OPERATIONAL GUIDELINES

EYE CARE
AT HEALTH AND WELLNESS CENTRES

(Part of Comprehensive Primary Health Care)

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Ministry of Health and Family Welfare
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Background and Rationale:

- Estimates from International Agency for Prevention of Blindness shows that in 2015 there were around 253 million people worldwide living with vision impairment, of which 36 million were blind. The vast majority of visually impaired live in low income settings, and over 80% are aged 50 years or above. Globally, uncorrected refractive errors and cataract are the major causes of blindness and visual impairment and collectively responsible for more than half of blindness and three- fourth of visual impairment. More than 80% of all visual impairment can be prevented or cured.

- In many middle-income and industrialized countries, other eye conditions have emerged as potential threats to the status of sight of their populations. The increase of Diabetes Mellitus among many population groups has caused diabetic retinopathy, while glaucoma, an eye disease known for centuries, remains on the public health agenda due to difficulty in early diagnosis and the necessity for life-long treatment. Age-related Macular Degeneration (AMD) ranks third among the global causes of visual impairment.

- 'Vision 2020 Right to Sight' is a global initiative by World Health Organization (WHO) and IAPB (International Agency for Prevention of Blindness) launched in 1999 with a goal of eliminating avoidable blindness by year 2020.

  WHO's global Eye Health Action Plan, aims to focus on reducing avoidable visual impairment as a global public health problem and to secure access to rehabilitation services for the visually impaired. The target of the programme is to reduce the prevalence of avoidable visual impairment which is feasible only if comprehensive services are available for all at all levels of care i.e. primary, secondary and tertiary level.

- India contributes to 20.5% and 21.9% of world's blind and visually impaired population/ patients respectively[1].The main causes of blindness are - Cataract (62.6%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) Estimated National Prevalence of Childhood Blindness is 0.80 per thousand[2].

- The National Programme for Control of Blindness (NPCB) was launched in 1976 as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020[3]. The programme has been renamed in the year 2017 as National Programme for Control

of Blindness and Visual Impairment (NPCB&VI). Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07). Apart from cataract surgeries, now the focus of the programme is on treatment and management of other eye diseases like glaucoma, diabetic retinopathy, Vitreoretinal diseases, corneal blindness, low vision and childhood blindness. The programme is now geared to take care of all categories of visual impairment.

- These Operational Guidelines are intended for State and District program managers and service provider to strengthen integrated primary eye care services. Other companion documents include training manuals and Standard Treatment Guidelines that would be updated and disseminated on a periodic basis.
- In India, Health and Wellness Centres (HWC) now provide an opportunity to provide primary eye care, and strengthen referral networks to eliminate avoidable blindness. The guidelines are intended to complement and supplement existing interventions under the NPCB&VI.

[1]Global estimates of visual impairment:2010,https://bjo.bmj.com/content/96/5/614

[2]National program for Control of Blindness and Visual Impairment http://npcb.nic.in/index1.asp?linkid=29&langid=1

[3]National program for Control of Blindness and Visual Impairment http://npcb.nic.in/index1.asp?linkid=29&langid=1

Service Delivery Framework:

Services for Primary eye care will be provided at three levels: Community level, Health and Wellness Centres - Sub Health Centres and Primary Health Centres/Urban Primary Health Centres and Vision Centre levels or other referral facilities depending upon state context. Primary eye care services span community level awareness building, undertaking active screening for blindness and refractive errors, management of basic eye conditions, enable referral and undertake follow up.

Individual/Family/Community level:

- Screening, preventive care activities, promotion of eye care, and home based follow up are expected to be undertaken by the ASHA and Multipurpose Workers, supported and supervised by the Community Health Officers (CHO). Details of services to be provided at community are detailed in Table 1.

Health and Wellness Centres-Sub Health Centre/Primary Health Centre/ Urban PHC level:

- At the HWC-SHC, the Primary Health Care team, led by a Community Health Officer (CHO) would ensures that regular eye screening is undertaken, coordinates with the Rashtirya Bal Swasthya Karyakram (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.

- The Medical Officer (MBBS) at the HWC-PHC/UPHC would be responsible for ensuring that eye care services are delivered through all HWCs in her/his area and through the PHC itself. Table 2 details the services to be provided at HWC.

- Where available, services of the Vision Centres, at the level of 50,000 population would be utilized so as to leverage the services of the optometrist/Para Medical Ophthalmic Assistants (PMOA). 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.

Table 1: List of services to be provided at Community level

Community Level		Responsibilities
Services	**Preventive and Curative care**	
Community based services for eye care and Counselling and support for care seeking for blindness, other eye disorders	• Awareness generation on common eye disorders and the need for early care seeking through VHSNC/MAS, VHND/UHND and other community level meetings • Clarifying misconceptions related to eye care and eye disorders, including discouraging the use of traditional eye medication or left over eye drops. Providing Information about availability of services related of eye treatment at different levels of healthcare. • To ensure Vitamin A prophylaxis routinely for children under age 6 months to 5 Years • Identification/Mobilization of patient with identified eye disease (of known diabetic, identified patients) • Referral and follow up for availability of eye care services at referral centre. • Follow up of post-operative cataract patients and distribution of spectacles to them. • To ensure regular use of spectacles and follow-up bi-annually in children with refractive error. • To enable the elderly and those with Presbyopia to get free spectacles.	ASHA/AF
Screening for blindness and Refractive errors	• By ASHA: Screening of Visual Impairment: Less than 6/18 in any eye. Refer Annexure-1 • Screening of population above 30 years of age and identification of those with Presbyopia (Poor near vision related to ageing), symptomatic person with visual impairment, Known Diabetic patient and person with subnormal vision, red eye and any other eye complaint. • Imparting health education for motivating people who are at risk of visual impairment. • Under the RBSK, all children are screened for visual acuity at school and Anganwadi levels. • Record keeping: maintaining a list of referrals from community who cannot read by 6/18 vision. To maintain a list of visual impaired and blind individuals in the community. • Undertake Rehabilitation and counselling	Primary Health Care team. (in coordination with RBSK team, where needed)
Community screening for congenital disorders referral	• Encourage eye examination for all children who were preterm (less than 32 weeks) or low birth weight (less than 2 kg) within 30 days of their birth through RBSK, facilitated by ASHA/AF.	

Table 2: List of services to be provided at Health & Wellness Centre

Health & Wellness Centre		Responsibilities
Services	**Preventive and Curative care**	
Screening for blindness and refractive errors	• Visual Acuity by using Snellen's Chart and near Vision card (Annexure 2). • Case identification for Cataract, Presbyopia, Trachoma and Corneal disease. • Screening for visual acuity in Diabetic patients. • 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/ANM/MPW
Conjunctivitis, Acute red eye and Eye allergy	• To create awareness about these contagious eye diseases through IEC to avoid spread of these conditions using appropriate measures.	CHO
Trachoma	• Awareness generation on common eye diseases and need of seeking early eye care services whenever required. • Awareness generation on eye donation. • Educate community regarding personal hygiene, facial cleanness and cleanliness of environment to prevent spread of Trachoma. • Refer patients to higher centre for treatment. • Surveillance of TT/TI cases and their referral to eye specialist where needed. • Maintenance of record as per NPCBVI guidelines.	CHO
Xeropthalmia	• To identify Vitamin A deficiency and Bitot's spot • To assure Vitamin A prophylaxis	CHO/ ANM/ MPW
First aid for foreign body, eye injuries, stabilization and then referral	• Wash eyes with clean and running water. • Do not rub the eye in case of foreign body. • Attempt to remove only superficial foreign body especially those located in the conjunctival sac of the eye. • Don't attempt to remove foreign body from cornea. • Stabilization and patch the affected eye with stabilized gauze pad and refer to nearest facility having an Ophthalmologist.	CHO
Acid/Alkali/ Chemical exposure	• Wash with clean water by avoiding spilling over on unaffected facial area and immediate referral to an ophthalmologist.	CHO/MPW/ANM
IEC Activities	• Avoid touching face and eye during eye infections • CHO/ANM/MPW will provide eye drops against prescription	CHO/MPW/ANM

Table 3: List of services to be provided at Referral centre/Vision centre

Referral centre /Vision Centre		
Conditions	**Management/Treatment**	**Responsibilities**
Acute and chronic eye problems	• Diagnosis and regular treatment for common eye conditions	MO
Surgical care for eye	• Follow up care for operated patients.	PMOA (where available) Care at vision centre/ referral site – PHC/CHC/ DH
Refractive error	• Diagnosis for refractive errors and to provide free spectacles to patients diagnosed with presbyopia and school children with refractive errors • To collaborate with RBSK team to provide spectacles to children with refractive errors.	PMOA (where available). Care at vision centre/ referral site – PHC/CHC/ DH
Cataract	• Identification of operable cataract and refer for surgery.	PMOA (where available). Care at vision centre/ referral site – PHC/CHC/ DH
Glaucoma	• Screening for Glaucoma and refer forsurgery	MO/PMOA (where available).
Diabetic retinopathy	Screening for diabetic retinopathy and facilitating consultation with eye specialist early stage. • Annual examination of eye is must for a diabetic patient • The facility of fundus photography using non mydriatic fundus camera • Referral for further treatment	MO/PMOA (where available).
Corneal blindness	• Refer for advice to eye specialist and follow instructions given by the specialist.	MO/PMOA (where available).
Removal of foreign body ineye	• Referral to ophthalmology for corneal/deep foreign bodies in eye.	PMOA
Trachoma	• Surveillance of TT/TI cases and their referral to eye specialist where needed. • Maintenance of records as per NPCBVI guidelines	MO/PMOA
Eye screening camp	• To assist district team during eye screening/outreach camps • To collaborate with RBSK team for distribution of free spectacles to children having refractive errors. • Maintenance of record as per NPCBVI guidelines	PMOA

Referral and Treatment: Ensuring Continuity of Care:

- Effective linkages to be developed from peripheral level to district level with the help of functionaries and frontline workers, including PRIs/ULBs, Primary Health Care team at HWC, Public Health Nurses, School teachers, School health doctors and sensitized parents, Private Ophthalmologists and District level officials.
- All patients identified with eye related problem that requires surgery or emergency care will be referred to the Ophthalmologist at the secondary level.
- Complicated cases that cannot be adequately handled at the District hospital will be further referred to the State Medical College for expert treatment.
- For identified cases, the follow up for treatment compliance and continuum of care has to be planned at the level of HWC/SC/PHC/UPHC itself.
- The loop between the primary care medical provider and the specialist must be closed. This can be achieved when the specialists at district facility or higher are able to communicate to the medical officer of the adequacy of treatment, any change in treatment plans, and further referral action.
- In order to expand access to services, and reach remote populations, Mobile Medical Units would enable an expansion of service delivery and serve the role of enabling the provision of care and serving to establish Continuum of care.
- Medical colleges with existing Ophthalmic set up will act as tertiary referral centre.

Health Promotion including the use of IEC for Behavior Change Communication:

➢ Health Promotion through IEC

- Key messages to include general eye care, eye hygiene, causes and prevention, of common eye problems, counseling of patients and family members with eye problems.
- Using community-based platforms like VHSNC/MAS to educate community on practicing healthy habits related to eye, and early identification of common eye problems.
- Educating 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.
- Motivation for eye donation
- Special activities during World Glaucoma week, Eye Donation Fortnight and World Sight Day

➢ Suggested Key Messages

- Eat a diet rich in Vitamin A (papaya, mango, egg yolk etc.), seasonal vegetables, especially dark green leafy vegetables such as spinach, broccoli, fruits (Watermelon etc.), fish that are high in Omega -3 fatty acids.
- Do follow the 20-20-20 rule of eye care when using a computer, tablet, or any digital screen. Every 20 minutes, refocus your eyes for 20 seconds to an object located at least 20 feet away.
- Avoid the glare. Do not stare at the sun and other bright objects
- Never walk out in the sun without sunglasses
- Never share eye drops, eye make-up with anyone – it can cause cross contamination
- Remove all eye makeup at night before sleeping
- Wash hands to avoid eye infections

- Do not work in poor light. Reading in poor light can strain eyes.
- Patient with eye infection avoid going in swimming pool and public places.
- Do not use home remedies for eye medication

In case of any eye related problem please contact your nearest vision centers.

➢ IEC: Suggested Media Tools for all common eye diseases

- Counselling in families, social groups, village Panchayat, urban slum and non-slum areas.
- Folk art, Theatre, Puppet shows, Drumbeating.
- School children and school teachers.
- Talk by religious leaders.
- Community radio media
- Other local traditional media.
- Flip Chart/Posters.
- Production of pictorial illustrative guide on Child Eye care for ASHA.

Medicines and Diagnostics:

The following medicines and consumables should be available at Community, Health and Wellness Centres - SHC/PHC/UPHC and Referral Centre.

<table>
<tr><th>Community Level</th><th>Health & Wellness centre -Sub centre</th></tr>
<tr><td>• Vitamin A prophylaxis</td><td>Essential :
• Eye drops Methyl cellulose
• Eye drops Sodium Cromoglycate 2%
Desirable: (to be dispensed only on prescription of a registered Medical Practitioner)
• Eye drops Ciprofloxacin0.3%
• Eye drops Tropicamide 1%</td></tr>
<tr><td colspan="2">Note: Do not use / store eye drops containing steroids</td></tr>
<tr><th>Health & Wellness centre-PHC/UPHC</th><th>Referral Centre/Vision Centre</th></tr>
<tr><td>• Eye drops Methyl cellulose*
• Eye drops Sodium cromoglycate 2%
• Eye drops Lignocaine 4%
• Eye drops Ciprofloxacin 0.3%**
• Eye drops Tropicamide 1%**
• All medicines as per Essential Medicine List</td><td>• Tab Acetazolamide 250 mg
• Eye drop Lignocaine 4%
• Eye drop Tropicamide 1%
• Eye drop Pilocarpine 2% and 4%
• Eye drop Atropine 1%, Ointment Atropine 1%
• Eye drop Cyclopentolate 1%</td></tr>
<tr><td colspan="2">*Do not use / store eye drops containing steroids
**To be dispensed only on prescription of a registered Medical Practitioner</td></tr>
</table>

List of Equipment

The following equipment should be available at Community, Health & Wellness centre and Referral Centre:

Community Level	Health and Wellness Centre	Referral Centre/ Vision Centre
ASHA kit: Vision Screening card for 6/18 vision, measuring tape (6 metre), recording format, reading module, referral cards. **School Teacher kit:** Vision Screening card of 6/9 vision, Measuring tape, recording format, reading module, referral cards.	**Instruments:** • Covered stainless steel tray with sterile cottons/swabs/gloves **Equipment** – • Illuminated Vision chart (near & distance) • Torch (with batteries) • Data entry - mechanism (e.g. Registers/tablets/PCs • IEC materials (Flipcharts, Posters & Brochures for common eye conditions) • Access to electronic learning material; can be developed by reviewing various existing models from the institution/ NGOs.	**Essential Equipment:** • Trial set • Trial frame (adult and child) • Tonometer (Schiotz) • Direct Ophthalmoscope • Illuminated Vision Testing Drum • Plane mirror for retinoscopy • Streak Retinoscope • Snellen & Near Vision Charts • Binomag/magnifying loupe • Torch (with batteries) • Lid speculum • Furnishing & fixtures • Slit lamp (optional) • Epilation forceps • Foreign body spud and needle **Desirable equipment's:** • Non-mydriatic fundus camera • Non-contact tonometer • Auto refraction meter

Requirements for operating tele-ophthalmology services at HWC-PHC/ UPHC and CHC levels

Basic requirements:

- Health personnel should be well versed to use basic eye equipment and digital instruments.
- In order to transmit a video: Availability of internet connection with minimum bandwidth of 2Mbps and range of 100-500meters.

Instruments Required:

Digital ophthalmic instruments:	Non-digital ophthalmic instruments:
• Non mydriatic Fundus camera	• Trial Box
• Slit lamp	• Vision chart
• Direct and indirect ophthalmoscope	• Vision drum

Software: EMR (Electronic Medical Record) as suggested by the MOHFW.

Hardware: Server, Laptop, Webcam, Sound Box and Router.

Diagnosis : Fundus Photography: Fundus photography in adults and cooperative children is possible with a fundus camera or by using a slit lamp-mounted digital camera.

Human Resource and Capacity Building Plan:

The main objective is to implement Primary Eye Care at community level, Health and Wellness Centre (H&WC) and vision centre level. Concerned Nodal officer will monitor and coordinate implementation of primary eye care activities.

ASHA

Roles and Responsibilities

- Awareness generation for prevention of eye disease: Refractive error, Cataract, Trachoma, Diabetic Retinopathy, Childhood blindness
- Awareness regarding maintenance for personal hygiene and environmental and lifestyle modifications and avoid myths and misconception.
- Awareness generation and mobilizing children for Vitamin A prophylaxis and measles immunization.
- To utilize community based platforms for health talk fixed for eye care.
- Change in health seeking behavior of patients and caregivers through awareness and facilitation.
- Screening for Blindness, Visual Impairment and Near Vision.
- Referral to vision centre and referral linkage.
- Ensure follow up of patients requiring long term medication for diseases like Glaucoma, and diabetic retinopathy.
- Ensuring follow-up for post-operative patients.
- Rehabilitation by counselling people about role of family in supporting visually impaired and blind individual.

Skills and Training

Skills: Vision Screening, Knowledge, Communication and counselling skills, Record keeping skills

ASHA Facilitators/MPW/ANM

Roles and Responsibilities

- Supportive supervision and Monitoring
- Creating awareness regarding maintenance for personal hygiene and environmental cleanliness and lifestyle modifications using community based platforms.
- Community based rehabilitation, social acceptance and Vocational training and inclusive education for low vision patients.

Skills and Training

- Training on skills related to their roles and responsibilities.

Community Based volunteers-

Village Health & Sanitation Committee/Mahila Arogya Samitis: Awareness regarding maintenance for personal hygiene and environmental cleanliness and lifestyle modifications. Community based rehabilitation, social acceptance and Vocational training, Inclusive education.

Community Health Officer (CHO)

Roles and Responsibilities

- Maintenance of Blind and Visual Impairment register
- Compilation and validation of data collected by ASHA (list of eye disorders).
- Monthly meeting withASHAs/ANM/MPW
- Screening of target population for vision testing (distance and near both)
- Screening of target population for common eye conditions like cataract, presbyopia, trachoma & corneal disease.
- Health Promotion with special focus on eye care
- Counselling of the identified patients for cataract surgery, wearing spectacles regularly, compliance for glaucoma, fundus examination for diabetics.
- Regular monitoring of Blood pressure and Blood sugar

Skills and Training

- Communication skill
- Screening of vision, Blood Pressures and Blood sugar.
- Removal of superficial foreign body in eye
- How to use eye-drops
- Management of data collected by ANM/MPW/ASHA

Para-Medical Ophthalmic Assistant (PMOA)–at vision centers

Roles and Responsibilities

- Test visual acuity, refraction and prescription of glasses.
- Screening and identification of eye diseases like cataract, glaucoma, childhood blindness, uncorrected refractive errors, squint, trachoma, corneal opacity, Uveitis, diabetic retinopathy
- Screening for color vision (not for issuing certificate)
- Dispensing of spectacles
- Health Education and training of primary level functionaries and volunteers
- Enucleation of the eyes in case of corneal donation after death (after requisite training only)
- Organization and management of documentation, counselling, screening camps, school eye health, community health education sessions, coordination with other departments, teleophthalmology and epidemics
- Duties under supervision of Medical Officers or Eye Specialists
- Providing primary eye care including treatment for eye diseases like trachoma, conjunctivitis, allergies of eye lids and conjunctiva, dry eye, vitamin A deficiency, lachrymal system disorder, superficial corneal abrasion.

- Ocular emergencies: Identify, initiate primary medical treatment (First Aid as per the protocol) and urgent referral to an Ophthalmologist, any emergency cases like chemical burns, perforating injuries of eye ball or lids, corneal Ulcers.
- Minor surgical procedures like epilation, removal of conjunctival foreign bodies.
- Follow up of post-operative cases as per the instruction of the operating surgeons.

Training

1-week training for VT/OA/Optometrist

- The vision technician must be trained for a comprehensive eye examination, Schiotz tonometry, refraction and good knowledge of common eye diseases.
- History taking, refraction, slit lamp examination, Intra ocular pressure measurement, Lacrimal patency testing, fundus exam (non-mydriatic) & images, superficial Foreign body removal, epilation, visual acuity assessment, essential eye care data management, basic health worker training capacity.

Medical Officer (MO)

Roles and Responsibilities

- Diagnostic and treatment of common eye conditions/infections, primary eye care for trauma, referral of more complex cases, medical fitness for cataract surgery, disability certification, initial reading of Fundus images, act as Nodal officer for Vision Centre operations, outreach activities (planning, monitor wellness clinics/community workers and co-ordination with district hospitals), quality assurance of ASHA & PMOA activities.

Training

1-day training for skill building

Monitoring and Supervision:

At Community Level	At Health & Wellness Centre	At Vision Centre
• Number of ASHA trained • Population screened • Visually impaired in either eye identified • Cataract surgeries conducted in the catchment area. • Number of Teachers Trained • Number of children screened in school • Number of children identified with VA<6/12 in any eye. • Number of children diagnosed with Refractive Error • Number of Children Prescribed with spectacles.		

- Proportion of blind and Visually impaired identified (Number of blind and Visually impaired identified /catchment population of HWC X 100)
- Percentage of blind and Visually impaired referred (Number of blind and Visually impaired referred/total number of individuals identified as being blind and Visually impaired X 100)
- Percentage of cataract identified and referred. (Number of cases with cataract identified and referred/total number of home visits X 100)
- Percentage of Diabetic Retinopathy identified and referred (Number of OPD cases with diabetic retinopathy identified and referred/total number of OPD X 100)
- Percentage of eye injuries identified and referred (Number of OPD cases with eye injuries identified and referred/total number of OPD X 100)
- Number of cataract surgeries conducted in the catchment area
- Number of refraction/ glasses prescribed at the OPD of the unit/centre
- Number of spectacles distributed at the OPD of the unit/centre

SCREENING TOOL TO BE USED AT VARIOUS LEVELS

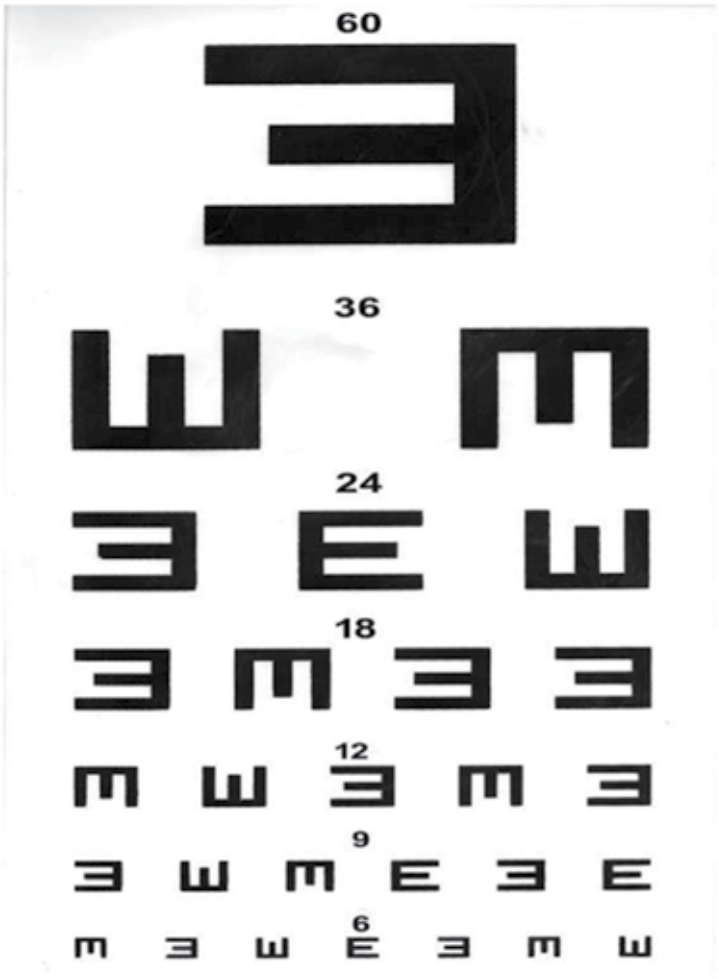
Annexure -1 Vision chart at Community Level

(For ASHA :6/18 Vision Chart)

*Note: All Vision testing charts attached here for reference. For screening purpose please use the actual printed charts.

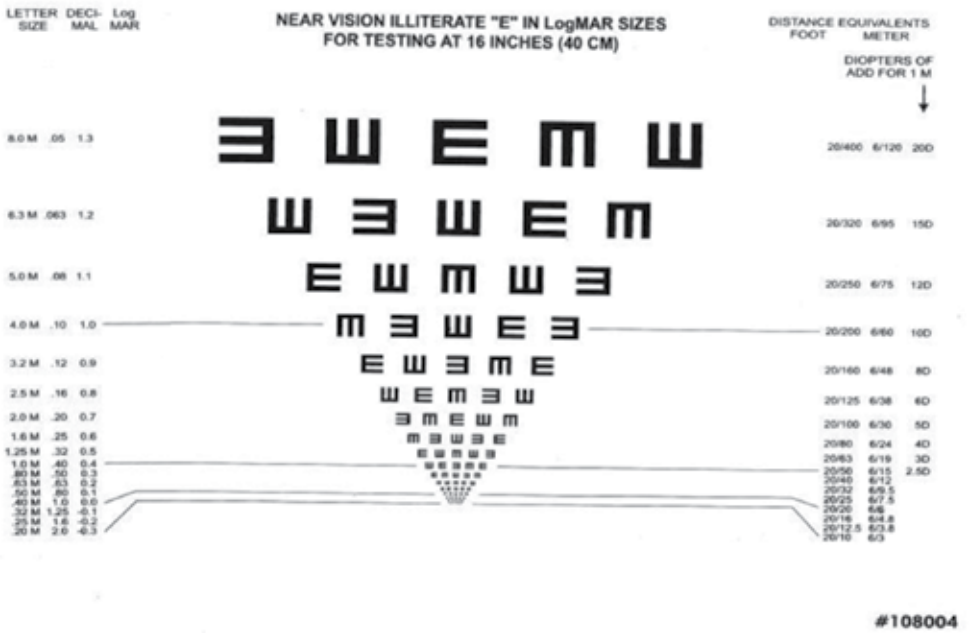
Annexure -2 Health and Wellness Centre & Referral Centre/Vision Centre

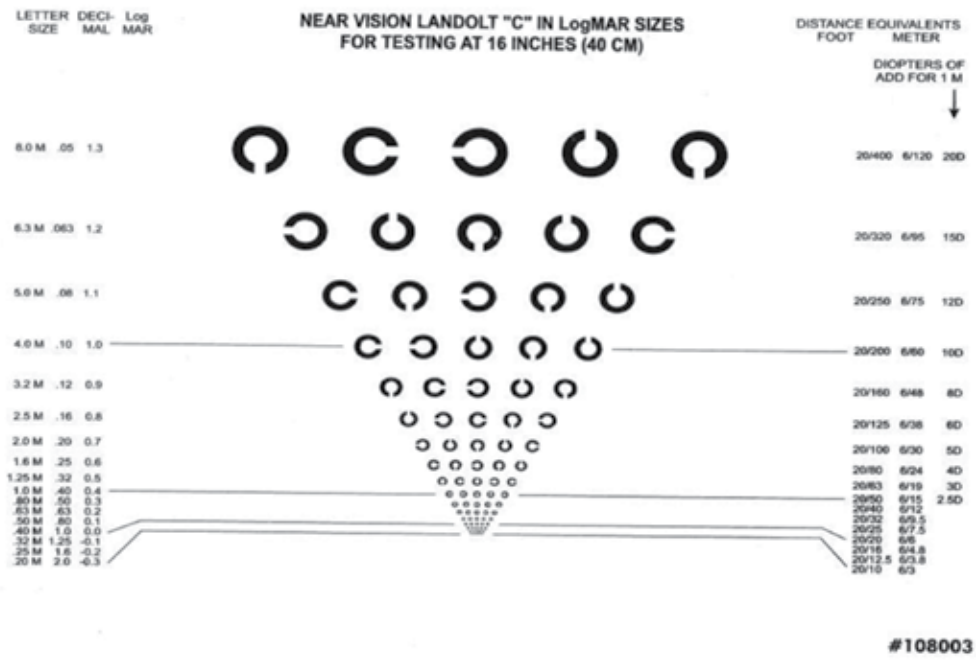
1. Snellen's chart



*Note: All Vision testing charts attached here for reference. For screening purpose please use the actual printed charts.

2. Near vision chart





*Note: All Vision testing charts attached here for reference for screening purpose please use the actual printed charts

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