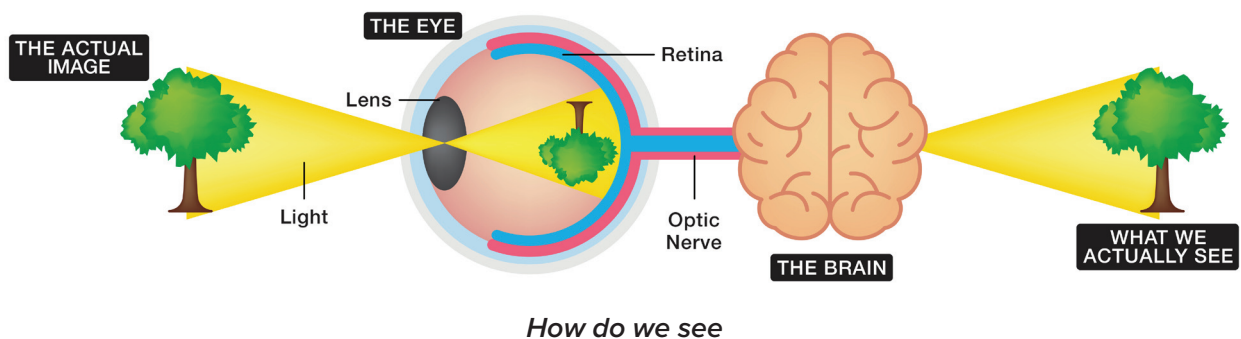
Human Eye

- A clear **lens** is located behind the pupil.
- The **sclera**, or white part of the eye, protects the eyeball.
- The innermost circle inside the eye is **retina**.

Eyes are also protected by **tears**, which moisten them and clean out dirt, dust, and other irritants. Tears also help protect against infection in the eyes.

2.2 How do we see?

The process of seeing is complex and works through brain and light. The rays from the object are focused through the cornea, enter the eye through pupil, then the lenses to reach finally into the back of eye, that is the retina. From here, signals are sent to a special nerve called optic nerve and that helps in forming the images that we see. If any part of this vision process is damaged, then the person will have a difficulty in seeing properly.



Human beings have two eyes. We see differently with one eye than we can see using both the two eyes. Seeing from both the two eyes helps us in getting the overall real picture of the objects.

CHAPTER 3

Health Promotion for Good Eye Care

The eyes are extremely delicate part of the body and hence need good care. This care begins at birth and continues throughout the life span. Health promotion activities at the AB-HWC will include regular awareness on care of the eye, identification of common eye related symptoms and importance of seeking treatment early. For those suffering from blindness, health promotion activities will be centred on rehabilitation, regular check-ups and reintegrating the person into the community.

You, with support of other members of Primary Health Care Team at AB-HWCs, will be responsible for spreading awareness among the community members for keeping the eyes healthy.

3.1 How to keep the Eyes Healthy?

Provide the following messages related specifically to the eye for all populations and ages-

1. If you have an eye problem go to your nearest health care facility as soon as possible. Go immediately if you have an eye injury, if your eyes are painful or if your vision suddenly becomes poor.
2. Do not put any medication into your eyes unless prescribed by a Medical Doctor.
3. Protect your eyes from excessive sunlight with, for example, hats, scarves, sunglasses or umbrellas.
4. If you have hypertension or diabetes, have a complete eye examination at least once a year, and check your blood pressure and blood sugar regularly.
5. If you have a relative with glaucoma, have an eye examination for glaucoma at least once a year.
6. Use protective eyewear when working with objects that might damage your eyes: welding, chemicals, metal or wood, farming season, etc.
7. If chemicals or substances that burn or sting come into contact with your eye, immediately rinse your eye with clean water for at least 15 minutes and visit the nearest AB-HWC.

8. If you have problems seeing small nearby objects or when reading, you may need glasses for near work.
9. Keep the eyelashes clean. Eyelashes of individuals might have ticks/lice/mites or their eggs. These individuals should be referred to the nearest AB-HWCs. Provide them tips for maintaining eye hygiene.

3.2 General health messages which also impact Eye Health

1. While driving/travelling, wear a seat belt so injuries are avoided to both the body as well as the eyes. Those driving two wheelers, must wear helmets covered with the front glass.
2. Keep hands and faces clean to avoid infections, including eye infections.
3. Protect your health, including your eye health, by not smoking.

3.3 Healthy Eye messages for mothers and caregivers for their children

1. Clean their eyes immediately after birth. You can teach the mother/caregivers to provide eye care to the newborn, if required by use of an eye ointment.
2. A baby with eye discharge needs treatment immediately; inform them to seek help from the nearest AB-HWC.
3. Make sure all mothers/caregivers report if their child is not looking at them or not looking straight after the age of 6 weeks. Mobilise the mother/caregivers for screening of children for eye care by Rashtriya Bal Swasthya Karyakram (RBSK) team.
4. Children should not play with or near sharp objects to avoid eye injuries.
5. Avoid applying 'kajal' or 'surma' in the eyes of the children.
6. Promote early and exclusive breastfeeding for first six months of life.
7. Mothers and children should be fully immunized including against rubella and measles.
8. Regular vitamin A supplementation of pre-school children from age of 9 months is important for good vision and healthy growth.
9. Children should eat foods rich in Vitamin A to keep their eyes healthy (you will read in Chapter on Vitamin A deficiency).
10. Children should be made secure while travelling by taking all possible preventive measures to avoid eye injuries.

3.4 Simple Eye Care messages in Health Promotion

Infections of the eye spread very rapidly, if proper care is not taken. Ways to maintain eye health are as follows:

1. Keep eyes clean by washing them with clean water. Washing eyes at bedtime is very good as it removes the dirt and dust collected throughout the day.
2. Do not work in poor light. Reading in poor light can strain eyes.
3. Always use a clean cloth to wipe eyes. Do not use saris, dhotis, or sleeves of clothes to wipe eyes. These may cause serious infection in the eyes. Eye diseases such as conjunctivitis and trachoma spread by this way.

4. Each person should use a separate cloth, towel or handkerchief for wiping eyes. If one eye is already infected, use a separate clean cloth for each eye.
5. Avoid the glare. Do not stare at the sun and other bright objects.
6. Never walk out in the sun without sunglasses.
7. Eat a diet rich in Vitamin A and appropriate breastfeeding by mothers (colostrum is rich in Vitamin A).
8. Do follow the 20-20-20 rule of eye care when using a computer/laptop, mobile phone, or watching television. Every 20 minutes, refocus your eyes for 20 seconds to an object located at least 20 feet away.
9. Report any eye infection to a health worker. Do not use home remedies for eye medication. Do not use medicines given by road-side medicine sellers. These may not help and may even cause blindness.
10. Eye drops and eye ointment only provided by a Medical doctor should be used. Do not use any eye medicine without any medical prescription.
11. Educate community members to pay special attention in using the eye drops. They might not make the difference between eye drops and ear drops and can put drops of the ear into their eyes.
12. Patient with eye infection should avoid going in swimming pools and visiting public places.



Checking distant vision in the community

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences



Eye Testing

Source: Aravind Eye Hospital, Madurai



Community Awareness on Eye Care

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

CHAPTER 4

Assessing a person with an Eye Problem, Common Eye Complaints and How to Approach Them

To undertake and record an eye examination, you will need:

- A torch
- Pen and record card/ register

Preparation

- Find a space which has proper light.
- Make the person sit comfortably.
- Explain to the person what you are going to do.
- Record the name, age, sex, address and date.

Method

- Greet the patient and find out their main complaint.
- Record if they say they have pain, redness, loss of vision, eye injury, swellings or lumps on their lids or anything else indicating which eye is affected.
- Test near vision (in those aged 40 years and above) at a distance of one foot.
- Test vision in all symptomatic individuals complaining of diminished vision (Distant vision at a distance of 6 meters or if mirror is available at a distance of 3 meters).



Source: Aravind Eye Hospital, Madurai

- Examine the person's eyes:
 - The white part (sclera) should be completely white (with a few red veins).
 - The pupil should be completely black.
 - Both eyes should be the same size.
 - The eyes should look straight ahead, and not one looking in another direction.
- Ask the person to close their eyes.
 - The lids should open and close normally (lashes should face outwards, not inwards, lids should be smooth).
- Record what you see.

Common Complaints and How to Approach Them

Some of the common Eye conditions which you are expected to experience during your work include the following:

- Refractive Errors
- Cataract
- Conjunctivitis
- Stye
- Vitamin A Deficiency (Xerophthalmia)
- Glaucoma
- Trachoma
- Eye Injuries
- Special situations for Eye Care

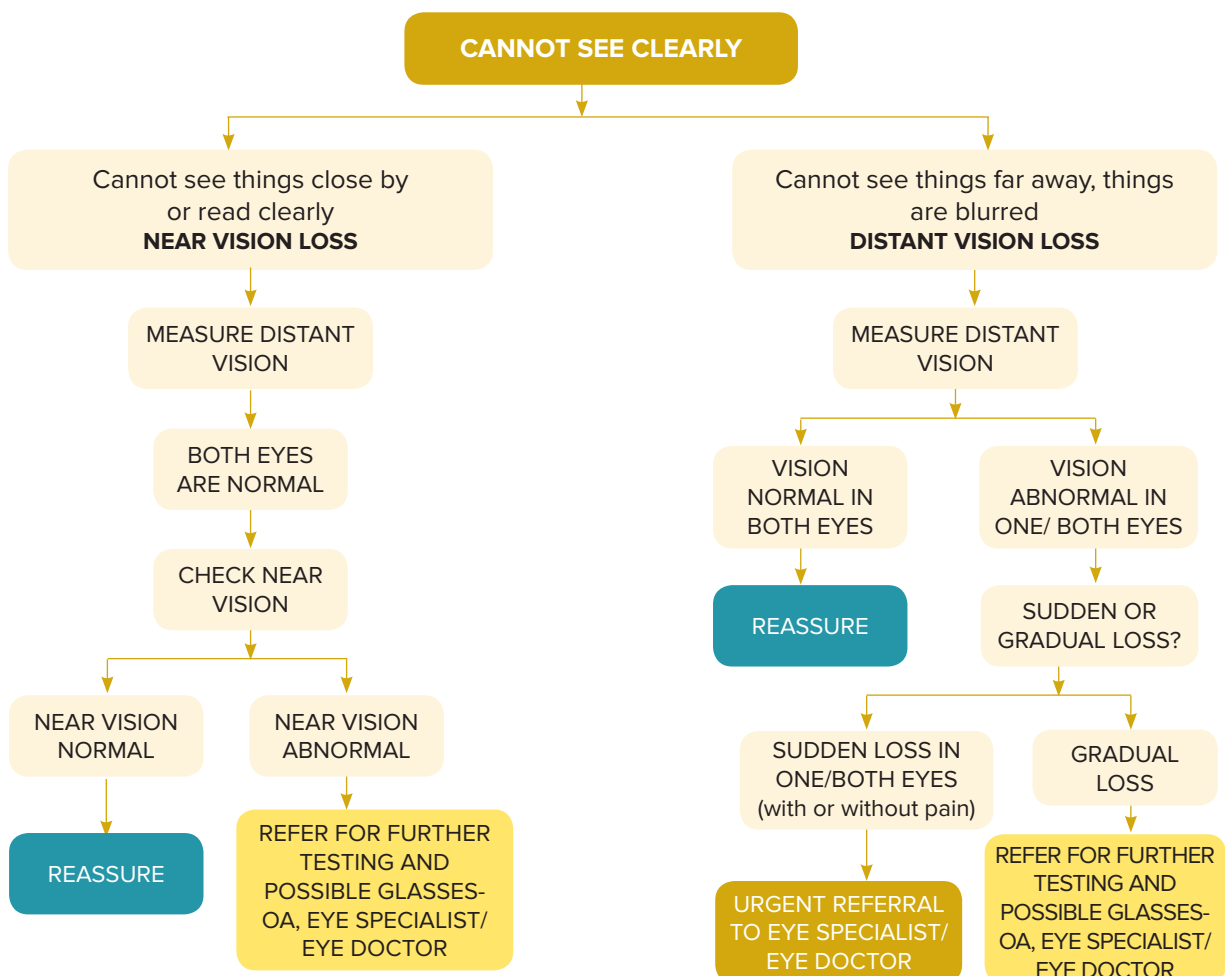
A brief description and management of each of these conditions is given in the next chapters.

CHAPTER 5

Overview and Management of Refractive Errors

5.1 Diminution (Decrease) of Vision

Diminution (decrease) of vision can be due to many reasons. The flow chart below will guide you how to check anybody who complains of diminution (decrease) of vision.



It is to be noted that the CHO/MO heading the nearest AB-HWCs will be responsible for making all referrals required to the appropriate health facility. CHO will undertake any referral to the health facility in consultation with the MO. The MO will also be informed regarding any visits to the health facilities undertaken by the community members for any eye condition. You will assist the CHO/MO heading the nearest AB-HWCs in arranging for referral. You along with the primary health care team (ASHA, ASHA Facilitators, CHO) will help in providing follow-up care for ensuring adherence to treatment as advised and for developing any complications.

The most common cause of gradual loss of vision is Refractive Errors. As the age progresses, after the age of 40 years, there is also a gradual loss in both distant and near vision. Let us understand about refractive errors now.

5.1.1 Refractive Errors

5.1.1.2 What are Refractive Errors?

Normally, the rays of light entering the eye are brought to a precise focus on the retina. Refractive errors (**Drishti Dosh**) occur when light rays do not fall and focus properly to the back of eyes, that is on the retina. It is the commonest eye problem and affects all age groups. In developing countries, like India, it is estimated to be the second largest cause of treatable visual impairment (low vision problems) next only to cataract.

5.1.1.3 What are the common complaints of persons with Refractive Errors?

1. Diminished (poor) vision and difficulties in seeing distant objects or near objects.
2. Tiredness and watering of eyes.
3. Headache/ eye ache or eye pain.
4. Frequent blinking/ squeezing eyelids or rubbing of eyes.
5. Recurrent formation of styne in the eye.
6. Frequent itching of the eye.
7. Eyelid swelling.
8. Some children may have squint (cross eyes).

5.1.1.4 What are the different types of Refractive Errors?

- ▶ Near sightedness
(Loss of distant vision)
- ▶ Far sightedness
(Loss of near vision)
- ▶ Astigmatism
- ▶ Presbyopia

What is Near sightedness?

- ▶ The person is able to view near objects clearly but distant objects are not clear.
- ▶ It occurs both in children (most commonly in 10 -18 years of age) and adults.
- ▶ Usually, little changes occur after 20 years of age.

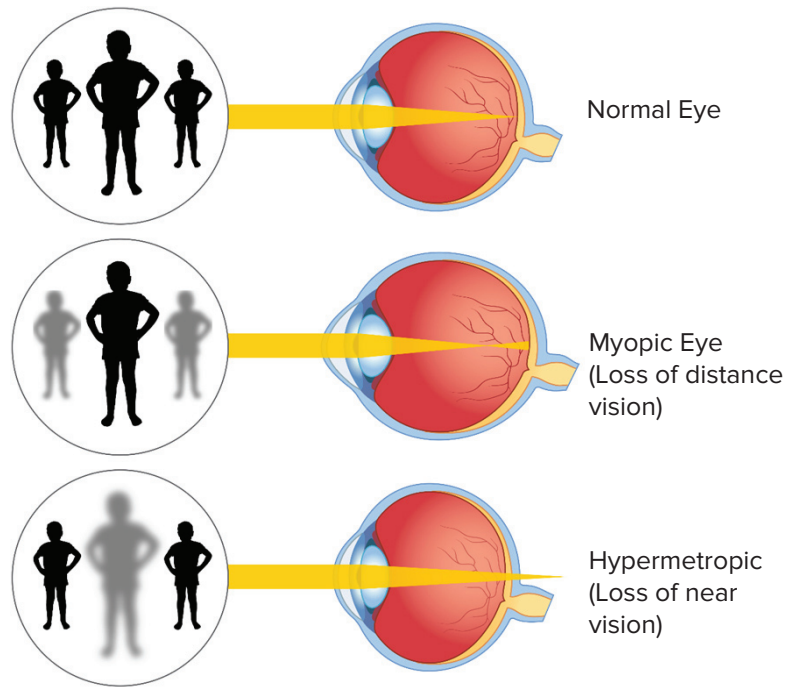
What is Far sightedness?

The person is able to view far objects clearly but objects seen from nearby are not clear.

Far sightedness usually decreases and corrects itself till the child attains 5 years of age. However, it remains in some people till later age.

What is Astigmatism?

The images are blurred and distorted. The complaints are similar to patients with other type of refractive errors. In children, this condition requires early referral to the nearest AB-HWC with information to the RBSK team for follow-up.



What is Presbyopia?

This is a condition that is age related and occurs in almost everybody by the age of 40 years. It occurs because with old age there is degenerative changes (loss of function) in the eyes and the eyes lose the ability to accommodate (focus on near objects). In this case, the person is not able to view near objects properly and finds difficulty in reading. Other activities requiring near vision are also affected such as: sorting rice and pulses/or food grains, threading the needle, reading small print on medicines, seeing the text in mobile phones, etc.

Presbyopia can be corrected by use of spectacles easily. There are ready made glasses with necessary correction for near vision. This can be easily detected and guided by the Ophthalmic Assistant or an Eye doctor/Eye Specialist.



*Correction of Presbyopia with use of spectacles
Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences*

5.1.1.5 Refractive errors in children

Refractive errors also occur in children. The common signals in children that can indicate presence of refractive errors in children and will call for eye examination by Eye doctor/ Ophthalmic Assistant are:

1. One eye moves or aims in a different direction than the other.
2. The child blinks or rubs his/ her eyes excessively on watching TV or reading.
3. The child hits into things or drops things.
4. The child holds reading material or objects too close, turns head to focus.
5. The child frequently complains of headaches, eyestrain, double vision or blurring of vision.
6. The child has watering of eyes.
7. The child is not able to read the blackboard from back benches of the classroom.
8. The child less than one year of age does not follow light or objects.



Difficulty in seeing distant vision in a child due to Refractive Error

Easy to see distant vision by a child with use of spectacles/glasses

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

5.1.1.6 When should eye sight be checked?

Eyesight of children and adults should be checked as per follows in nearby health facility where Eye Doctor/Eye Specialist/Ophthalmic Assistant is available:

- ▶ When the child starts going to school at entry level. After that once in a year.
- ▶ For children wearing glasses: once every six months.
- ▶ For adults: When they turn 40 years, especially for near vision.

Squint

In this condition, both the eyes look in different directions, also referred to as “crossed eyes”.

This is usually seen in children, in early years of their life. So, when a child looks at an object, both eyes will align differently. In most cases, the child will only use one eye at a time, thus straining that eye, and losing the benefits of both eyes.

The condition in most of the cases can be noticed by parents/caregivers. This situation can be corrected, if detected early and timely treatment is provided. If you get to know of such a history in your service area during your home visits, or are informed by parents/caregivers that their child has problem in vision and complains of cross eyes, you/CHO should refer the child at the earliest to the nearest AB-HWC for eye examination. You will coordinate with the RBSK team and assist in facilitating referral of children to appropriate health facility usually the District Early Intervention Centre. Such children will require a detailed eye examination.

Squint may also develop in adults due to stroke, physical trauma or other causes. Such individuals require to be identified by the primary health care team and referred to nearest AB-HWC. CHO/MO heading the nearest AB-HWCs will refer to higher health facility where Ophthalmic Assistant (OA) /Eye specialist/Eye doctor is available for detailed examination. Treatment may involve use of spectacles, patching, eye exercises and/or surgery on the muscles of one or both eyes.



Squint (Cross Eyes)

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

5.1.1.7 Management

a. Screening for Refractive Errors/ Testing of Vision

Testing of the Vision of an individual is done using certain vision charts. Separate charts are used for testing the distant and near vision. You along with the CHO will be responsible for screening for blindness and refractive errors using Snellen's chart and near vision card/chart at the AB-HWC.

In addition to identifying high-risk individuals through filling of CBAC, ASHA will also identify adult individuals at community level with blindness and visual impairment by the finger counting method and 6/18 Vision Chart (Snellen E chart), respectively.

ASHA will refer all these screened individuals to nearest AB-HWC for further management of refractive errors by using Snellen's chart and near Vision card.



*Screening for Refractive Errors/
Testing of Vision*

Source: Aravind Eye Hospital, Madurai

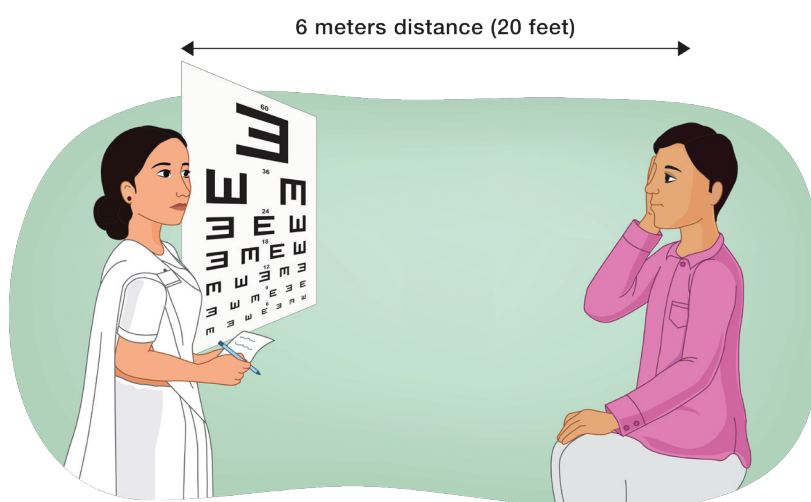
The steps for testing the visual acuity of an individual are as follows:

Material Required

- ▶ Snellen's chart (E chart)
- ▶ Space that is well lit and has 6 meters distance available or a 3 meters space with a mirror at the opposite wall from where the chart is placed.
- ▶ Measuring tape
- ▶ Pen and record card/recording format
- ▶ Referral cards

Steps to be undertaken by MPW/ANM at AB-HWC for testing Distant Vision

- ▶ Ask the person to stand at the distance of 6 meters or 20 feet away from the chart. If there is shortage of space, a mirror can be used and a distance of 3 meters or 10 feet can be recorded. The Snellen vision chart (E chart) should be at the same level as the person's eyes.
- ▶ If the person normally wears spectacles/glasses to see in the distance, tell them to put their glasses on during the test.
- ▶ Ask the person to cover his/her left eye with the palm of their left hand properly and see the chart with right eye. Do not squeeze the eye as it may lead to error in reading, the person should read normally.
- ▶ Stand beside the vision chart. The person should speak aloud/point the direction of the open end of the "E" letter of each row beginning from the top.
- ▶ Ensure that the person stands straight and does not lean forward.
- ▶ The lower most line which the patient is able to read clearly, corresponds to the vision of the patient.
- ▶ Now ask the person to cover the right eye properly with the palm of their right hand and repeat the test with the left eye.
- ▶ Any patient with a vision $< 6/9$ (less than) needs to be referred to the OA at Vision Centre/ Eye Specialist/Eye Doctor at higher health facilities for further evaluation and management. The CHO at Ayushman Bharat- Health and Wellness Centre- Sub-Health Centre (AB-HWC-SHC) will undertake the referral. You will assist the CHO in making arrangements for the referral. The MO must be informed regarding any referral made for identified cases to the health facilities. Maintain a list of referrals and ensure follow-up of these individuals.



Under RBSK, all children and adolescents (0-18 years) are screened for eye and vision related problems at school and Anganwadi levels by the RBSK Mobile Health Team. Ensure the eye is properly covered by the child with the palm of their hand while testing for vision related problems.

How to record findings from the Snellen's Chart

The results of the acuity exam (chart reading) will determine the quality of the eyesight. The vision results (acuity) will be expressed as a fraction. Visual acuity is sometimes expressed as 20/20, or a similar number, meaning the smallest letters accurately read on the chart. If the person can see the E direction in the line that says 18, then you record it as RE (for right eye) 6/18. Again, if another person can see with the left eye Es in line that says 6, then you record it as LE (for left eye) 6/6. It will be recorded as reading of Right Eye vision (on top)/reading of Left Eye vision. Maintain records of all community members.

Example to record reading

Vision (Vn)	R/E- 6/18
	L/E- 6/6

Individuals who are not able to read the topmost letter of the Snellen chart, for them, the finger counting method should be undertaken for both eyes separately to see at which distance the patient can count fingers. The findings will be recorded.

b. How to Measure Near Vision using Near Vision card/chart

Material Required

- ▶ Near Vision card/chart
- ▶ Space that is well lit
- ▶ Measuring tape
- ▶ Pen and record card/recording format
- ▶ Referral cards

Steps for testing Near Vision undertaken by MPW/ANM at AB-HWC

Undertake the near vision test in adults of 40 years of age.

1. Make the individual sit upright in a well illuminated room.
2. Place the near vision card/chart at a distance of 35 cms from the individual.
3. Ask the individual to close one eye and start reading the alphabets from the top line moving downwards. The lowermost readable line is the near vision of the patient.
4. The individuals who cannot read N 12 line or below in the chart will be referred by CHO/ MO heading the nearest AB-HWCs to the Ophthalmic Assistant at the Vision Centre for further assessment/higher health centres (MO to be informed regarding the referral).

Refer to Annexure- 1 regarding Eye Charts-Snellen Chart and Near Vision Chart at Community level, Ayushman Bharat- Health and Wellness Centre and Referral Centre/Vision Centre.

Role of MPW/ANM in Management of Refractive Errors

If any adult or child is suspected to have refractive errors, squint or presbyopia, you must inform the CHO/Medical Officer heading the nearest AB-HWC. They will further refer the person to nearby health facility where an Ophthalmic Assistant or an Eye specialist/Eye doctor is available. Inform and coordinate with the RBSK team for further management of the suspected child.

1. Support the ASHA in convincing resistant community members that require to wear spectacles for correcting their eye problem.
2. Encourage the community members to wear spectacles as prescribed and make them understand the importance of wearing the spectacles regularly.
3. Annual screening of all the adult community members for early identification of blindness and refractive errors and timely referral.
4. Support the RBSK team in undertaking eye screening of children and adolescents 0-18 years of age.
5. Inform the patients that free spectacles are available free in all Government Health Institutions.
6. Follow- up with all individuals – those who have refractive errors and are given corrective glasses – to ensure that they use them properly.
7. Counsel the individuals on the importance of consumption of Vitamin A rich foods and limit the use of television/mobile phones, computer and other electronic items that can cause strain to the eyes as much as possible (20-20-20 rule- Every 20 minutes, look away about 20 feet in front of you for 20 seconds).
8. Any person in case of symptoms such as continued redness, watering, eye fatigue, diminished vision following the use of spectacles will be referred by CHO/MO heading the nearest AB-HWCs to the OA/ Eye specialist/Eye doctor.
9. Making a list of all Vision Centres/ higher health facilities having OA/Eye specialist/Eye doctor in your service area.
10. Assist the CHO/MO heading the nearest AB-HWCs in linking patients with any suspected refractive errors to the OA at nearest Vision Centre/Eye doctor/Eye specialist at higher health centres for further testing and treatment (CHO to undertake referral in consultation with MO).
11. Maintenance of records. Assist the CHO in maintenance of records and registers, as required.

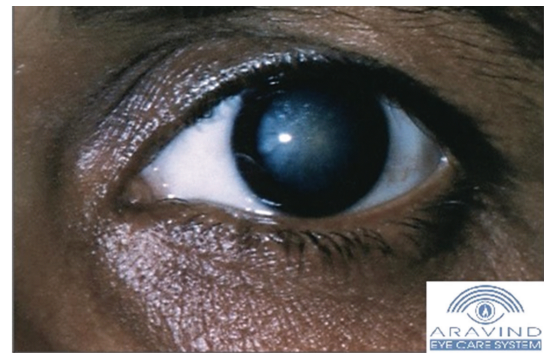
CHAPTER 6

Overview and Management of Cataract

6.1 What is Cataract?

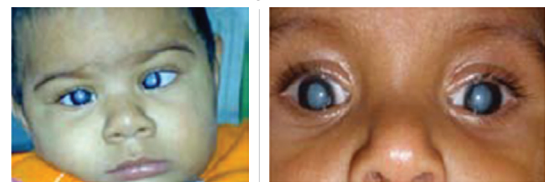
Cataract is one of the major reasons for blindness in India. It is also called as '**Safed Motia**' in Hindi, other regions will also have a local term for it. Largely, adults more than 50 years, can be affected by it which means it is an age- related condition which occurs due to the ageing process. Sometimes, people who are younger may also develop Cataract; this can also occur in children at birth.

It affects lens of the eye that helps in normal vision of an individual. Cataract can also occur due to other conditions like Diabetes Mellitus (DM) in adults, or after an eye injury, inflammation or long-term steroid use.



Cataract

Source: Aravind Eye Hospital, Madurai

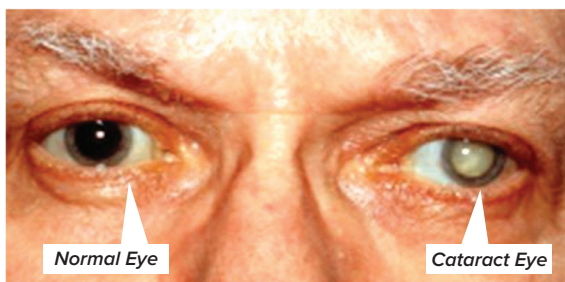


White eye indicates Congenital Cataract (Cataract from birth)

Source: RBSK, 2017

6.2 How do we identify Cataract in a person

Let us compare the photograph of two eyes shown below. What do you notice?



Normal and Cataract Eye

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

The normal eye has central black hole and people are able to see properly because light rays can enter through it normally and in the second eye in the photograph, you notice correctly, black hole is replaced with white or greyish colour. Due to this, light rays will not be able to enter normally and thus people having this kind of situation will have their vision affected. This condition is called '**Cataract**' and it affects mainly the lens of the eye.

ASHA will complete the CBAC for the target population which also includes questions regarding eye care. If there is any 'yes' response to any of the symptoms related to eye, ASHA will refer the individual immediately to the nearest AB-HWC.

You must also pay special attention to those who have problems in seeing normally from a distance or in whom you can visibly see the central black hole with white or greyish colour.

You should also know that adult persons with diabetes are more likely to develop early Cataract. Such persons should get their annual eye examination done by an Eye doctor/Eye specialist. Also, look for children, whose families have complained of their child with poor vision and coordinate with the RBSK team for further management.

6.3 Symptoms of Cataract

1. There is gradual loss of vision from the affected eye. Without treatment it will deteriorate/worsen further.
2. The person may complain of hazy (cloudy/blurred) vision as if there was something over their eyes.
3. The person may complain that s/he has to change his/her spectacles/glasses very frequently but are still not able to see clearly with the use of spectacles/glasses.
4. The person may also complain that s/he finds it difficult to tolerate bright light or glare (strong light).

6.4 Screening for Cataract

In order to screen for cataract, you need to examine the eye of the patient with the help of a torch. In normal cases, the pupils get constricted and appear jet black. However, in patients suffering from cataract, due to the opacity of the lens, light gets reflected and the pupil appears to be white/or greyish white (as seen in the above image).

6.5 How is Cataract treated?

There are no medicines which can cure cataract. Any person who has cataract in any eye, will have to undergo an operation or a procedure in a hospital where eye surgeries are done. There is no other treatment for this condition. During this operation, they will remove the damaged lens and replace it with a new artificial lens. If the cataract is not timely operated, it can lead to vision loss. Hence, all suspected cases of cataract should be referred to eye camps (organized under NPCB&VI)/ eye surgeons for further evaluation and management. Cataract surgeries are very safe.

6.6 Health education messages for the community on Cataract

1. It is normally seen in elderly people and is a result of ageing. However, it can also occur in younger age groups and in children. Adult persons with diabetes are more likely to develop Cataract at an early age.
2. It cannot be cured by putting any eye drops/eye ointment. Cataract can be cured ONLY with eye surgery.
3. The eye procedure commonly involves taking out the affected lens from the eye and replacing it with a new artificial lens so that vision can be restored to normal.
4. This procedure for correction of cataract is a safe and commonly done, but only in a recognized hospital with eye specialist. It cannot be done in the Community or at AB-HWCs.
5. Under National Programme for Control of Blindness and Visual Impairment (NPCB&VI), Government Eye Hospitals and Non-Governmental Organisations (NGOs) provide free surgeries to affected persons.
6. In adults that have cataract due to ageing, both eyes may be affected and treatment may be required for both the eyes.

6.6.1 Messages for the Community

A. Preparation before Cataract surgery

1. The patient must be checked up by the doctor to determine which eye has the cataract.
2. Before surgery is done, simple investigations like blood pressure measurement, blood sugar, urine examination and electrocardiogram (ECG) is done and advice about date of surgery and general precautions will be explained to the affected person.
3. Some persons delay their operation. It is important to note that delaying the surgery may increase the chance of complications after the surgery. So, it is better to get operated early and avoid any complications.
4. The person undergoing cataract surgery must understand that proper rest will be required after the surgery, and that there should not be any exposure to dust, smoke or pollution.
5. Any person with cough or other problems must first get that treated before getting a cataract surgery.

B. Post-surgery information

1. The operated eye should be protected with an eye shield.
2. The operated eye should be protected from bright light, TV screen, mobile, computer, dust, smoke, smoke from chullas and jerks (quick, sharp, sudden movement) for time period



Patient with Eye Shield after Cataract Surgery

Source: Aravind Eye Hospital, Madurai

as suggested by the doctor. Need for using protective eye wear such as dark eyeglasses during daytime will be advised by the doctor.

3. The Eye Doctor will advise the patients for putting frequent eye drops in daytime and eye ointment at night to the operated eye. These should be done correctly for the period prescribed. Refer to Annexure- 2 and Annexure-3 for correct steps to administer eye drops and eye ointment, respectively.
4. The patient should not rub the operated eye.
5. The patient should not put water into the operated eye but should maintain hygiene around the eyes by cleaning it. The area around eyes can be cleaned by using cotton. Take a bowl of water and cotton, boil it and let it cool. Now, cotton can be used to put water around eyes. This can be done every morning by the patient for at least 10 days after the surgery.
6. Avoid having a head bath for at least 5 days after cataract surgery.
7. The patient should not sleep on the same side as the operated eye at least for one week.
8. Avoid lifting heavy objects, doing exercises for 4-6 weeks and avoid applying kajal/any eye make-up for at least 4 weeks.
9. Normal balanced diet should be taken by the patient after the surgery.
10. After the eye surgery is done, it is important for the patient to visit and consult eye doctor after one week of operation and then after one month of operation.
11. If there are any complaints in the operated eye like redness, pain or poor vision, the patient should contact the eye surgeon/eye doctor immediately.
12. Patients after the surgery may require spectacles depending on type of lens used in the eye.

Refer Annexure- 4 on how to clean eyelids and eyes daily as post-operative care of patient after Cataract surgery.

Any individual who has undergone cataract operation in one eye, must be counselled to not neglect the other eye. Ensure the individual pays attention to the other eye to avoid any complications. These individuals will be referred for regular check-up of both the eyes by CHO/MO heading the nearest AB-HWC.

Common Myths and Facts about Cataract

1. MYTH: Cataract can be treated with eye drops.
FACT: Only surgery can treat cataract.
2. MYTH: Cataract surgery is dangerous.
FACT: It is one of the safest operations.
3. MYTH: It can take a long time to recover after cataract surgery.
FACT: Most of the patients resume normal activity and restore their vision within one week-one month time period.
4. MYTH: Cataract is reversible.
FACT: No. Once the cataract occurs, it is not reversible and it will progress to reduce vision further.
5. MYTH: Cataract surgery can be done only in winter season.
FACT: Cataract surgery can be done in any season.

6.7 What should you as a MPW/ANM do if you suspect a person to have Cataract

- ▶ You should make a record of the same in your diary.
- ▶ You should ask ASHA to follow the person in the family on subsequent visits to see whether the person got him/herself investigated.
- ▶ After the surgery, you and the ASHA should ensure that the patient visits the eye doctor after one week and one month after the surgery.

All individuals 50 years and above, should be screened for cataract, even if they are not suffering from any symptoms. The person may only complain that s/he has to change his/her spectacles/glasses very frequently but are still not able to see clearly with the use of spectacles/glasses. The screening may be started even earlier if there is history of diabetes, hypertension, steroid usage, eye surgery in past, etc.

Role of MPW/ANM in Management of Cataract

- Screening all individuals suspected by ASHAs with any eye problem. Also, identify cataract in individuals during home visits (even in younger age group).
- Making a list of all Vision Centres/ Eye Surgeons in the area.
- Inform the patients that MO at AB-HWCs will provide medical fitness for cataract surgery.
- Assist in linking patients with suspected cataract to the Eye doctor/Eye specialist at higher health centres for further testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Inform the patients that the cataract operation is done free in all Government Institutions.
- Follow up all post-operative cases to ensure that they follow proper eye care post cataract surgery and do not develop any complications.
- Long term follow- up of all cataract cases for vision acuity.
- Assist the primary healthcare team for health promotion activities and screening of individuals for eye disorders and blindness. Pay special attention to those with diabetes, hypertension or individuals found at risk after filling Community Based Assessment Checklist (CBAC) by the ASHAs.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.

CHAPTER 7

Overview and Management of Conjunctivitis

7.1 Introduction

It is also commonly known as '**Eye Flu**'. It occurs more towards end of summer and beginning of monsoon season and is contagious in nature (it spreads from one person to another). It often affects both eyes and begins with an itchy sensation in the eyes.

This is followed by redness in eyes, and then stickiness of eyelashes and swelling of the eyes. There is collection of white- yellowish discharge. Normally, it gets corrected on its own within 3-4 days without any medicine and with hygienic measures. If the redness/pain still remains beyond 3-4 days, refer the individual to the nearest AB-HWC for further management.



Conjunctivitis

Source: Aravind Eye Hospital, Madurai

Remember- Not every Red Eye is Conjunctivitis.

7.2 Symptoms of Conjunctivitis

- ▶ Acute redness of eyes
- ▶ Foreign body sensation in eyes
- ▶ Watering from eyes
- ▶ Photophobia (intolerance to light)

7.3. How is it spread

The fingers, flies, fomites (handkerchief, bath towel, bed sheets/bed covers/pillows, etc.) spread infection. The transmission from person to person can be reduced by avoiding the sharing of personal things.

7.4 Common Differential Diagnosis of Painful Red eyes

Like conjunctivitis, few other conditions, such as foreign body in eye (dust, pollen, etc.), eye injuries, trachoma, hay fever, glaucoma, corneal ulcer, etc., may also present as painful-red eye.

7.5 Prevention of Conjunctivitis

Most important part is to maintain adequate hygiene. Some important points include:

1. Frequent washing of hands and face with clean water.
2. Keep separate towel, handkerchief, bed cloth, etc. for every family member.
3. Daily wash the personal belongings like listed above with clean water.
4. Avoid touching the eyes frequently.
5. Use of sun-glasses and avoid dusty, sunny places.
6. Avoid the use of kajal and surma during an episode of conjunctivitis.
7. Avoid cover-crowded places to reduce spread to others.

7.6 Treatment of Conjunctivitis

Persons who have conjunctivitis should be counselled for the following-

1. Frequently wash eyes with clean cold water.
2. Place a cold, damp clean cloth on eye to give soothing effect.
3. Avoid self-medication and no use of medicines without medical advice.
4. Frequent eye drops in daytime and eye ointment in night time as prescribed by a medical doctor are usually needed for the treatment.
5. Do not put ghee/ honey/rose water/onion extract in the eyes.
6. Tell them to inform you and consult the CHO/Medical Officer heading the nearest AB-HWC if condition does not improve within 3-4 days.

Refer Annexure- 4 on how to clean eyelids and eyes daily for patients with Conjunctivitis.

Role of MPW/ANM in Management of Conjunctivitis

- Identification and diagnosis of conjunctivitis amongst the community members.
- Assist in linking suspected patients with conjunctivitis to the Medical Officer at AB-HWCs/ Eye doctor/Eye specialist at higher health centres for further testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Follow-up care of those diagnosed with conjunctivitis by referral centre.
- Regular follow up of all treated cases.
- Health Promotion activities- informing all community members to maintain good personal hygiene, good eye hygiene, preventive measures and to report immediately for excessive watering and redness in the eye.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.

CHAPTER 8

Overview and Management of Styne

8.1 What is a Styne?

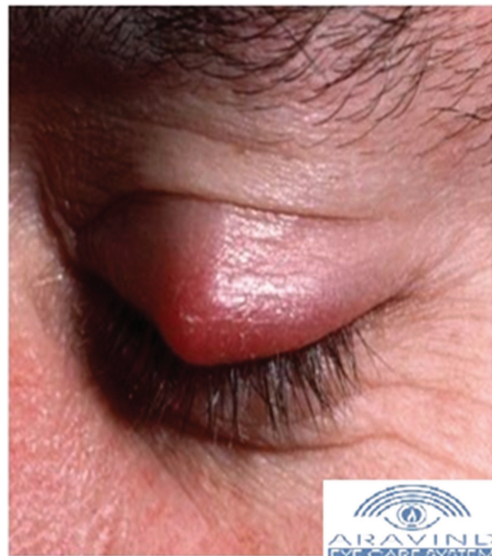
A styne is like a pimple on the eyelid as the result of a blocked gland.

8.2 Causes of Styne

Stynes occur when a gland in or on the eyelid becomes inflamed due to blockage. This can happen due to poor hygiene or dust particles blocking the opening of the gland.

8.3 Symptoms and Signs of formation of Styne

- ▶ Feeling of a foreign body sensation in the eye (particularly with blinking)
- ▶ Pressure on the eye
- ▶ May also be blurred vision if thick pus from within the styne spreads over the eye's surface
- ▶ Presence of a lump (like a pimple) on the edge of the eyelid
- ▶ Redness and painful swelling of the skin
- ▶ May be thick discharge on the lids and lashes
- ▶ Tears can also be produced in response to irritation



Styne

Source: Aravind Eye Hospital, Madurai

8.4 Treatment for Styne

The most traditional treatment is application of frequent dry warm (not too hot) compresses several times a day. Plucking of the involved cilium (Eye lash) helps sometimes to heal faster. A simple pain reliever can also be given.

Refer to Annexure 5 A- for Applying a Dry Warm Compress in case of Styne in individuals.

If there is severe burning, discharge and redness that interferes with vision, the patient will be referred to the CHO/MO heading the nearest AB-HWC for treatment. The CHO may refer the patient to the MO for further care and management.

Eye drops will be advised by the Medical doctor and some cases, may also require surgical removal of the pus by an Eye Specialist/Eye Doctor. There is no role of oral antibiotics in treatment of Styne.

8.5 Prevention of Styne

1. The most effective method of prevention is to keep the eyelids and eyelashes clean.
2. Dry and warm compresses on a daily basis on the styne at the first sign of irritation in the eyelid can prevent it from getting worse.
3. Following general eye health and hygienic measures.
4. In children with styes, closely follow-up as it can spread fast and become dangerous.
5. If there is formation of recurrent styes in individuals, check for Diabetes Mellitus and/or Refractive Errors. Patient will be referred to Medical Officer at AB-HWC for further check-up if required.

Role of MPW/ANM in Management of Styne

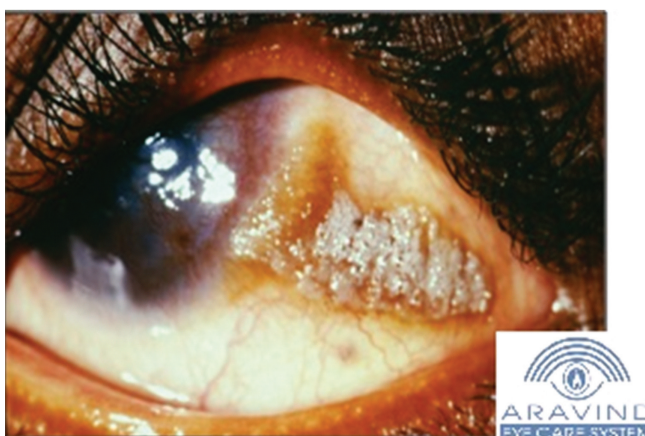
- Identification and diagnosis of styne formation amongst the community members.
- Screen for Diabetes Mellitus and/or Refractive Errors in patients with recurrent styne formation. Patient will be referred to Medical Officer at AB-HWC for further check-up, if required.
- Assist in linking patients with styes to the Medical Officer at AB-HWCs. Patients may also be referred to Eye doctor/Eye specialist at higher health centres for surgical removal of the pus (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Regular follow up of all treated cases.
- Health Promotion activities- informing all community members to maintain good personal hygiene, good eye hygiene and take preventive measures.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.

CHAPTER 9

Overview and Management of Vitamin A Deficiency (Xerophthalmia)

9.1 Introduction

You must be aware that Vitamin A solution is given to children. The mother and child protection (MCP card) helps in keeping a record of Vitamin A doses given to children. Currently, as per National Immunization Schedule, a child receives nine doses of Vitamin A starting from 9 months of age and then every 6 months, till the child attains the age of five years.



Bitot's Spot

Source: Aravind Eye Hospital, Madurai

9.2 What are the risk factors for Vitamin A Deficiency?

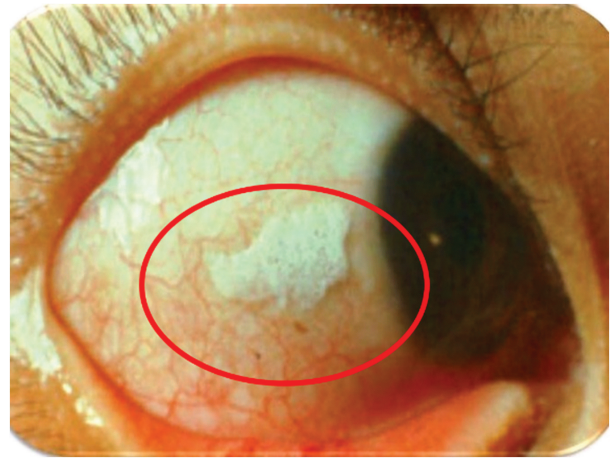
- ▶ Poor families and malnourished children.
- ▶ Situations like natural disasters e.g., floods and earthquakes.
- ▶ Severe Acute Malnutrition (SAM) with recurrent childhood infections like diarrhoea and measles.
- ▶ Inadequate diet deficient in Vitamin A rich food.
- ▶ Zinc deficiency may also increase the risk of vitamin A deficiency.

9.3 Clinical Features

Deficiency of Vitamin A can present in many ways, one of which is loss of night vision. This is called Night Blindness and is the first eye sign of Vitamin A deficiency. In this condition, persons are not able to see properly when it is dark. Mothers/caregivers can complain that their child falls

in the dark time as they do not see objects. If it is not treated, it can progress to affect the whole eye which will lead to dryness of eyes and cornea and finally to blindness. Affected cornea is susceptible to infection.

You can also visually see some dirty white patch on outer side of the eye as seen in the picture, called as Bitot's Spots in individuals with Vitamin A deficiency.



Bitot's Spot

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

9.4 Management of Xerophthalmia

a) Screening and early diagnosis of Xerophthalmia:

Although biochemical tests exist for measuring the levels of Vit. A (retinol) in the blood, clinically the presence of Bitot's spot and history of night blindness is often sufficient for referring the individual for further evaluation and management. Bitot's Spots once formed cannot be removed by Vitamin A treatment.

b) Treatment:

Children below 5 years, receive 2 lakh IU of Vitamin A orally every 6 months under the Universal Immunization Programme (1 lakh IU below age of 1 year). Severe cases of Xerophthalmia are treated using 2 lakh IU of vitamin A by mouth on the first day. Repeat the same dose on the second day and again after 14 days.

c) Your role in management of Xerophthalmia:

The treatment for Xerophthalmia is simple, especially if detected early. Hence, it is important to check for signs and symptoms indicating Vitamin A deficiency, especially in sick and malnourished children. Even if one child in a house has Xerophthalmia, the neighbouring children of other households should be checked for the disease.

- ▶ Prior to referral by CHO/MO heading the nearest AB-HWCs, counsel the patient about:
 - The need and importance of referral.
 - Probable line of management which would be initiated at the referral health facility.
 - The importance of mobilizing family members for screening, especially the children.
- ▶ Once the treatment has been initiated at the referral centre, the patient will follow-up with you through the AB-HWC. Hence it would be necessary to:
 - Ensure that the patient is following the treatment and undertaking the follow-up visit as advised.
 - Counsel about the regular consumption of locally available vitamin A rich foods such as milk and milk products, butter, ghee; whole egg, liver, meat, chicken, fish; dark green leafy vegetables like Amaranthus leaves (cholai), drumstick leaves, methi (fenugreek) leaves, spinach (palak), mustard leaves (sarson saag), turnip leaves, coriander, radish leaves, bathua leaves, mint leaves; yellow and orange vegetables and fruits like carrots, tomato, sweet potato (shakarkandi), papaya, mango, apricots



Vitamin A rich foods

(khoomani), dates, etc. and appropriate breastfeeding (colostrum is rich in Vitamin A). Home garden/Community garden to grow vitamin rich vegetables and fruits should be encouraged, wherever applicable.

- Monitor the response to the treatment and referral to MO at AB-HWC/ Eye doctor at higher health facilities if there are no signs of improvement/ symptoms recur after few days (Assist the CHO/MO heading the nearest AB-HWCs in undertaking the referral).
- Public health function:
 - You and the ASHA will maintain a register with a list of individuals suffering from Xerophthalmia.
 - Along with the primary healthcare team, support groups, during home visits, health campaigns, community platforms like Village Health, Sanitation and Nutrition Day (VHSND) session, Urban Health, Sanitation and Nutrition Day (UHSND) session, Village Health, Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samiti (MAS), at Anganwadi Centres (AWC), etc. educate and create awareness generation of the community members on prevention of Vitamin A deficiency disorders.

Role of MPW/ANM in Management of Vitamin A Deficiency (Xerophthalmia)

- Early detection of night blindness in children and treatment with Vitamin A prophylaxis.
- Early identification of signs, symptoms of Vitamin A deficiency in children and also in pregnant women.
- Assure Vitamin A prophylaxis in children between 9 months to 5 years of age as per the National Immunization Schedule.
- Monitoring all measles cases in children and ensuring that they receive vitamin A supplementation.
- Assist in linking patients with any signs of Vitamin A deficiency to the MO at AB-HWCs/ Eye doctor/Eye specialist at higher health centres for further testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Follow up of all treated cases with regular eye check-up and Vitamin A prophylaxis.
- Health education on importance of Vitamin A Prophylaxis and Vitamin A rich diet. Encouraging breastfeeding focusing on colostrum feeding.
- Ensure regular screening of all children in Anganwadis and schools for early signs of Vitamin A Deficiency by RBSK team.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.

CHAPTER 10

Overview and Management of Glaucoma

10.1 Introduction

It is also called as '**Kala Motia**' in Hindi. This is known as '**silent thief**' of vision. There are two types of Glaucoma- Painless and Painful. The condition is caused due to an increase in pressure inside the eye.

The painless glaucoma is detected late and vision is lost in most cases. Whatever vision is lost, cannot be restored, resulting in blindness.

The painful glaucoma presents with sudden severe pain and redness in any one of the eyes, headache along with loss/dimness of vision. The pain may be so severe as to cause nausea or vomiting. The patient should immediately be referred to the nearest AB-HWC.

10.2 Risk factors for Glaucoma

- ▶ Age more than 40 years of age (sometimes it can also occur in children).
- ▶ Family history of glaucoma.
- ▶ History of diabetes, hypertension (blood pressure), heart disease, high lipids/cholesterol.
- ▶ Use of steroid medications, like prednisone.
- ▶ History of trauma to the eye or eyes.
- ▶ Very high refractive errors.

10.3 Let us see these photographs below. What do you observe?

The first picture is what a person with normal vision can see. The other two are from patients with glaucoma. In early stages, only the side vision gets damaged. If left without treatment, this becomes worse and finally the person can only see the middle part of the picture.



Normal Vision

Early onset of Glaucoma

Glaucoma

Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

Note- Individuals having tunnel vision (seen in second and third picture) in glaucoma, may still have normal vision and can still read the last line in the Snellen chart. Therefore, individuals with any of the risk factors given above, should be advised for regular check-up for glaucoma once a year at the nearest AB-HWC.

10.4 Signs and symptoms of Glaucoma

1. Coloured bright circles around source of light.
2. Headache and severe eye pain.
3. Gradual loss of side vision and restriction of field of vision as explained above.
4. Frequent change of spectacles.

10.5 Treatment of Glaucoma

Any person complaining of eye pain and with blood pressure (hypertension), diabetes, heart disease or high lipids/cholesterol should be checked for glaucoma. These individuals must go once a year for eye examination. It can occur at any age but is more common in older adults. Medical Officer at AB-HWC or the OA at Vision Centre will screen the individual for glaucoma and refer to an Eye specialist/Eye doctor at higher referral centres for medical treatment/surgery.

Role of MPW/ANM in Management of Glaucoma

- Making a list of all Vision Centres/ Eye surgeons in the service area.
- Regular screening of all cases with hypertension, diabetes, heart disease, high lipids/ cholesterol for any symptoms suggestive of glaucoma (if they can see full picture or not). Such individuals and their family members should get their eye pressure checked and eye examination at least once in a year.
- Assist in linking suspected glaucoma patients to the Medical Officer at AB-HWCs/OA at Vision Centres for screening for glaucoma (eye pressure test). Confirmed/High-risk cases for glaucoma will be referred by MO/OA for medical treatment and further management to higher facilities by Eye surgeon/Eye doctor (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Educate the community members that eye drops prescribed by a medical doctor for glaucoma need to be continued life-long similar to taking medications for life in conditions like Diabetes and Hypertension.
- Regular follow- up of all diagnosed glaucoma cases to monitor that they are putting their eye drops regularly and also ensure that they are visiting the eye doctor as and when advised.
- Health promotion activities for proper eye care, signs and symptoms of glaucoma and prevention of glaucoma.
- Maintenance of records and registers. Assist the CHO in maintaining the records and reports, as required.

CHAPTER 11

Overview and Management of Trachoma

11.1 What is Trachoma?

Trachoma is an infectious disease which spreads from one person to other. It mainly affects the eyelids and children can easily get the disease. In adults (after 15 years of age), because of repeated infections earlier in life, the eyelashes can turn inwards (trichiasis) and can rub against the front part of the eye resulting in cloudiness, that in turn, leads to blindness. It is more prevalent in northern belt of India and Andaman and Nicobar Islands.

11.2 How is Trachoma spread?

The main mode of spread of trachoma infection is a case of trachoma with infected eye secretions. The most common routes of transmission are-

- ▶ Close physical contact for e.g., mothers of affected children
- ▶ Sharing of towels, handkerchiefs, etc.
- ▶ Houseflies
- ▶ Coughing and sneezing

11.3 Risk factors which spread Trachoma

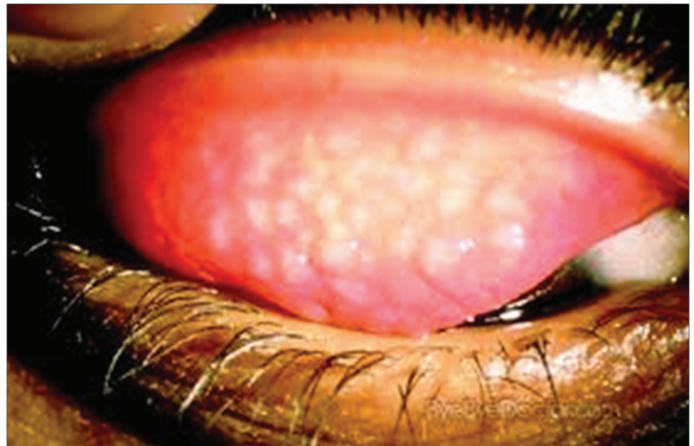
- ▶ Overcrowding
- ▶ Poor personal/ environmental hygiene
- ▶ Shortage of water
- ▶ Inadequate latrines and sanitation facilities

Trachoma is also referred as '**water washed**' disease because frequent washing of faces and good personal hygiene will prevent people from getting this disease.

11.4 What are the signs and symptoms of Trachoma?

Active Trachoma infection in children is associated with-

- Pain in eyes on blinking
- Redness and irritation in eyes
- Foreign body sensation in eyes
- Continuous tearing (watering) from eyes
- Increased sensitivity to bright light
- Appearance of nodules on the inner surface of eyelids (usually upper eyelid)



In adults, the inward turning of eyelashes in an individual can be checked through torch examination of the eye.

Nodules on the inner surface of upper eyelid
Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

11.5 What is Trichiasis?

The progress of infection of trachoma causes the eyelashes of upper eyelid to turn inwards so that the lashes rub against the globe (eyeball). Sometimes whole lid margin may turn inwards.

11.6 Can trichiasis be prevented?

Yes, Trichiasis can be prevented using measures such as:

1. Promoting face hygiene among community members by regular bathing and face washing. Teach and promote the steps of regular hand-washing with soap and clean water.
2. Promoting use of latrines and educating community members about harms related to open defecation.
3. Spreading the following messages amongst the community members:
 - Keep your environment clean.
 - Houses and surroundings should be kept free of breeding of houseflies. The breeding ground is usually garbage, manure, uncovered fruits and vegetables, open defecation areas, open drains, etc.
 - Maintain personal hygiene. Wash your face with clean water several times in a day.
 - Keep separate towel, linens, handkerchief, etc. for each member of family and keep them clean.

11.7 What is the treatment of Trachoma?

- Promote hand and facial hygiene practices (personal hygiene) among individuals and cleanliness of environment.

- ▶ The inward turned eyelash can be easily removed by you/CHO/MO/OA on examination but if the number of inward turned eyelashes is more than three, then patient should be referred for corrective eyelid surgery to the Eye Specialist/Eye Doctor.
- ▶ Provide follow- up care for trachoma as advised at the referral centre.
- ▶ Ensure adherence to treatment by the patient as advised by the doctor.

Role of MPW/ANM in Managing Trachoma

- Assist in linking suspected patients with Trachoma/Trichiasis to the Medical Officer at AB-HWCs/ OA at the nearest Vision Centre/Eye Doctor/Eye Specialist at higher health centres for testing and treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Follow- up care of those diagnosed by referral centre.
- Health promotion for good personal hygiene, facial cleanliness and environmental hygiene and to report immediately for any symptoms.
- Regular follow up of all treated cases.
- Maintenance of records and registers. Assist CHO in maintaining the records and reports, as required.

CHAPTER 12

Overview and Management of Eye Injuries

There are different situations where someone can have an Eye Injury. Some of the direct causes are:

1. Chemical colours falling into the eyes while playing holi.
2. During a physical fight or playing outdoor games.
3. Hot water burning the eyes or Diwali crackers falling into the eye.
4. Sharp objects or grain husks/small sticks going into the eye during some physical work e.g. cutting wood, farming season.
5. Ultra violet light entering the eye when a welder does work without eye protection.
6. Looking directly at the sun during a Solar Eclipse.

Damage to the eye due to injuries are preventable if adequate precautions are taken. These can happen without any prior warning. Eye injuries can be minor or serious and can lead to permanent blindness also.

12.1 Provide important messages for community members to prevent eye injuries

A. At Home

1. Keep sharp objects at home away from children. Some objects like pencils, knife, scissors, sharp edged toys should be handled with care particularly by children.
2. Keep hot liquids out of the reach of children. Do not leave boiling utensils on reachable surfaces of children.
3. Switch off iron after use or leave at a safe place out of reach of children.
4. While using sprays, care should be observed that nozzles/opening are directed away from users, while pressing down the handle.

5. Chemicals at home including detergents and ammonia, etc. should be handled with care. Hands should be washed after their use.
6. Keep all pesticides, fungicides, phenyl, acids and alcohol under lock and key.

B. At Play

1. It is important to supervise children while they are playing with toys or games that can be harmful. Many toys have pointed or sharp ends and games like gilli-danda and boxing can be dangerous for eyes.
2. Toys like dart (sharp pointed objects), toy guns, etc. can hit the eyes from the distance. These should be avoided.

C. During Festivals

1. Adult supervision is vital while children play during festival.
2. Do not give crackers to children.
3. Do not light fireworks indoor.
4. Eyeglasses or goggles should be worn for protection.
5. Place a bucket of water nearby to put out fire.
6. During holi, herbal colours should be used. Chemicals should be avoided.

12.2 When something falls in the eye (foreign body in the eye)

Foreign bodies can enter the eyes like during harvesting season, particles from cutting wood, while travelling on high-speed vehicles, etc. Small particles of charcoal, wood, sand, small sticks of plants, etc. can enter and settle in the eye. This will lead to irritation in the eyes and can damage the eyesight.

If something falls in the eye, following points need to be observed:

1. Tell the person not to panic. The person should sit quietly and asked not to rub the eyes. The person should not try to remove the foreign body from the eye.
2. It is important to wash eyes with plenty of water.
3. Let the tears wash it away. Most of the time, tears will do the cleaning.
4. Do not put any medicines or traditional eye medicines or any home remedies- ghee, honey, rose water, onion extract into eyes. They are harmful.



Foreign body in the eye
Source: Aravind Eye Hospital, Madurai

5. Do not bandage, just cover the injured eye with a clean cloth/eye pad/eye cover and do not put any pressure on the injured eye. CHO/MO heading the nearest AB-HWCs will provide first aid for superficial foreign body, eye injuries, provide stabilization and then refer to nearest higher facilities with Eye specialist/Eye doctor in case of corneal/deep foreign bodies in the eye.

Refer to Annexure- 5 B regarding Applying an Eye Cover or Pad in case of Eye Injuries.

12.3 Acid/Alkali/Chemical Exposure

1. For acid/alkali/chemical exposure, CHO or you will give first aid to the patient by washing eyes with clean water by avoiding soiling over on unaffected facial area.
2. CHO/MO heading the nearest AB-HWCs will refer the individual immediately to higher facilities with Eye specialist/Eye doctor for further management (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO; MO to also be informed regarding any visits to health facility by the community members).



Chemical Burns
Source: Aravind Eye Hospital, Madurai

Note that all referrals will be made only by the CHO/MO heading the nearest AB-HWCs. You will assist him/her in doing so.

Role of MPW/ANM in Managing Eye Injuries

- Raise awareness among community members about prevention of eye injuries at home, in the community and during festivals.
- Washing the eyes in case of chemical burns and keeping them covered with a clean cloth till the patient reaches the treating doctor.
- Assist in linking individuals with eye injuries to the Medical Officer at AB-HWCs/Eye doctor/ Eye specialist at higher health centres for treatment (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO).
- Follow-up on all cases after treatment.
- Supervise special festivals where eye injuries are common such as Holi and Diwali.
- Promote use of protective eye glasses for farmers, those doing mechanical or welding work, use of helmets covered with front glass for those driving two-wheelers, educating community members to not look directly at the sun during Solar Eclipse, etc. The flying husk/small sticks of plants/any foreign body can enter the eye and lead to ulcers in the cornea and to blindness.
- Maintenance of records and registers. Assist CHO in maintaining the records and reports, as required.

CHAPTER 13

Special situations for Eye Care

13.1 Diabetes and Eye Diseases

The ASHA and AF in your service area along with you, are mobilizing the target population for screening for diabetes to the nearest AB-HWC as part of NCD screening programme. It is important to ensure that all confirmed cases of diabetes get an eye check-up done once a year even if they do not have any eye complaints.

The problem of diabetes is increasing in our country and so are its long-term effects. As you know, in diabetes, the blood glucose levels are increased. It can be controlled by taking medicines that are available now at the AB-HWCs.

Diabetes affects many organs and one of them is the eyes. It affects mainly the back lining of the eye called the retina. It can also result in early cataract development and glaucoma. This is important to understand, if the retina gets affected by the disease, person will have problems in his/ her vision. Also, here the loss of vision is irreversible. So, you must encourage all the target population to get their regular eye examination as well as control their high blood pressure and diabetes through various means like lifestyle modification and/or medicines. The diabetic individuals will be referred to the MO at the nearest AB-HWCs in both rural and urban areas or to Ophthalmic Assistant (OA) at Vision Centres for timely detection of diabetic eye diseases, if any (CHO/MO heading the nearest AB-HWCs will make the referral). MO/OA will facilitate consultation of diabetic patients with Eye specialist/Eye doctor at an early stage, as required.

13.2 Prematurity and Eyes

Those babies that are born premature (before complete term) such as before 32 weeks of gestation or whose birth weight is less than 1500 gms, their retina (back lining of the eye) is not fully developed. These children may also have difficulty in breathing and low oxygen. They may be kept in neonatal units if they are born within hospitals for support and management.

These babies require an eye check-up within 30 days of birth so as to examine whether the retina is okay or not. If there is abnormal development, these babies can have blindness if not detected

and treated early. Babies that are very low birth weight (<1200 gm birth weight), eye examination should be done earlier.

ASHA will ensure to get an eye check-up done of all babies born in the service area with weight less than 1500 gms or born before 32 weeks, within 30 days of birth through RBSK team. Inform parents about the screening, mobilize them and accompany them, if required for eye examination. Ensure follow-up care of such children on a regular basis as advised by the referral centre. You along with the AF will support the ASHA in undertaking these activities.

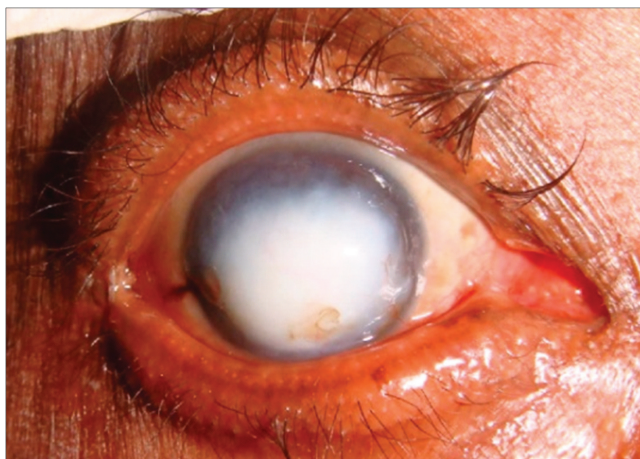
13.3 Eye Donation

The front transparent portion of the eye that covers pupil is called as cornea. In certain conditions, it becomes opaque and it leads to corneal blindness. Persons affected with same, can get rid of their blindness by replacing with a healthy cornea tissue. ***Donating the eyes after death of the individual is referred as 'Eye Donation'.***

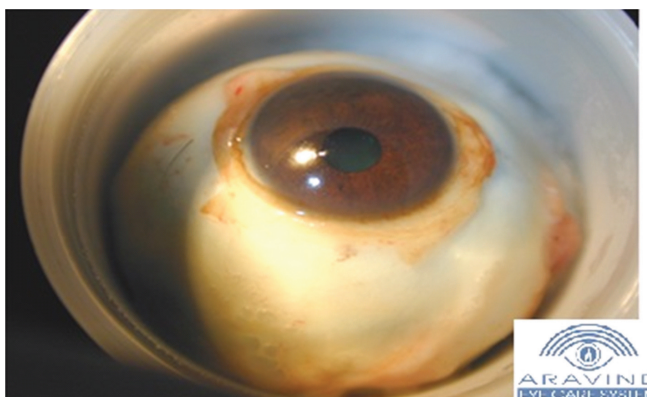
Eye donation is an act when one person can donate their eyes to persons suffering from corneal blindness. An eye donation helps 3-4 persons to regain their vision. There is a huge demand and the supply is not sufficient for the people who need it. Thus, as a society, we need to come forward for this noble cause and help our community. You should encourage community members to understand this and agree to donate their eyes after their death.

Very often the individual usually agrees, but the relatives have a problem after their death. There is no cost involved in eye donation; even the person receiving the cornea, does not have to pay any amount. It is a voluntary act and is free of cost. A person of any age, sex, religion, caste can donate his/her eyes. Donated eyes are never bought or sold. In your target area, people with diabetes, hypertension and asthma can also donate their eyes after their death.

The eyes can be donated at home or hospital after death. The Eyes/corneas are taken out by the trained team within 6 hours of death, beyond which time, eyes cannot be donated. For those ready to donate their eyes, the relatives must call



Whiteness of Cornea



A Donated Eye

Source: Aravind Eye Hospital, Madurai



Transplanted cornea in an eye immediately after surgery

Source: Aravind Eye Hospital, Madurai

up the nearest eye bank at **National toll-free number (24X7) – 1800114770 and 1919 (for metro cities)**. On receiving the call, the team members will visit them within 6 hours of death and collect Eyes/corneas.

The whole eye or the front portion of the eyes that is corneascleral rim of the dead person is taken out by trained team members. It will not lead to any defect of the face.

CHO/MO heading the nearest AB-HWCs is responsible for creating awareness generation on eye donation and will be supported by you, ASHA, ASHA Facilitators, Village Health, Sanitation and Nutrition Committee (VHSNC) members, Mahila Arogya Samiti (MAS) members, support groups, etc. in motivating community members for eye donation.

Precautions to be taken after death for donation of eyes

The family members should take care that there is no wind or breeze where the body of the deceased (dead person) is kept, and the fan should be switched off in that room. This will prevent drying of the eye. The head of the deceased person should be supported by pillow, eyelids should be closed and eyes can be covered with moist cotton piece or ice. This will enable corneas of the eye to remain fresh for donation.

Explain to the community that pledging for eye donation can be done by anyone in their lifetime. Persons who have pledged their eyes, must inform their family members regarding the pledge, as they would be able to contact the nearest eye bank after their death. Even if the pledge has not been done, the family members can still call the eye bank and donate the eyes of the deceased person. Any person can donate their eyes; even those who have undergone any eye operation or have any eye disease condition except those with Hepatitis, Human Immunodeficiency Virus (HIV), rabies, blood cancers or stage IV cancers.

Some Myths and Facts about Eye Donation

1. MYTH: Removal of eyes causes defect of the face.
FACT: Removal of eyes does not produce any defect of the face.
2. MYTH: Eye donation interferes with or delays customary final rites.
FACT: Eye donation does not interfere with or delay final rites, as the process of taking the whole eyes out of the face takes less than 20 minutes.
3. MYTH: Eyes of aged donors are not acceptable.
FACT: All donor eyes are acceptable irrespective of donor's age, including eyes of premature/still born babies.
4. MYTH: An entire eye can be transplanted.
FACT: Only the cornea can be transplanted for regaining vision.
5. MYTH: Human eyes can be bought or sold.
FACT: Selling or buying of human eyes is illegal.

Role of MPW/ANM in Eye Donation

- Along with ASHA, ASHA Facilitators, VHSNC members, MAS members, support groups, etc. help motivating community members for Eye donation.
- Organize community meetings to educate people about Eye donation.
- Organize pledge ceremonies on important village days/ festivals about Eye donation. Remember, every year, August 25th to September 8th is observed as National Eye donation fortnight all over our country.
- Facilitate whenever required, for willing family to donate eyes of the deceased persons. Inform the CHO/MO heading the nearest AB-HWC regarding such families and assist them in making necessary arrangements.

CHAPTER 14

Service Delivery Framework and Roles and Responsibilities of ANM/MPW in Eye Care

As a part of the Ayushman Bharat- Health and Wellness Centre team, your key roles and responsibility is to ensure that Eye Care services are available and provided to the community in which you are working. It would require active cooperation of all the members in AB-HWCs team. The table below summarizes the eye health care services that are to be provided at different levels. It will help you to understand the range of services that need to be provided at each level and how to strengthen the continuum of care and referral linkages. Your role is seen both at the community level and the AB-HWC level in both rural and urban areas.

Service Delivery Framework for Eye Care Services

Care at Community Level	Care at AB-HWC-SHC	Care at AB-HWC-PHC/ UPHC	Care at Vision Centre/ Secondary/Tertiary care facility
<ul style="list-style-type: none"> Awareness generation on common eye disorders and the need for early care seeking through VHSNC/ MAS, VHSND/ UHSND and other community level meetings (ASHA/ AF/MPW). Clarifying misconceptions related to eye care and eye disorders (ASHA/AF/MPW). 	<ul style="list-style-type: none"> Screening for blindness and refractive errors- Testing of visual acuity (distance and near vision), diagnosis of refractive errors and referral to Vision Centre of those requiring surgery/ for management including provision of spectacles (CHO/ MPW). 	<ul style="list-style-type: none"> The Medical Officer (MBBS) at the AB-HWC-PHC/ UPHC would be responsible for ensuring that eye care services are delivered through all AB-HWCs in her/ his area. Examination and diagnosis of all eye cases referred from community or AB-HWC-SHC (MO). 	<ul style="list-style-type: none"> Eye Screening Camp- Assist district team during eye screening/ outreach camps (Ophthalmic Assistant- OA). Diagnosis for refractive errors and provision of free spectacles to patients diagnosed with presbyopia and school children with refractive errors (OA).

Care at Community Level	Care at AB-HWC-SHC	Care at AB-HWC-PHC/ UPHC	Care at Vision Centre/ Secondary/Tertiary care facility
<ul style="list-style-type: none"> Providing Information about the availability of services related of eye treatment at different levels of healthcare (ASHA/ AF/MPW/VHSNC/ MAS). Screening of pre-term/ LBW newborns for congenital disorders and referral, children and adolescents through Anganwadis and schools for vision problems/visual acuity and adult population for blindness and refractive errors (facilitated by ASHA/AF/MPW in coordination with RBSK team, where needed). Identification/ Mobilization of patient with identified eye diseases (of known diabetic, identified patients) (ASHA/ AF/MPW). Ensuring Vitamin A prophylaxis routinely for children aged 6 months to 5 years (ASHA/AF/MPW). Referral of patients with eye/vision problems to the nearest AB-HWC and follow- up (ASHA/AF/MPW). Follow up of post-operative cataract patients and distribution of spectacles to them (ASHA/AF/MPW). 	<ul style="list-style-type: none"> Identification of common diseases of the eye and referral to Vision centres – Cataract, corneal diseases, glaucoma, eye disorders in known diabetic/ hypertensive patients (CHO). Diagnosis and referral to MO at AB-HWC-PHC– conjunctivitis, trachoma, eye allergy, acute red eye, xerophthalmia (CHO). Regular eye screening and coordination with RBSK team for screening children aged 0-18 years in AWC and schools (CHO). To identify and treat Vitamin A deficiency and Bitot's spot; and provide Vitamin A prophylaxis (CHO/ MPW). Undertake home and community-based follow up visits; also, along with the ASHA/ AF (CHO/MPW). Health Promotion activities with use of IEC - Awareness generation about refractive disorders, common eye diseases, contagious eye diseases and infections and preventive care (CHO/MPW). Stabilization and referral of cases with trauma to the eye, chemical injury to eye, foreign body lodged in cornea to the higher health centres (CHO). 	<ul style="list-style-type: none"> Diagnosis and treatment of common eye diseases like conjunctivitis, trachoma, refractive errors, dry eye, sty, superficial foreign body, eye allergy, acute red eye, xerophthalmia, etc. (MO). Primary eye care for trauma (MO). Screening for high-risk cases of glaucoma and referral to higher centres for early diagnosis and treatment (MO). Screening for diabetic retinopathy, using non-mydriatic fundus camera and facilitating consultation with eye specialist at early stage with referral for further treatment (MO). Referral for advice to eye specialist for corneal blindness and follow instructions given by specialist (MO). Act as Nodal Officer for Vision Centre operations (MO). Medical fitness for cataract surgery, disability certification (in consultation with an Eye doctor/Eye specialist), outreach activities, quality assurance of ASHA and OA activities (MO). Surveillance of trachoma and referral to eye specialist where needed (MO). 	<ul style="list-style-type: none"> Collaboration with RBSK team to provide spectacles to children with refractive errors (OA). Identification of operable cataract, screening for high-risk cases of glaucoma and referral to higher centres for early diagnosis and treatment; and follow-up of post-operative cases (OA). Screening for diabetic retinopathy, using non-mydriatic fundus camera and facilitating consultation with eye specialist at early stage with referral for further treatment (OA). Referral for advice to eye specialist for corneal blindness and follow instructions given by specialist (OA). Referral to ophthalmologist for removal of corneal/ deep foreign bodies in eye (OA). Surveillance of trachoma and referral to eye specialist where needed (OA). Surgical care for eye diseases like cataract, corneal blindness, trachoma, glaucoma, severe trauma to eye, corneal/deep lodgement of foreign body in eye, retinal disease (Ophthalmologist).

Care at Community Level	Care at AB-HWC-SHC	Care at AB-HWC-PHC/UPHC	Care at Vision Centre/Secondary/Tertiary care facility
<ul style="list-style-type: none"> Ensure regular use of spectacles and follow-up bi-annually in children with refractive error (ASHA/AF/MPW). Enabling elderly and those with Presbyopia to get free spectacles (ASHA/AF/MPW). IEC for health promotion activities related to Eye Health; imparting health education to at-risk of visual impairment (ASHA/AF/MPW). Maintenance of records of visually impaired/ blind individuals in the community (ASHA/AF/MPW); maintaining a list of referrals from community who cannot count by finger counting method, read by 6/18 Snellen Vision Chart (E chart) and those at risk through CBAC (ASHA). Undertake rehabilitation and counselling (ASHA/AF/MPW). 	<ul style="list-style-type: none"> Dispensing of medicines for conjunctivitis, dry eye, Trachoma and follow-up medicines for chronic eye disease (e.g. Cataract, Glaucoma and Diabetes) treated at referral centre (CHO). Awareness generation on eye donation, provide first aid for foreign body, eye injuries, stabilization and then referral (CHO). Care of eye due to acid/alkali/chemical exposure and immediate referral (CHO/MPW). Maintenance of records as per NPCB&VI guidelines (CHO). 	<ul style="list-style-type: none"> Providing follow up care for post-operative cases as recommended by the eye specialist (MO). Ensure record maintenance as per NPCB&VI guidelines and periodic review of progress (MO). 	<ul style="list-style-type: none"> Treatment of vision disorders, eye diseases and infections (Ophthalmologist). Record maintenance as per NPCB&VI guidelines (OA).

Key Roles and Responsibilities of Multi-Purpose Worker (MPW)/ANM in Eye Care during outreach as well as in AB-HWC is as follows:

1. **Population Enumeration to cover the Eligible Population:** As you are aware, the ASHA is undertaking the Population Enumeration of the target population through home visits. She is registering or listing all target population and filling details as required in the registers/formats already for Non-Communicable Diseases. Your task is to support and mentor the ASHA through field visits in completing this enumeration for the target population. You will be responsible for cross verification of 10% population. You will undertake enumeration in some areas where ASHAs are currently not available.

2. **Community Based Assessment Checklist (CBAC):** The ASHAs have been filling the CBAC for all women and men aged 30 years and above for assessing risk factors for common non-communicable diseases. CBAC has been revised for including additional questions regarding various diseases including eye for the target population. The questions related to vision and are as follows:

Cloudy or blurred vision	Yes/No
Difficulty in reading	Yes/No
Pain in eyes lasting for more than a week	Yes/No
Redness in eyes lasting for more than a week	Yes/No

Refer to Annexure- 6 for Community Based Assessment Checklist (CBAC). The purpose of CBAC is to help in early detection of individuals with vision problems. In case, the individual answers 'Yes' to any one of the questions given above in the CBAC, ASHA will refer the individual immediately to the nearest AB-HWCs. These individuals will be prioritized for screening at AB-HWCs by you or the CHO.

Your task is to review the completed CBAC filled by the ASHA in your coverage area to ensure that it is filled and correct. The ASHA Facilitator can also undertake this task. You may also complete the CBAC in some areas where ASHAs are currently not available. The CHO at the AB-HWC-SHC will also review the CBAC filled by the ASHAs and provide guidance as required.

In addition, ASHAs will also undertake screening of blindness of all adult community members using finger counting method and screening for visual impairment using 6/18 vision chart and she will refer the high-risk individuals to the nearest AB-HWCs for further screening to be undertaken by you or the CHO (by using Snellen's chart and near vision chart/card). ASHA with support from you and the ASHA Facilitator, will mobilize families of children and adolescents (0-18 years) for regular screening of eye by RBSK team. You should inform parents about the screening, mobilize them and accompany them, if required for eye examination. Ensure follow-up care of such children on a regular basis as advised by the referral centre.

3. **Community Mobilization:** After completing the CBAC, you along with the ASHA will ensure that all the individuals who appear to be at risk for any vision problems are informed of the benefits of being screened and actively mobilized to attend further screening by you or the CHO. Along with you, the ASHAs, Anganwadi Workers (AWWs), Panchayati Raj Institutions (PRIs), VHSNC members, MAS members, other community leaders and influencers, etc. should generate community awareness about the importance of screening programme. You all may notify the community about the screening day, time and site of the screening for eye care. Also, mobilise the mother/caregivers for eye screening of children and adolescents (0-18 years) through RBSK team.
4. **Screening for blindness and refractive errors of community members:** You will undertake this activity and be involved in making a team plan for annual screening of the population under the AB-HWC catchment area. Screening can be done both in the community during VHSNDs/UHSNDs or special eye screening camps as well as in the AB-HWCs. CHO at the AB-HWC-SHC will also undertake this activity with you.

Priority will be given to those at risk (with hypertension/diabetes) referred by ASHAs after filling CBAC and undertaking screening through finger counting method and 6/18 vision charts. You will also help in, case identification for Cataract, Presbyopia, Trachoma and Corneal disease.

5. Identify **Vitamin A deficiency** and Bitot's spot in children in the community and assure Vitamin A prophylaxis.
6. Help in **providing first aid** for any case of acid/alkali/chemical exposure injury to the eye under the guidance of the CHO/MO heading the nearest AB-HWCs.
7. Along with ASHA and ASHA Facilitator (AF), help in **clarifying misconceptions related to eye care and eye disorders** in the community. During home visits to newborn, ensure that eye care is being maintained by both you and the ASHA.
8. Explain the community members about the **availability of services** related of eye treatment at different levels of healthcare.
9. Ensure **regular use of spectacles** in children with refractive error and enabling elderly and those with presbyopia and cataract to get free spectacles.
10. Along with the CHO, help in **educating school teachers and AWW** about the causes and prevention of common eye problem, identification of visual impairment among children and special needs of children with eye problems, including blind children.
11. Along with the ASHA and ASHA Facilitator (AF), help in providing **community-based rehabilitation**, social acceptance and vocational training and inclusive education for low vision patients.
12. Carrying out **health promotion activities** along with the AB-HWC team: As most of the eye conditions are preventable and/or blindness can be avoided, it is the responsibility of the AB-HWC team to promote health messages to the community. This would include Vitamin A Prophylaxis, basic eye care, maintenance for personal hygiene and environmental cleanliness and lifestyle modifications, screening and early detection of problems as soon as any symptoms come, awareness generation about refractive disorders, common eye diseases, contagious eye diseases and infections and preventive care, teaching correct method of putting eye ointment/eye drops to community members, regular check-up for high-risk individuals and follow-up of all referred cases, motivating for eye donation, etc.
13. Community-based platforms like VHSNC/MAS, VHSND/UHSND and other community level meetings can be used to **educate community** on practicing healthy habits related to eye, early identification of common eye problems and information regarding availability of eye care services at different health facilities.
14. **Referral:** You along with the CHO will identify suspected cases with eye problems. Inform the CHO/MO heading the nearest AB-HWCs regarding individuals with any identified eye problem. CHO/MO heading the nearest AB-HWCs will check for eye disorders and refer such individuals to the appropriate facility as per the case. Assist in linking patients with eye problem to the Medical Officer at AB-HWCs/Ophthalmic Assistant at Vision Centres/ Eye doctor/eye specialist/eye surgeon at CHC/ SDH/District Hospital or higher centres for confirmatory diagnosis (CHO will refer to the MO at the nearest AB-HWC; CHO to undertake referral in consultation with MO; MO to also be informed regarding any visits to health facility by the community members).
15. **Treatment and Follow up care to patients**, as advised by the referral centre - The treatment for eye disorders can be initiated by the Medical Officer at the nearest AB-HWC/Eye specialist/Eye doctor, once the individual is diagnosed with any eye disorder. The CHO/MO heading the nearest AB-HWCs will dispense eye drops/eye ointment only on prescription of a registered Medical Doctor. You or the ASHA will make monthly visits to the patients for ensuring compliance to treatment, ensuring they

are not experiencing any complications, maintaining all required hygienic practices, responding to the treatment, etc.

Along with the CHO, provide follow up care to post-operative cataract patients, post-operative eye surgery, children with refractive errors, etc. You will also need to be familiar with the treatment plans of those individuals with any of these conditions to enable you to follow up. Do regular eye check-ups to look for any complication as well as advise the person for proper eye care.

16. **Record Keeping and Reporting:** You will support the CHO/MO heading the nearest AB-HWCs in maintaining records of visually impaired, blind individuals and having eye diseases like cataract, glaucoma, etc. in the community. All the screening details of community members will be maintained. Registers and records must be updated both manually and digitally where needed. Monthly reports need to include all eye health indicators. Also, validate the data collected by ASHA during the screening process or during home visits. You will compile the records and submit to the CHO/MO heading the nearest AB-HWCs. At AB-HWC-SHC level, the CHO will verify the records and submit monthly records to the Medical Officer at Ayushman Bharat- Health and Wellness Centre-Primary Health Centre (AB-HWC-PHC).
17. You will provide **support to the CHO/MO** in effectively carrying out the eye care services during outreach and at the health facility. Assist the CHO/MO heading the nearest AB-HWCs in stock management for eye related medicines and equipment. All medicines and equipment for eye care are indented on a regular basis at the AB-HWCs. Though it is the primary responsibility of the CHO/MO heading the nearest AB-HWCs, to ensure that indents are sent in time and stocks are managed well, you can assist him/ her in this process. All indents should include a 10% buffer added so that there is no stock-out situation.

The key role and responsibilities of different members of team at AB-HWCs for Eye Care is listed below:

ASHA:

1. To identify people with blindness and visual impairment in the service/coverage area. Prepare a line list of all those with poor vision including children and adults living in your service area.
2. Screening for blindness in the community by using finger counting method, visual impairment in the community using 6/18 vision chart for all adult community members and undertake the exercise of filling Community Based Assessment Checklist (CBAC) for target individuals.
3. Mobilise individuals found at risk (unable to see with finger counting test, visual impairment less than 6/18 in any eye and with any symptom in CBAC form) for further screening at nearest AB-HWC.
4. Mobilise the mother/caregivers for eye examination for all children (including preterm and low birth weight children) and adolescents for screening for visual acuity at school and Anganwadi levels through RBSK team (0-18 years of age).
5. Create awareness in the communities regarding maintenance for personal hygiene and environmental and lifestyle modifications, avoid myths and misconception related to eye care and motivate for eye donation.
6. Create awareness in the communities on need for early care seeking for eye problems and help bring change in health seeking behaviour of patients and caregivers.

7. Educate communities about prevention and common treatment of eye diseases such as Refractive Error, Cataract, Trachoma, Diabetic Retinopathy, childhood blindness, etc. that lead to visual impairment.
8. Monitor and encourage patients with eye problems to complete their treatment and coordinate with the AB-HWC.
9. Generate awareness in the communities and mobilize children for Vitamin A prophylaxis and measles immunization.
10. Promote people with chronic conditions like diabetes and hypertension in getting their annual eye examinations and mobilize them to visit the nearest AB-HWC.
11. Assist in organizing community outreach eye care activities such as eye camps through AB-HWC. Provide support in mobilizing community members for attending eye screening camps organized in the community.
12. Utilize community-based platforms like through VHSNC/MAS, VHSND/UHSND and other community level meetings for health talk fixed for eye care; impart information about basic eye care of the newborn to the pregnant and lactating women and caregivers.
13. Inform people with blindness and uncorrected refractive errors about financial schemes and benefits for their uptake, if found to be eligible.
14. Identify individuals in community for simple condition such as conjunctivitis (red eye), sty (swelling of eyelid), night blindness, difficulty in seeing or any other eye complaint and refer identified cases with eye/vision problems to the nearest AB-HWC for a proper check-up by the healthcare staff.
15. Ensure follow-up of patients requiring long term medication for diseases like glaucoma, diabetic retinopathy, post-operative patients, etc. through home visits.
16. Distribution of free spectacles to post-operative cataract patients, enable the elderly with Presbyopia to get free spectacles and ensure regular use of spectacles in children with refractive error.
17. Rehabilitation by counselling people about role of family in supporting visually impaired and blind individual.

The ASHA Facilitators along with MPW/ANM, will mentor and provide support to the ASHAs in undertaking the above listed activities.

Community Health Officer (CHO) at Ayushman Bharat- Health and Wellness Centre- Sub Health Centre (AB-HWC-SHC):

1. The Primary Health Care team will be led by a Community Health Officer (CHO) at AB-HWC-SHC.
2. Ensure that regular eye screening is undertaken, coordinates with the RBSK Team for screening children of age group 0-18 years in the Anganwadi and schools, manage the referral of those requiring surgery and treatment of refractive errors, ensure access to free spectacles, and would also undertake home and community-based follow up visits.
3. Make monthly action plans for health promotion activities including eye care messaging for the primary health care team.
4. Participate in VHSNC meetings, VHSND, health promotion campaigns, and school programmes and ensure that eye health promotion activities are carried out. Educate

school teachers and AWW about causes and prevention of common eye problem, identification of visual impairment among children and special needs of children with eye problems, including blind children.

5. Conduct screening and basic management of common eye problems at special camps and focus on prevention messages. Motivate community for Eye Donation.
6. Counselling of the identified patients for cataract surgery.
7. Regular monitoring of blood pressure and blood sugars of the community members aged 30 years and above.
8. Dispense medications as prescribed by the MO at AB-HWC-PHC or Eye Specialist/Eye Doctor.
9. Undertake the task of referrals of individuals to appropriate health facility during home visits and AB-HWC-SHC visits- such as of suspected/complex cases with eye problems, cataracts or eye complications of diabetes, etc. Must ensure that the MO is informed regarding any referral made to any health facility.
10. Provide follow- up care in coordination with the primary healthcare team members.
11. Arrange for rehabilitation for those with long term and permanent blindness including vocational rehabilitation, re- integration into school, etc.
12. Stock management for eye related medicines and equipment.
13. Maintenance of registers and records related to eye health.

You will assist the CHO in undertaking the tasks related to Eye Care at the AB-HWC-SHC.

Staff Nurse at Ayushman Bharat- Health and Wellness Centre- Primary Health Centre and Urban Primary Health Centre (AB-HWC-PHC/UPHC)

Staff nurse may be tasked with the following roles by the Medical Officer In-charge:

1. Assist and support the Medical Officer at AB-HWCs in rural and urban areas in ensuring that eye care services are delivered at AB-HWCs. Work under his/her guidance in providing eye care services to the community members.
2. Help the Eye Care Team with screening at any of the screening camps organized under the AB-HWCs.
3. Support Medical Officer in screening of all population visiting the AB-HWCs for early identification of eye problems.
4. Can help in plan of the awareness programme, preparation of Information, Education and Communication (IEC) material required and arrange for audio-visual aids to assist in the health promotion activities at the AB-HWCs or in the field along with the AB-HWC team members.
5. Generate awareness amongst the individuals visiting AB-HWCs regarding maintaining good eye hygiene, eating a healthy diet, maintaining good sanitation, information regarding common eye problems, importance of early care-seeking and eye care services available at AB-HWCs.
6. Doing some minor procedures - irrigation of eyes, applying eye patch for eye protection, instilling eye drops, etc.

7. Early identification of cases suspected to be suffering from common eye diseases such as conjunctivitis, dry eyes, eye allergies, sty, trachoma, squint, etc.
8. Ensure access to free spectacles and motivating individuals to regularly wear spectacles, motivation for eye donation, counselling of identified patients for cataract surgery, compliance for glaucoma, etc. amongst the individuals visiting AB-HWCs.
9. Provide first aid of injured eye.
10. Compilation and validation of data reported by AB-HWCs as per guidance of MO.
11. Follow- up is a very important step in order to complete the cycle of comprehensive health care. Provide follow up care to patients who have undergone eye surgery/other eye procedures, as advised by the referral centre. Ensure that they receive complete care and, if on treatment, are complying with all the advice given to them. Long term follow- up will be necessary for certain cases.
12. Collaborate with the primary healthcare team, arrange for rehabilitation for those with long term and permanent blindness including vocational rehabilitation, re- integration into school, etc.
13. Stock management for eye related medicines and equipment.
14. Maintenance of registers and records related to eye health.

Medical Officer (MO) at AB-HWC- PHC/UPHC

1. The Medical Officer (MBBS) at the AB-HWC-PHC/UPHC would be responsible for ensuring that eye care services are delivered through all AB-HWCs in her/his area.
2. Diagnostic and treatment of common eye conditions/infections and primary eye care for trauma.
3. Referral of more complex cases to CHC/SDH/DH or higher facilities to Eye Specialist/Eye Doctor, medical fitness for cataract surgery and disability certification (in consultation with an Eye doctor/Eye specialist).
4. Nodal officer for Vision Centre operations, outreach activities (planning, monitor wellness clinics/community workers and co-ordination with district hospitals), quality assurance of ASHA and Ophthalmic Assistant (OA) in delivering Eye Care.
5. Ensure record maintenance and periodic review of progress.

The Eye Specialist/Eye Doctor at higher health facilities would prescribe a treatment, which would be continued at community and AB-HWCs level. The patient would need to visit the Eye Specialist/Eye doctor or MO as per the instructions provided.

Ophthalmic Assistant (OA) at Vision Centres

1. Work under the supervision of Medical Officers/Eye Specialists/Eye Doctors.
2. Screening and identification of eye diseases, distribution of spectacles, provide primary eye care including treatment for eye diseases, refer complex cases for surgery, organize eye screening camps, school eye health sessions and community health education sessions.

ANNEXURES

ANNEXURE 1

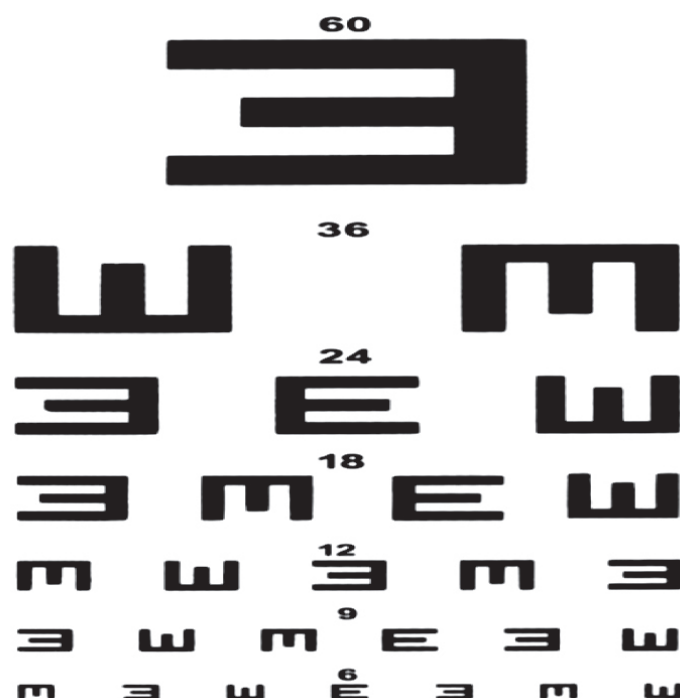
Eye Screening Tool to be used at Various Levels

1.1 Vision Chart at Community Level

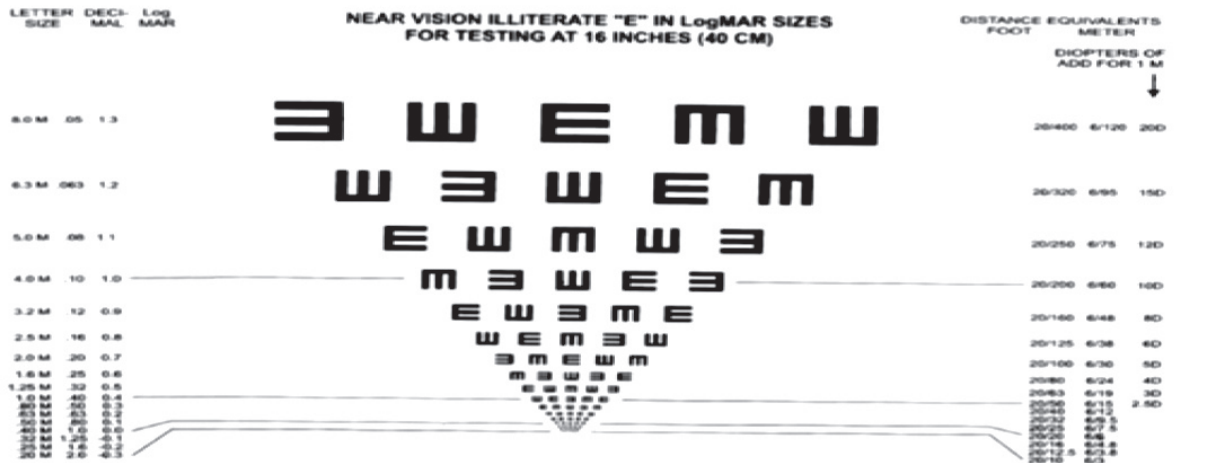


1.2 Ayushman Bharat- Health and Wellness Centre and Referral Centre/Vision Centre

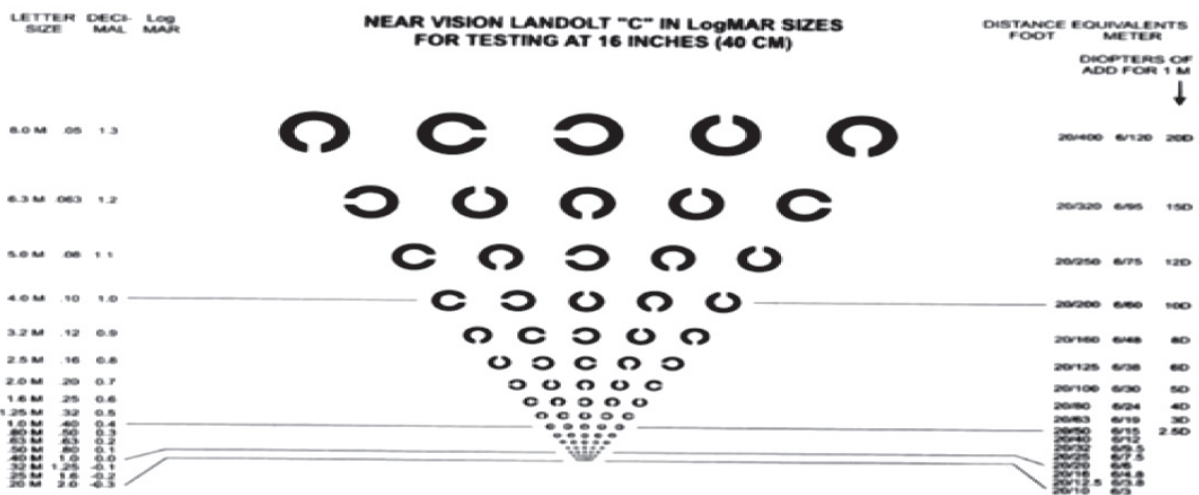
1. Snellen's Chart



2. Near vision chart



#108004



ANNEXURE 2

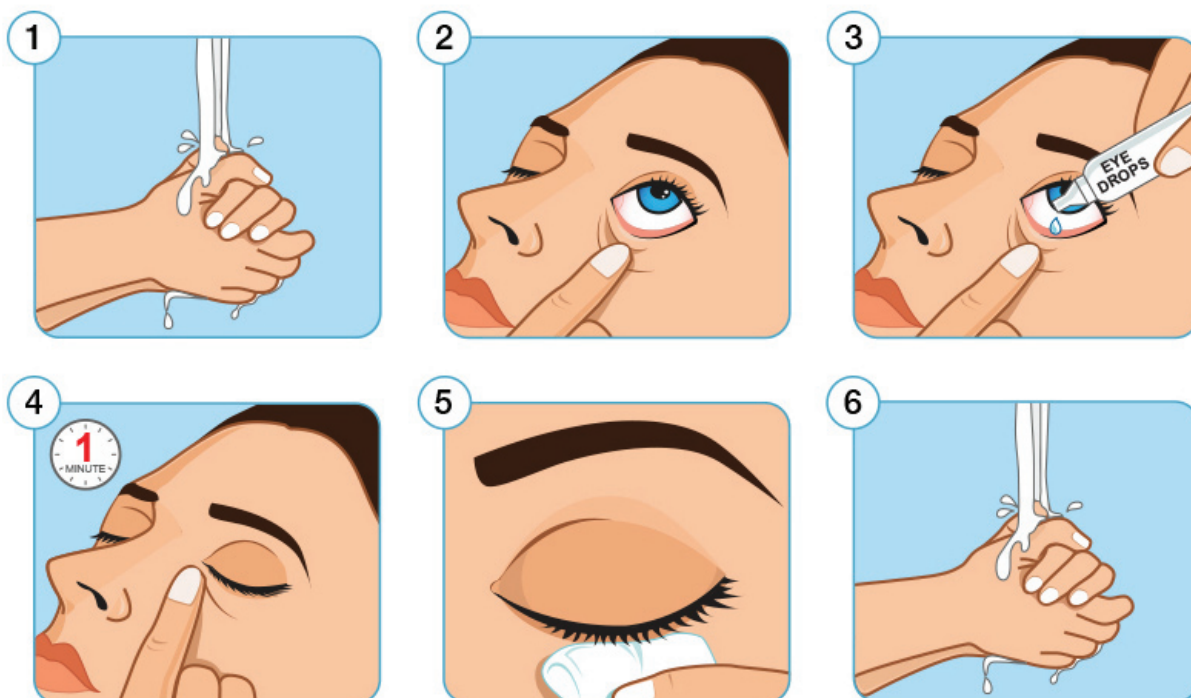
How to Apply Eye Drops Correctly

You may counsel the individual or families for following the correct steps given below while applying eye drops.

1. Check for the expiry date of the eye drops and make sure that you have the correct medication.
2. Wash your hands with soap and clean water before using eye drops, to prevent dirt or germs from getting into your eye.
3. If you also use contact lenses, it is advisable to put your eye drops when you are not wearing contact lenses. Put them back into your eye at least 15 minutes after using eye drops.
4. Do not put the eye drops directly into the eye. Tilt your head back and gently pull your lower eyelid down (this forms a pocket) with your finger. Look up.
5. Hold the bottle close to your eye. Do not let the bottle tip touch your eye, eyelid, eye lashes or skin; if it does, the eye drop bottle will need to be discarded. Eye drops should be put into the eye from a distance.
6. Put only one drop at a time in the pocket made. Squeeze the eye drops into your lower eyelid, without touching your eye.
7. Let go of your eyelid and close your eyes. You should not keep blinking your eyes after putting the eye drop. Individual should not squeeze the eyes tightly as the eye drops will come out.
8. To keep the drop for the maximum time in the eye, put some pressure on your nose with your finger near the corner of the eye. It is normal if you, sometimes, feel the taste of the eye drop in your throat.
9. Keep your eye closed for about one minute after putting the eye drop.
10. Now, put the eye drop in the other eye if suggested by the doctor, by following the steps as given above.

11. If you need to put other eye drops as well, then there must be a gap of 5-10 minutes between each eye drop.
12. If you need to apply an eye ointment also then make sure to use it after putting all the eye drops.
13. Wash your hands with soap and clean water after using eye drops.
14. Try using eye drops while sitting and while lying down, to see whether it is easier for you to apply eye drops in either position.
15. Once the eye drop bottle is open, it must be used within one month. Discard the eye drop bottle after one month of opening (even if it is not empty).
16. Do not use eye drops prescribed to another person/family member.
17. Be careful in using the eye drops. Do not use ear drops into the eyes.
18. You must put the drops at the right time interval as suggested by your medical doctor. If you put the drops every day, you should put it at the same fixed time every day as far as possible.

How to apply Eye Drops correctly



ANNEXURE 3

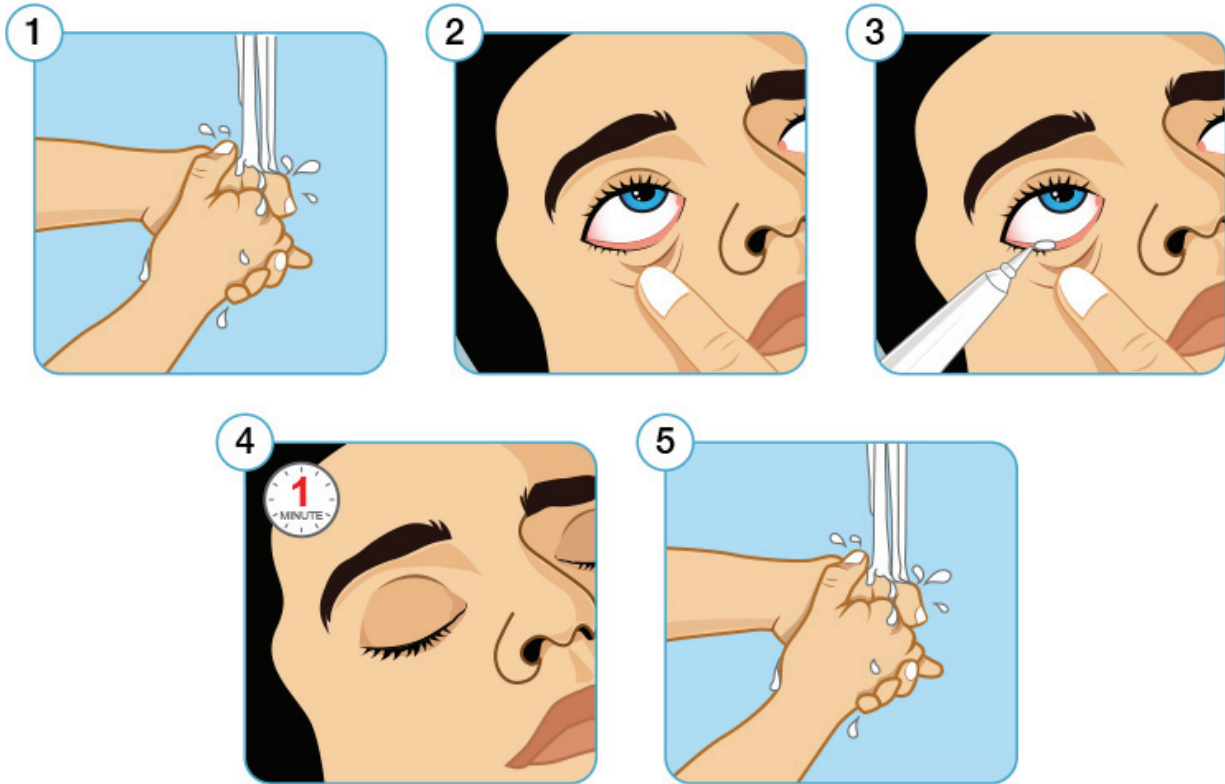
How to Apply Eye Ointment Correctly

You may counsel the individual or families for following the correct steps given below while applying eye ointment.

1. Check for the expiry date of the eye ointment and make sure that you have the correct medication.
2. Wash your hands with soap and clean water before using the eye ointment, to prevent dirt or germs from getting into your eye.
3. Do not put the eye ointment directly into the eye. Tilt your head back and gently pull your lower eyelid down (this forms a pocket) with your finger. Look up.
4. Hold the eye ointment close to your eye. Do not let the tip of the ointment tube touch any part of your eye (eyelid or eye lashes). If it does, the ointment tube will have to be discarded.
5. The quantity of the eye ointment should be just enough (like size of rice/wheat grain). Do **NOT** apply the eye ointment as you apply kajal.
6. Let go of your eyelid and close your eyes. You should not keep blinking your eyes after putting the eye ointment. Individual should not squeeze the eyes tightly as the eye ointment will come out. Wipe away any surplus ointment which may come out.
7. Keep your eye closed for about one minute after putting the eye ointment in one eye. Then, put the ointment in the other eye if suggested by the doctor by following the above steps.
8. Wash your hands with soap and clean water after using the eye ointment.
9. The eye ointment should be applied only after putting all the eye drops.
10. Explain to the individual that their vision will be blurry (not clear) for a few minutes.
11. Close the cap of the ointment tube. Once the eye ointment is open, it must be used only for one month. Discard the eye ointment tube after one month of opening (even if it is not empty).

12. Do not use eye ointment given to another person/family member.
13. You must put the eye ointment at the right time interval as suggested by your medical doctor.

How to apply Eye Ointment correctly



ANNEXURE 4

How to Clean Eyelids and Eyes in Conjunctivitis and Post-operative Cataract Surgery

- ▶ Use a sterile gauze or small cotton balls.
- ▶ You need saline and/or clean water.

Top lid

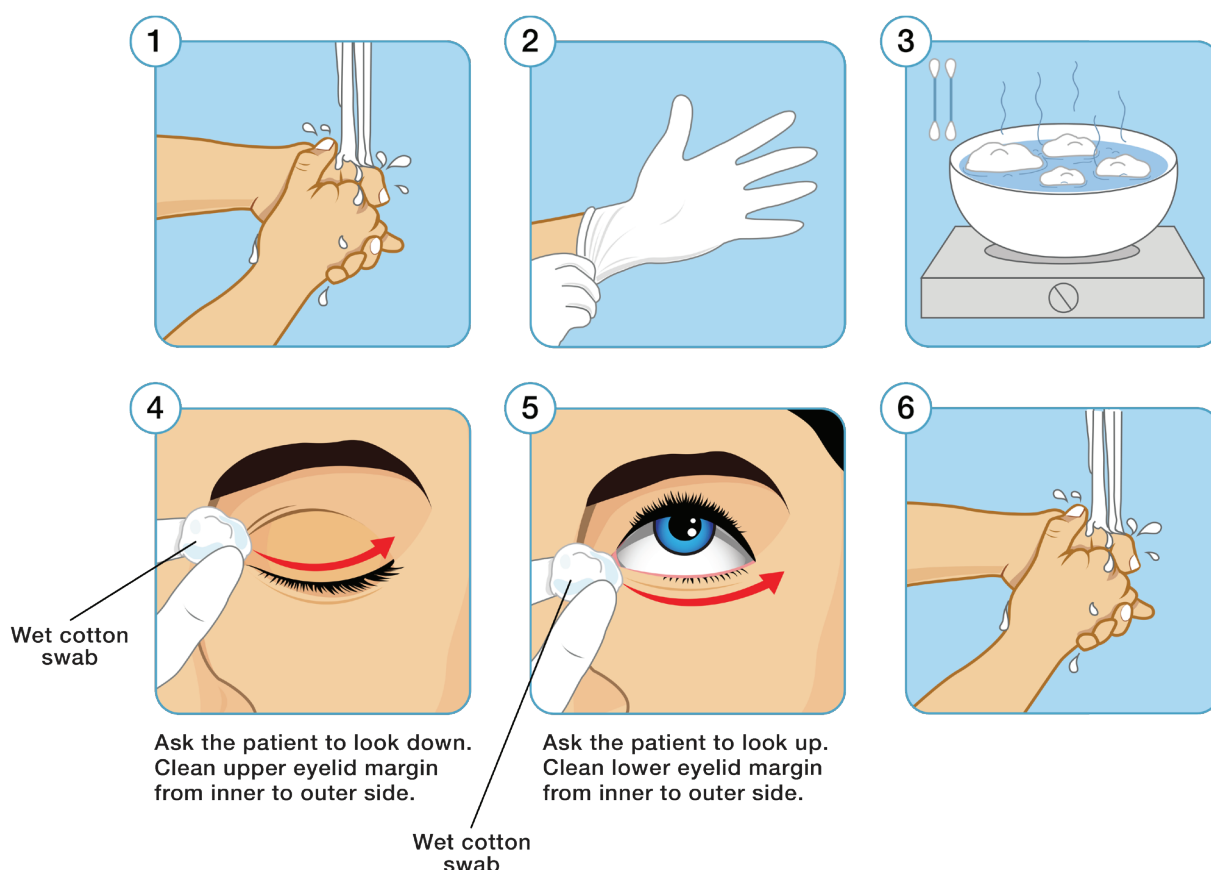
1. Take a folded gauze swab or cotton bud.
2. Moisten the swab or bud with the saline or water.
3. Ask the patient to close both eyes.
4. With the swab or bud, clean gently along the eyelashes in one movement from inner to outer canthus (inner edge of eyelid to outer edge of eyelid).
5. Discard the swab or bud after use. If the eyelashes need further cleaning use a new swab or bud.

Bottom lid margin

1. Ask the patient to look up.
2. With one hand take a moistened sterile swab or bud.
3. With the index finger of the other hand gently hold down the lower eyelid.
4. With the swab or bud clean gently along the lower eyelid margin in one movement from inner to outer canthus (inner edge of eyelid to outer edge of eyelid).
5. Discard the swab or bud after use. If the lower eye lid margin needs further cleaning use a new swab or bud.

Top lid margin

1. Ask the patient to look down.
2. With one hand take a moistened sterile swab or bud.
3. With a thumb or a finger of the other hand gently ease the upper eyelid up against the orbital rim (just below the eyebrow).
4. With the swab or bud clean gently along the upper eyelid margin in one movement from inner to outer canthus (inner edge of eyelid to outer edge of eyelid).
5. Discard the swab or bud after use. If the upper eye lid margin needs further cleaning use a new swab or bud.



Eyelid Cleaning Tips

- ▶ Extra care is needed when cleaning the upper eyelid. Try to keep the cornea in view throughout and avoid touching it with the gauze swab or cotton bud.
- ▶ It may be necessary to repeat any part of the above procedure, if the eyelids are very sticky, until all debris/discharge is removed.

Remember - always use a new swab or bud each time!

ANNEXURE 5 A

Applying Dry Warm Compress for Sty

1. Boil water in a vessel and put a clean cloth under/or on the side of the vessel to warm the cloth. Iron if available at home, can also be used for warming the cloth.
2. Touch and see if the cloth is warm with your hand (back of the hand).
3. Do not use wet warm compresses for the eye.
4. Avoid excessively hot compresses (in order to avoid scalding (burning), particularly in children).
5. Continue to give warm compress to the affected eye for 5–10 minutes.
6. Repeat three to four times daily.

ANNEXURE 5 B

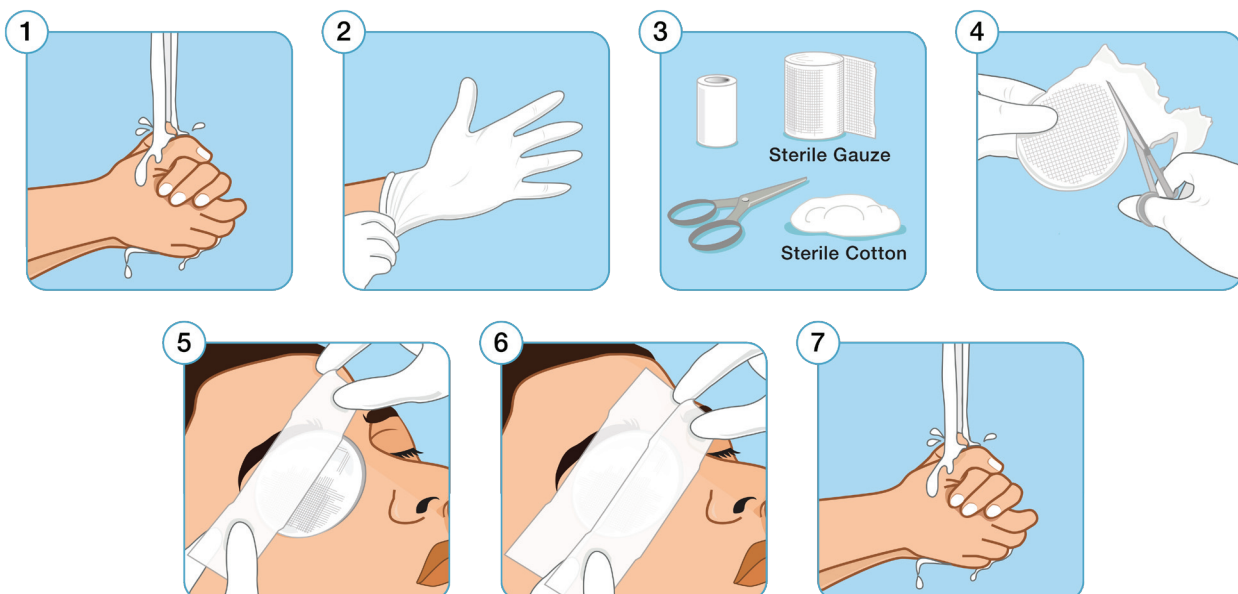
Applying an Eye Cover or Pad for Eye Injuries

Preparation

It is important to remind the patient to try not to open the affected eye under the pad. You will need stainless steel tray with tape, sterile cotton/swabs, gauze pad cut into a circle shape, pair of scissors and gloves.

Method

1. Wash your hands with soap and clean water. Wear gloves. Make the gauze eye pad by putting cotton between 2 pieces of gauze. Then cut it in a circular shape.
2. Apply a piece of adhesive tape over one side of the gauze pad, as shown in the picture.
3. Ask the patient to close both eyes.
4. Position the eye pad diagonally over the closed lid and secure the tape to the patient's forehead and cheek.
5. Apply a second and third piece of tape, to ensure the eye pad lies flat.
6. Eye protection can also be provided with a readymade eye cover or a shield.



ANNEXURE 6

Community Based Assessment Checklist (CBAC)

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - specify details):
Address:	
Does this person have any of the following: Visible defect /known disability/Bed ridden/ require support for Activities of Daily Living	If yes, Please specify

Part A: Risk Assessment			
Question	Range	Circle Any	Write Score
1. What is your age? (in complete years)	0 – 29 years	0	
	30 – 39 years	1	
	40 – 49 years	2	
	50 – 59 years	3	
	≥ 60 years	4	

Part A: Risk Assessment				
Question	Range		Circle Any	Write Score
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never		0	
	Used to consume in the past/ Sometimes now		1	
	Daily		2	
3. Do you consume alcohol daily	No		0	
	Yes		1	
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week? <i>(Daily minimum 30 minutes per day – Five days a week)</i>	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0	
	Yes		2	
Total Score				
Every individual needs to be screened irrespective of their scores.				
A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritised for attending the weekly screening day.				

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	Y/N		Y/N
Shortness of breath (difficulty in breathing)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discoloured lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	

Part B: Early Detection: Ask if Patient has any of these Symptoms			
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	Y/N		Y/N
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	Y/N		Y/N
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available			
<i>*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing centre</i>			
<i>** If the answer is yes, tracing of all family members to be done by ANM/MPW</i>			

Part C: Risk factors for COPD
Circle all that Apply
Type of Fuel used for cooking – Firewood/Crop Residue/Cow dung cake/Coal/Kerosene/LPG
Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

Part D: PHQ 2				
Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	0	+1	+2	+3
2. Feeling down, depressed, or hopeless?	0	+1	+2	+3
Total Score				
Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)				

List of Contributors

Dr. Praveen Vashist	Officer In-charge, Community Ophthalmology, Dr. R. P. Centre for Ophthalmic Sciences, All India Institute of Medical Sciences (AIIMS), New Delhi
Dr. Promila Gupta	Principal Consultant, National Programme for Control of Blindness and Visual Impairment (NPCB&VI), DGHS, Ministry of Health & Family Welfare (MoHFW)
Dr. Sumit Malhotra	Additional Professor, Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi
Dr. Pallavi Shukla	Assistant Professor, Preventive Oncology, Dr. BR Ambedkar Institute Rotary Cancer Hospital, All India Institute of Medical Sciences (AIIMS), New Delhi
Dr. Hariom Kumar Solanki	Assistant Professor (Community Medicine), Government Institute of Medical Sciences, Greater Noida, Uttar Pradesh
Dr. Shafi Ahmad	Scientist, Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi
Dr. Aman Dua	Scientist, Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi
Dr. Sankalp Singh Sharma	Medical Consultant, Department of Cornea and Refractive Surgery, Aravind Eye Hospital, Madurai, Tamil Nadu
Dr. Meghana Tanwar	Medical Consultant, Department of Orbit and Oculoplasty, Aravind Eye Hospital, Madurai, Tamil Nadu
Maj Gen (Prof) Atul Kotwal	Executive Director, National Health Systems Resource Centre (NHSRC)
Dr. M A Balasubramanya	Advisor - Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Neha Dumka	Lead Consultant, Knowledge Management Division, National Health Systems Resource Centre (NHSRC)
Dr. Suman	Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)

Dr. Shalini Singh	Former- Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Rupsa Banerjee	Former- Senior Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Ms. Ima Chopra	Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Praveen Davuluri	Former- Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)
Dr. Maya Mascarenhas	External Consultant, National Health Systems Resource Centre (NHSRC)
Dr. Amit Dhage	Former- External Consultant, Community Processes and Comprehensive Primary Health Care, National Health Systems Resource Centre (NHSRC)


Namaste!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

 <https://instagram.com/ayushmanhwcs>

 <https://twitter.com/AyushmanHWCs>

 <https://www.facebook.com/AyushmanHWCs>

 https://www.youtube.com/c/NHSRC_MoHFW



National Health Systems Resource Centre