



Ministry of Health & Family Welfare  
Government of India



# Training Manual on Eye Care for ASHA at Ayushman Bharat – Health and Wellness Centres







सत्यमेव जयते

Ministry of Health & Family Welfare  
Government of India



राष्ट्रीय स्वास्थ्य मिशन

# Training Manual on Eye Care for ASHA

## at Ayushman Bharat – Health and Wellness Centres





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# List of Abbreviations

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AB-HWC	Ayushman Bharat-Health and Wellness Centre
AB-HWC-SHC	Ayushman Bharat-Health and Wellness Centre-Sub Health Centre
AF	ASHA Facilitator
ANM	Auxiliary Nurse Midwife
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
IU	International Unit
MAS	Mahila Arogya Samiti
MCP	Mother and Child Protection
MO	Medical Officer
MPW	Multi-Purpose Worker
NCD	Non-Communicable Disease
OA	Ophthalmic Assistant
RBSK	Rashtriya Bal Swasthya Karyakram
SAM	Severe Acute Malnutrition
SDH	Sub-District Hospital
UHSND	Urban Health, Sanitation and Nutrition Day
VHSNC	Village Health, Sanitation and Nutrition Committee
VHSND	Village Health, Sanitation and Nutrition Day

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# CHAPTER 1

## Introduction

The eye is one of the most important sensory organs which helps us to see everything around us. Those who cannot see, their quality of life and daily activities are greatly affected.

There can be people in different age groups who can be blind. There can be children who can have blindness from birth. Today, these children can be helped with sufficient education and skill-based training. Blind children have grown up to become successful engineers, teachers and singers and are employed too. They can be educated in braille (system of reading and writing for the blind or who have low vision).

The Ayushman Bharat programme includes Eye Care as part of Comprehensive Primary Health Care (CPHC) services to be provided at the Ayushman Bharat-Health and Wellness Centres (AB-HWCs). The broad goal of Eye Care is to let all people in the community have the best possible vision.

You, as an ASHA, are a very important team member in AB-HWCs and will play a crucial role in helping people maintain their normal eyesight and identifying those who have any eye problem.

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 cases will require to be referred to the Community Health Officer (CHO)/Multi-Purpose Worker (MPW)/Auxiliary Nurse Midwife (ANM)/Medical Officer (MO) available at the nearest AB-HWCs, Ophthalmic Assistant (OA) at Vision Centres (wherever available) and to 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.

You will 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. You will refer the community members with any eye-related problem to the nearest AB-HWC available in both rural and urban areas. Inform the MPW/ANM/CHO/MO available at 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.

In this Training Manual, there are five chapters, and you will learn:

- ▶ The Structure and Function of Eyes
- ▶ Tools for assessing vision problems

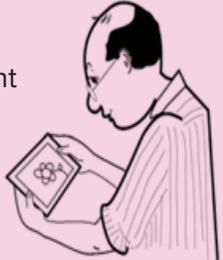
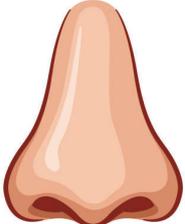
- ▶ Common Eye problems at community level and their management
- ▶ Health Promotion in Eye Care
- ▶ Roles of different service providers and your key tasks in providing care for Eye related problems.

This Training Manual is for you to understand how you can play an important role in Eye Care at the community level.

## Senses in the human body

### What are the five senses?

### What do we use them for?

Sense	Sense	What does this sense do?
	 <p>Touch</p>	Our skin is sensitive to the touch. It helps us feel things like hot/cold, rough/ smooth etc.
	 <p>Sight</p>	Our eyes enable us to see all the things around us like: people, animals, buildings, things in our home and where we work
	 <p>Smell</p>	Our nose enables us to smell things such as food cooking, fire burning, rain, polluted water
	 <p>Hearing</p>	Our ears let us to hear sounds around us such as a baby crying, people talking, dogs barking, a car horn, water running, music playing
	 <p>Taste</p>	Our tongue enables us to taste if food and drink is sweet/sour, hot/cold, cooked/ uncooked etc.

## CHAPTER 2

# Understanding Our Eyes and Vision Testing

### 2.1 Structure of the Eye

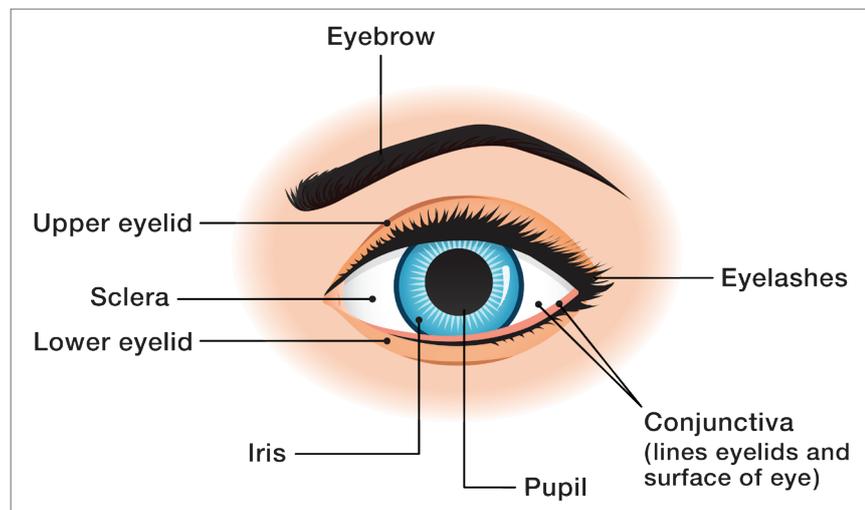
The eye has many parts that must work together to produce clear vision.

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.



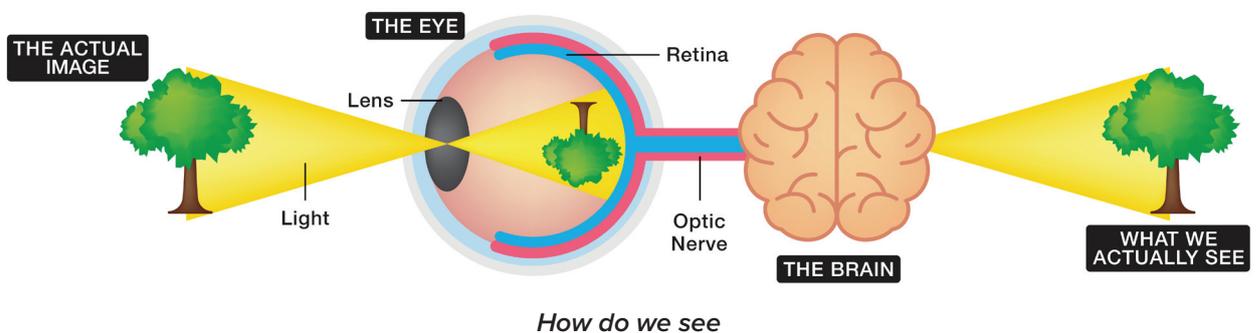
*Human Eye*

- ▶ 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 eyes helps us in getting the overall real picture of the objects.

## 2.3 Checking the Eyesight to identify people with poor vision (blindness and low vision) in the community

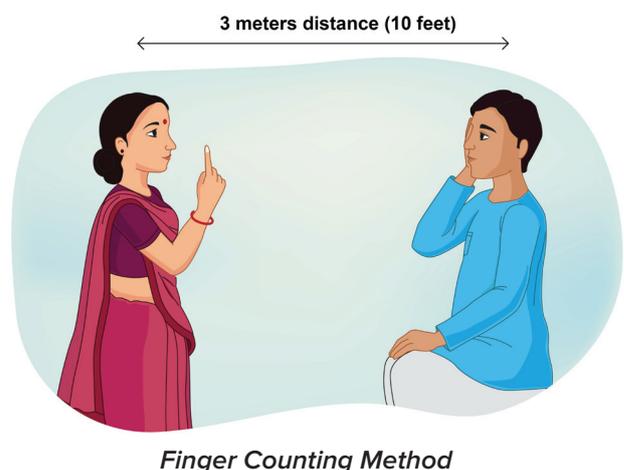
You will use finger counting method and 6/18 Snellen vision chart (E chart) at the community level.

### A. How do I find someone has blindness by finger counting method?

You will undertake the finger counting method to check for blindness in all community members in population aged above 18 years.

#### Instructions

1. Stand 3 meters (10 feet) away from the person.
2. If the person wears spectacles/glasses for seeing distant (far) vision, ask the person to wear them during the test.



3. Ask the person to close their one eye with the palm of their hand. If left eye is closed, cover the eye properly with palm of the left hand and vice-versa.
4. You hold up any number of your fingers (one, two, three, four or five in any order).
5. Ask the person to tell you how many fingers she/he can see.
6. To be sure, do the test again showing a different number of fingers this time. Again ask the person to tell you how many fingers she/he can see.
7. Repeat this test 2-3 times to be sure about the test for each eye.
8. This test is done for both eyes separately.

Maintain records of all those community members who cannot count fingers at 3 meters in your community with the eyes such as writing their name, age, result of finger count test separately for both eyes – right eye (R/E) and left eye (L/E). Such individuals are suffering from blindness and should be referred for further testing by CHO/MPW/MO available at the nearest AB-HWC. In such individuals, activities of daily living will be affected as they suffer from blindness. Maintain their records in a separate register and prepare a list of referrals and ensure follow-up of these individuals.

Individuals who can count fingers at 3 meters (10 feet) with one eye or both the eyes, should then be tested for distant vision using 6/18 Snellen vision chart (E chart).

## **B. How do I use 6/18 Snellen vision chart (E chart) for recording distant vision of people?**

A quick method to determine if distant vision is poor or is lost in any eye is the 6/18 Snellen vision chart (E chart). You will undertake screening of visual impairment using 6/18 Snellen vision chart (E chart) at community level of all adult community members aged above 18 years, who are able to count fingers by finger counting method.



*Vision chart at Community Level  
(For ASHA - 6/18 Vision Chart)*

This E chart can be used in schools for vision screening of school children. Under the Rashtriya Bal Swasthya Karyakram (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 children with the palms of their hands while testing for vision related problems.

### **Checking Distant Vision - Screening for Visual Impairment at community level by ASHA using 6/18 Snellen vision chart (E chart)**

#### **Material Required**

- ▶ Vision screening card/chart for 6/18 vision (E chart)
- ▶ String or measuring tape of 6 meters (20 feet)
- ▶ Pen and record card/recording format
- ▶ Referral cards

## Preparation

- ▶ Find a space that is properly lit (not too dark, not too bright or looking into the sun). Measure the distance – 6 meters (20 feet). Take six steps from the tree or wall. Mark the spot. Attach the screening card/chart to a wall or a tree. Ensure the test is undertaken after measuring the required distance of 6 meters (20 feet).
- ▶ Make the individual stand/sit comfortably.
- ▶ Explain to the individual what you are going to do.

## Steps to be undertaken by you

- ▶ First show the vision chart close to the person. You will explain that you will point at one of the Es and they should answer where the 'arms' point to (left direction, downward direction, right direction and upward direction).
- ▶ Make sure that the person understands by asking them to indicate the direction of the arms.
- ▶ If the person normally wears spectacles/glasses to see in the distance, tell them to wear their glasses during the test.



*Screening for Visual Impairment using 6/18 Snellen vision chart (E chart)*

*Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences.*

- ▶ Measure 6 meters (20 feet) from the person, using the prepared 6 meter string or tape measure. The 6/18 Snellen vision chart (E chart) should be at the same level as the person's eyes.
- ▶ Ask the person to cover their left eye properly with the palm of their left hand, so that you can test the right eye.
- ▶ Stand beside the vision chart and point to one of the Es. Ask the person to point with a finger which direction the mouth of the E is facing. Repeat with the other Es.
- ▶ If the person does not indicate the correct direction, move to the next E and ask them to point again.
- ▶ 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. Undertake the same steps as given above with all the 4 Es.
- ▶ Individuals who cannot indicate the correct direction for 3 out of the 4 Es from one eye or both the eyes are visually impaired. Maintain records of all the community members.
- ▶ Refer the individuals from the community who cannot read 3 out of the 4 Es to the CHO/MPW/MO available at the nearest AB-HWC for further assessment. Maintain a list of referrals and ensure follow-up of these individuals.

You can take the help of CHO/MPW/ANM at AB-HWCs for using this chart and identifying people with visual impairment.

## 2.4 Tool for assessing vision problems

You are aware about the Community Based Assessment Checklist (CBAC). You have used it for assessing risk factors for common Non-Communicable Diseases (NCDs). As part of this CBAC, you would additionally ask questions related to vision. You will administer the CBAC to target individuals like before. The questions related to vision 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

The purpose of CBAC is to help in early detection of individuals with vision problems. You should also be careful to not create panic or scare in the community for anyone having visual problems. The checklist itself does not diagnose a patient with disease. The CBAC is provided as Annexure-3.

In case, the individual answers 'Yes' to any one of the questions given above in the CBAC, you must refer the individual immediately to the nearest AB-HWC.

In addition to CBAC, as discussed above, you will undertake screening for blindness using finger counting method and visual impairment using 6/18 Snellen vision chart (E chart). In both these screening methods, individuals who cannot see or read from any one or both the eyes will be referred for further screening by CHO/MPW/MO available at the nearest AB-HWC for cataract or other eye conditions.

### REMEMBER

- Questions included in CBAC related to vision are only for screening and not for diagnosis.
- Diagnosis for visual problems would be confirmed by Ophthalmic Assistant/Medical Officer/Eye Specialist/Eye Doctor.

**Please Note:** During your home visits, keep a record of individuals who complain of any difficulty in threading the needle or cleaning the food grains. These individuals will need to be referred to Ophthalmic Assistant at Vision Centre/Ophthalmologist (Eye Doctor/Eye Specialist) at higher health facilities for use of near vision glasses.

**Any patient complaining of sudden loss of vision in one or both the eyes (with or without pain in any eye) should be urgently sent to the nearest referral eye centre for further management.**

## CHAPTER 3

# How to Deal with Common Eye Problems at Community Level

### 3.1 Cataract

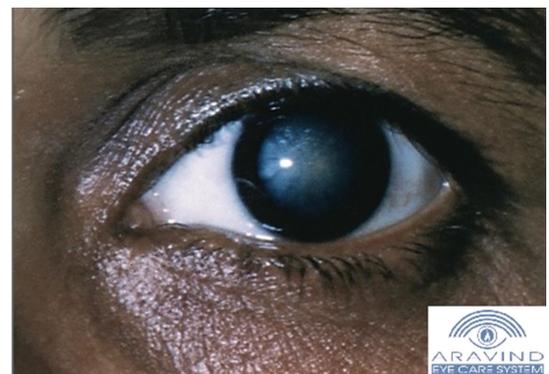
Cataract is one of the major reasons for blindness in India. It is also called as '*Safed Motia*' in Hindi, other regions will also have a local term for it. Largely, adults aged more than 50 years, can be affected by it which means it is an age-related condition which occurs due to the ageing process. 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.

#### 3.1.1 How do we identify Cataract in a person?

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

The normal eye has a central black hole and people are able to see properly because light rays can enter through it normally. In the second eye in the photograph, you will notice that 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.



**Cataract**  
Source: Aravind Eye Hospital, Madurai



White eye indicates Congenital Cataract (Cataract from birth)  
Source: RBSK, 2017



**Normal and Cataract Eye**  
Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

You have already been listing all adults (women and men) for Non-Communicable Diseases. You will continue to maintain this list for all target population so as to ensure that they are screened for visual impairment and undertake follow-up. You will continue to ensure that you reach the most marginalised population as well as those who migrate into your area, so that they are also part of the screening and follow-up process. The list is to be updated every six months. You will enter the details in the reporting format provided by the State/UT.

As mentioned earlier, you will complete the CBAC for adults which also includes questions regarding Eye Care. If there is any 'yes' response to any of the symptoms related to eye, you will refer the individual immediately to the nearest AB-HWC. Pay special attention to those who have problems in seeing normally from a distance or in whom you can 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 having poor vision and coordinate with the RBSK team for further management.

### **3.1.2 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 he/she 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 he/she finds it difficult to tolerate bright light or glare (strong light).

### **3.1.3 Treatment of 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.

### 3.1.4 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 safe and commonly done, but only in a recognised hospital by an Eye Specialist/Eye Doctor. It cannot be done in the Community or at AB-HWCs.
5. Under the National Programme for Control of Blindness and Visual Impairment, government Eye Hospitals and Non-Governmental Organisations provide free cataract surgeries to affected people.
6. In adults, who have cataract due to ageing, both eyes may be affected and treatment may be required for both the eyes.

### 3.1.5 Messages for the Community

#### A. Preparation before Cataract surgery

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



*Patient with Eye Shield after Cataract Surgery  
Source: Aravind Eye Hospital, Madurai.*

3. The Eye Doctor will advise the patients for putting eye drops/eye ointment in the operated eye. These should be done correctly for the period prescribed. Refer to Annexure-1 and Annexure-2 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 eye by cleaning it. The area around the eye can be cleaned by using cotton. Take a bowl of water and cotton, boil the water and let it cool. Now, cotton can be used to put water around the eye. 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 cataract 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 cataract surgery may require spectacles depending on the type of lens used in the eye.

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. Refer the individuals to the nearest AB-HWC for regular check-up of both the eyes.

### **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 further reduce vision.
5. MYTH: Cataract surgery can be done only in winter season.  
FACT: Cataract surgery can be done in any season.

### 3.1.6 Role of ASHA in management of Cataract

1. Make a line list of all those individuals whom you have identified with poor vision (blindness and low vision) by using the finger counting method or Snellen 6/18 E-Chart or high-risk individuals found after filling CBAC form. Refer them to the nearest AB-HWC for screening for cataract and further management.
2. During your home visits, take a note of any child or individual in whom you/parents/caregiver notice that the central black hole is replaced with white or yellow/greyish colour in one or both the eyes. Refer these suspected individuals to the nearest referral centre for examination. Report any child with vision problems to the RBSK team.
3. Follow-up the suspected/high-risk person during your household visits to see whether the person has got himself/herself investigated/examined. Follow up with children and ensure proper treatment through RBSK team.
4. Ensure that the individual goes for cataract surgery on the appointed date and follow up the status after surgery.
5. After the surgery, you should make home visits and monitor that the patient is putting eye drops or eye ointment correctly. Refer to Annexure-1 and Annexure-2, respectively.
6. Remind the patient to visit the Eye Doctor/Eye Specialist after one week and one month after the surgery or as advised by the doctor.
7. Educate the community about the need to get eye screening done every year for the adult population and those who have problems seeing clearly. Mobilise families of children and adolescents (0-18 years) for regular screening of eye by RBSK team.

## 3.2 Refractive Errors, Squint and Presbyopia

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. Uncorrected refractive errors also are one of the commonest causes of visual impairment (low vision problems) in India.

### 3.2.1 Symptoms of Refractive Errors

The common symptoms of Refractive Errors are:

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)

### 3.2.2 Diagnosis of Refractive Errors

At the community level, you will mobilise the community to visit the nearest AB-HWC after screening for blindness and visual impairment. The health worker at the AB-HWC will screen for visual acuity by using Snellen's Chart and near vision chart of adult community members. The individuals with vision problems after screening at AB-HWCs will be referred to Vision Centres (where Ophthalmic Assistant is available) or to the Eye Doctor/Eye Specialist at CHC/SDH/DH/higher health facilities for complete testing and confirmation of Refractive Errors. Once diagnosed, the Ophthalmic Assistant (OA)/Eye Doctor/Eye Specialist will advise about use of spectacles and arrange for spectacles for the patient.

### 3.2.3 Correction of Refractive Errors

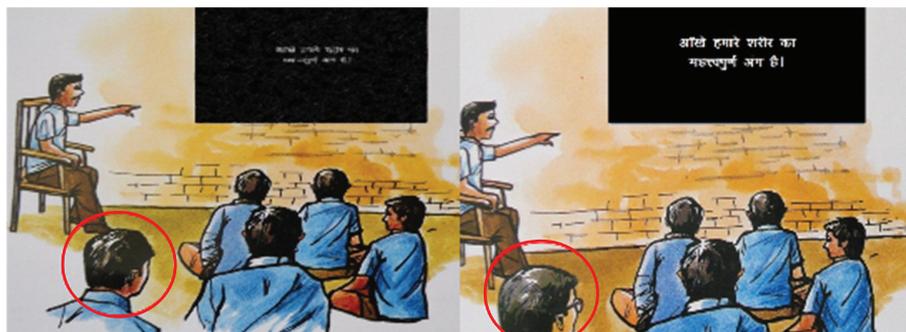
Refractive errors can be treated and are commonly corrected by spectacles. Regular eye examination and measuring vision can detect the presence of refractive errors in eye and can be corrected easily. The refractive errors can be detected at government facilities by an Ophthalmic Assistant or Eye Doctor/Eye Specialist and the power of spectacles can be prescribed by them.

### 3.2.4 Are there any other methods of correction of Refractive Errors, other than spectacles?

Yes, there are other methods too, like laser surgery and lenses. But the treating Eye Doctor/Eye Specialist only prescribes the best option available. Spectacles remain the best option available.

### 3.2.5 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 an Eye Doctor/Eye Specialist/Ophthalmic Assistant are:



*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*

1. One eye moves or aims in a different direction than the other.
2. The child blinks or rubs his/her eyes excessively while 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.

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

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

### 3.2.6 Squint

In this condition, both the eyes look in different directions, also referred 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.



*Squint (Cross Eyes)*  
Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences

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 should refer the child at the earliest to the nearest AB-HWC and coordinate with the RBSK team for further management. Such children will require a detailed eye examination. In case of adults with squint, you must inform the CHO/MPW/Medical Officer available at the nearest AB-HWC for further check-up and management.

### 3.2.7 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.



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

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

### 3.2.8 Role of ASHA in Refractive Errors, Squint and Presbyopia

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

Undertake the following activities:

1. If there is a need for the person to wear spectacles and they are not convinced, you must explain the importance and emphasize that correcting their eye problem is very important before it gets worse.
2. As an ASHA, see that children, young girls and women in your community who have refractive errors of any type, should be referred to the nearest AB-HWC. Ensure that when spectacles are prescribed, they should regularly wear them.
3. Ask if the patient is having any difficulty in using the spectacles/glasses and encourage the regular use of wearing the spectacles prescribed by the OA/Eye Doctor/Eye Specialist.
4. Ask the person to visit the nearest AB-HWC in case of symptoms such as continued redness, watering, eye fatigue, diminished vision following the use of spectacles.
5. Counsel the individuals on the importance of consumption of Vitamin A rich foods (given in section on Vitamin A deficiency) and limit the use of television/mobile phones, computer and other electronic items that can cause strain to the eyes as much as possible.
6. Encourage the community to perform simple eye exercises to reduce eyestrain (20-20-20 rule): Every 20 minutes, look away about 20 feet in front of you for 20 seconds.

## 3.3 Conjunctivitis

It is also commonly known as 'Eye Flu'. It occurs more towards the 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.**

### 3.3.1 How it spreads

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

### 3.3.2 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 sunglasses and avoid dusty, sunny places.
6. Avoid the use of kajal and surma during an episode of conjunctivitis.
7. Avoid over-crowded places to reduce spread to others.



*Conjunctivitis*  
Source- Aravind Eye Hospital, Madurai

### 3.3.3 Treatment of Conjunctivitis

People who have conjunctivitis should be counselled for the following:

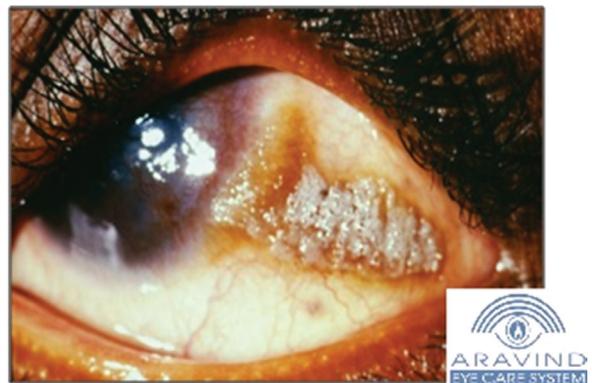
1. Frequently wash the eyes with clean cold water.
2. Place a cold, damp clean cloth on eye to give a soothing effect.
3. Avoid self-medication and do not use medicines without medical advice.
4. Frequent antibiotic eye drops in daytime and antibiotic eye ointment in night-time are usually needed for 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/MPW/Medical Officer available at the nearest AB-HWC if condition does not improve within 3-4 days.

### 3.3.4 Role of the ASHA in management of Conjunctivitis

1. Identify all cases of conjunctivitis and immediately refer them to the nearest AB-HWC for further management.
2. Follow up all cases to see that they are taking their treatment and maintaining proper hygiene.
3. Make sure that all other family members also maintain strict hygiene and are not in direct contact with the patient.
4. Educate communities about occurrence of conjunctivitis and its prevention measures.

## 3.4 Vitamin A Deficiency

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

### 3.4.1 Have you ever thought why Vitamin A is given to children? What are its functions?

Vitamin A is one of the micronutrients required by our body. One of its functions is that to help in normal eyesight. Its deficiency occurs most often in children less than five years and also in pregnant women. It is seen especially in poor families and malnourished children/Severe Acute Malnutrition (SAM) children, children with diarrhoea and children with measles. It is also seen in situations of natural disasters like floods, drought, earthquake, etc. when there is a problem in availability of food and people are not available to have adequate diet that leads to diet deficient in intake of Vitamin A.

Deficiency of Vitamin A can be 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 when it is a little 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.

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



*Bitot's Spot*

*Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences*

**Bitot's Spot once formed cannot be removed by Vitamin A treatment.**

### 3.4.2 Food sources of Vitamin A

Regular consumption of 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 (chulai), 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 (khumani), 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.



*Vitamin A rich foods*

### 3.4.3 Prevention of Vitamin A related eye problems

Prevention of Vitamin A deficiency includes giving at least nine doses of vitamin A to all children aged 9 to 59 months. The first dose of 100,000 International Unit (IU) is administered with measles vaccination at 9 months and subsequent doses of 200,000 IU each, every six months till 5 years of age.

However, in all cases that already have signs of Vitamin A blindness, they will need higher doses of Vitamin A and more frequently. All persons can be treated at the nearest AB-HWC by CHO/MPW and complicated cases may be treated by the Medical Officer.

Due to the Vitamin A supplementation programme, Vitamin A deficiency has become rare in the country.

### 3.4.4 Role of the ASHA in prevention of Vitamin A deficiency disorders

1. Educating and creating awareness among mother/caregiver especially among the vulnerable section of the population regarding:
  - ▶ signs, symptoms of Vitamin A deficiency in children and also in pregnant women;
  - ▶ prevention by consumption of locally available, seasonal Vitamin A rich foods;
  - ▶ Vitamin A supplementation for children 9-59 months of age;
  - ▶ encouraging breastfeeding focusing on colostrum feeding.

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), Anganwadi centres, etc. all maybe used for awareness generation on prevention of Vitamin A deficiency disorders.

2. Ensuring all children less than five years to receive age-appropriate doses of Vitamin A prophylaxis from nearest AB-HWC/immunization outreach sessions.
3. Monitoring all measles cases in children and ensuring that they receive Vitamin A supplementation.
4. Referring all cases of night blindness or other signs of Vitamin A deficiency to the nearest AB-HWC for confirmation and treatment.

## 3.5 Styte

### 3.5.1 What is a Styte?

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

### 3.5.2 Causes of Styte

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



Styte

Source: Aravind Eye Hospital, Madurai

### 3.5.3 Symptoms and Signs of formation of Sty

- ▶ 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 sty 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

### 3.5.4 Treatment for Sty

The most traditional treatment is application of frequent, dry, warm (not too hot) compresses several times a day. If there is severe burning, discharge and redness that interferes with vision, refer to the nearest AB-HWC for treatment.

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 Sty.

### 3.5.5 Prevention of Sty

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 sty 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, refer them to the nearest AB-HWC to check for Diabetes Mellitus and/or Refractive Errors.

## 3.6 Trachoma

Trachoma is an infectious disease which spreads from one person to another person. 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 and can rub against the front part of the eye resulting in cloudiness, that in turn, leads to blindness.

### 3.6.1 How is disease transmitted and how can we prevent its spread?

The disease is transmitted by flies and through close physical contact like while playing, sharing bed with infected person, mothers of infected children, sharing towels, pillows and handkerchiefs. Overcrowding, poor hygienic conditions, stagnant water, inadequate use of latrines, practice of open defecation to which flies are attracted are other risk factors for this disease.

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

### 3.6.2 Identifying children with trachoma

#### Signs and Symptoms

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



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

In adults, the inward turning of eyelashes in an individual can be checked through torch examination of the eye by the MPW/CHO/MO.

### 3.6.3 Role of the ASHA in prevention of Trachoma

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 the harms related to open defecation.
3. Referring persons with eyelashes turned inwards to the nearest AB-HWC.
4. Spreading the following messages amongst the community members:
  - a. Keep your environment clean.
  - b. Remove all fly breeding situations in and around the home.
  - c. Maintain personal hygiene. Wash your face with clean water several times in a day.
  - d. Keep separate towel, linens etc. for each member of family and keep them clean.

## 3.7 Glaucoma

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.

### 3.7.1 Risk factors for Glaucoma

1. Age more than 40 years (sometimes it can also occur in children).
2. History of diabetes, blood pressure (hypertension), heart disease, high lipids/cholesterol.
3. Family history of glaucoma.

### 3.7.2 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 not treated, this becomes worse and finally the person can only see the middle part of the picture.



*Source: Dr. Rajendra Prasad Centre for Ophthalmic Sciences*

Note: Individuals having tunnel vision (seen in the 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.

### 3.7.3 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.

### 3.7.4 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. You must refer them to the nearest AB-HWC. Persons detected with glaucoma will be suggested eye surgery/medical treatment by an Eye Specialist/Eye Doctor available at higher referral centres.

### 3.7.5 Role of ASHA in prevention of Glaucoma

1. Educating community members about signs and symptoms of glaucoma.
2. Ensure people with high blood pressure, diabetes, heart disease or high lipids/cholesterol visit the nearest AB-HWC for screening to see 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.

3. Ensure that persons reporting symptoms suggestive of glaucoma, should be referred for examination by the CHO/Medical Officer heading the nearest AB-HWC, who may refer them to higher facilities for detailed eye check-up. Remember, early detection and regular treatment can prevent blindness due to glaucoma.
4. Educate the community members that eye drops prescribed by a medical doctor for glaucoma need to be continued life-long, like taking medications for life in conditions like Diabetes and Hypertension.
5. Regular follow- up of all diagnosed glaucoma cases to monitor that they are putting their eye drops regularly.

## 3.8 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. Ultraviolet 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 warning. Eye injuries can be minor or serious and can lead to permanent blindness also.

### 3.8.1 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

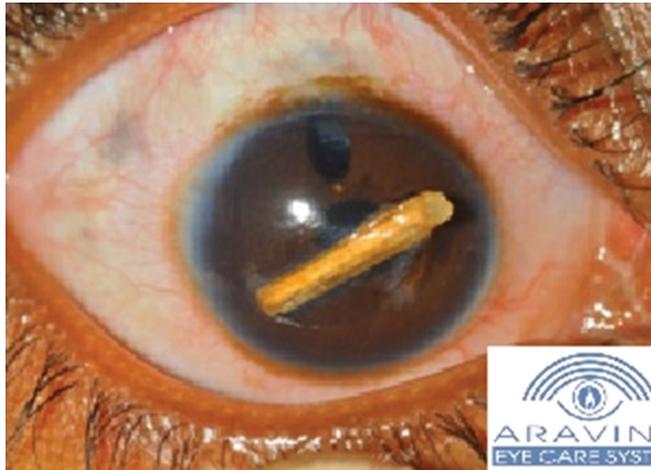
1. Adult supervision is vital while children play during festival.
2. Do not give crackers to children.
3. Do not light fireworks indoor.
4. Eyeglasses or goggles should be worn for protection.
5. Place a bucket of water nearby to put out fire.
6. During Holi, herbal colours should be used. Chemicals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

### 3.8.2 When something falls in the eye (foreign body in the eye)

Foreign bodies can enter the eyes 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 also 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 like ghee, honey, rose water, onion extract into eyes. They are harmful.
5. Do not bandage, just cover the injured eye with a clean cloth and do not put any pressure on the injured eye. Refer the individual to the nearest AB-HWC for removal of foreign body or stabilisation to the eye. These individuals may then be referred to higher facilities if required.



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

### 3.8.3 Role of the ASHA in preventing Eye Injuries

1. Raise awareness among community members about prevention of eye injuries at home, in the community and during festivals.

2. Do first aid for all eye injury cases – washing the eyes and keeping them covered with a clean cloth.
3. Refer the individual immediately to the nearest AB-HWC for management. These individuals may also be referred to higher facilities, as required.
4. Follow up on all cases after treatment.
5. Supervise special festivals where eye injuries are common such as Holi and Diwali.
6. Promote use of protective eyeglasses 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.

## 3.9 Special situations for Eye Care

### 3.9.1 Diabetes and Eye Diseases

As an ASHA, you are mobilising the community members 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, as an ASHA, you must encourage all the target population to get their regular eye examination as well as control their high blood pressure and diabetes.

#### 3.9.1.1 Role of the ASHA in prevention of eye diseases in people with Diabetes

1. All people aged 30 years and above with diabetes should get tested for eye disease.
2. Educate diabetic patients and their family members that diabetes can result in eye problems.
3. Educate diabetic patients about the importance of having a controlled blood sugar through various means like lifestyle modification and/or medicines.
4. Ensuring all diabetic patients in your community to get an annual eye examination by the eye doctor, even if they have controlled sugar status.
5. Refer diabetic persons to the nearest AB-HWC for timely detection of diabetic eye diseases, if any.

### 3.9.2 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 gm, 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.

You with support from ASHA Facilitator (AF) and/or MPW/ANM, will ensure that all babies born in your area with weight less than 1500 gm or born before 32 weeks must get an eye check-up done within 30 days of birth through RBSK team. Inform parents about the screening, mobilise 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.

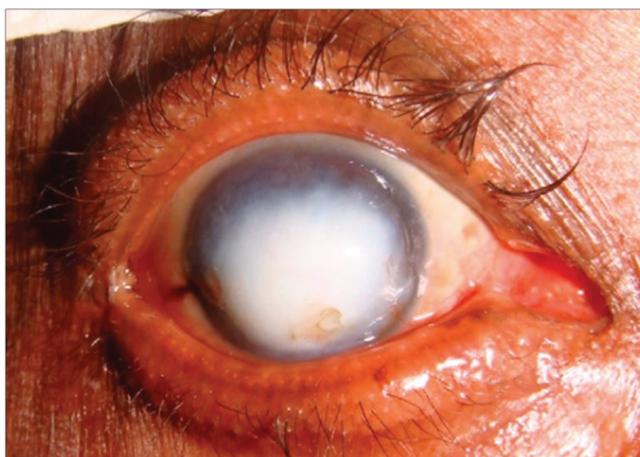
### 3.10 Eye Donation

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'.***

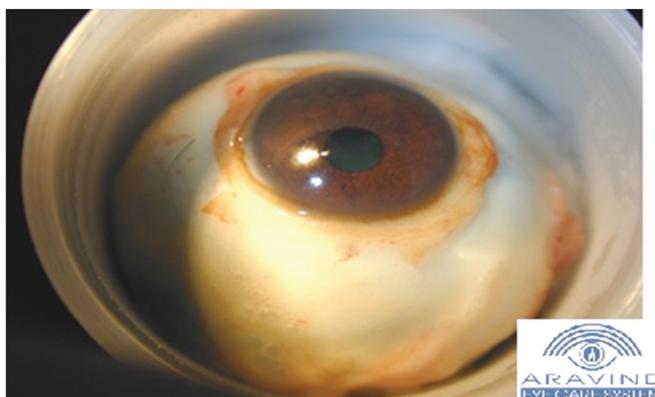
Eye donation is an act when one person can donate their eyes to persons suffering from corneal blindness. An eye donation helps 3-4 persons to regain their vision. There is a huge demand and the supply is not sufficient for the people who need it. Thus, as a society, we need to come forward for this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



*Whiteness of Cornea*



*A Donated Eye*  
*Source: Aravind Eye Hospital, Madurai.*

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

You along with the other primary health care team members at AB-HWC, VHSNC members, MAS members, support groups, etc. will motivate 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 to remain fresh for donation.

As an ASHA, explain to the community that pledging for eye donation can be done by anyone during their lifetime. Persons who have pledged their eyes, must inform their family members regarding the pledge so that 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.

### **3.10.1 Role of ASHA in Eye Donation**

1. You along with the other primary health care team members at AB-HWC, VHSNC members, MAS, support groups, etc. motivate community members for Eye donation.
2. Organise community meetings to educate people about Eye donation.
3. Organise pledge ceremonies on important village days/festivals about eye donation. Remember, every year, August 25 to September 8 is observed as National Eye Donation fortnight all over our country.
4. Facilitate whenever required, for willing family to donate eyes of the deceased persons. Inform the CHO/MPW/MO available at the nearest AB-HWCs regarding such families.

## CHAPTER 4

# Health Promotion in Eye Care

### 4.1 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 blood pressure 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.

## 4.2 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.

## 4.3 Healthy Eye messages for mothers and caregivers for their children

1. Clean their eyes immediately after birth. You will 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 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 six months.
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.
10. Children should be made secure while travelling by taking all possible preventive measures to avoid eye injuries.

## 4.4 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 be able to differentiate between eye drops and ear drops, and may put ear drops into their eyes.
12. Patient with eye infection should avoid going into the swimming pool 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 5

# Service Delivery Framework – Providing Eye Care as a Team and Key Tasks of ASHA

In earlier chapters, you have learnt about your specific role related to several eye disease conditions. In this chapter, you will learn what tasks are expected of you in providing primary eye care services. You will now learn about services available at referral facilities and role of different service providers. You will find that many points that have been highlighted are repeated here, but this will help you to understand and plan your day-to-day work.

### 5.1 Service delivery framework for providing care for Eye related disorders

As you know, delivery of health care services to the community is a teamwork. You would need to know about the roles of other team members – ANM/MPW, CHO, MO and OA in order to provide right information to the community members.

#### 5.1.1 Multi-Purpose Worker/Auxiliary Nurse Midwife (MPW/ANM)

They will have a role in outreach as well as AB-HWC based activities. Provide you with support and monitor all your activities along with the ASHA Facilitator. Support you in completion of CBAC forms either through joint visits or providing clarifications regarding the checklist. If you have recognised any high-risk symptom in an individual through CBAC or poor vision through finger count method or visual impairment less than 6/18 in any eye, you will refer them to the nearest AB-HWC for further screening for blindness and refractive errors (by using Snellen's chart and near vision chart). MPW/ANM will provide support to CHO for effectively carrying out all the activities related to Eye Care. Along with the ASHA Facilitator, help in providing community-based rehabilitation, social acceptance and vocational training and inclusive education for low vision patients.

#### 5.1.2 Community Health Officer (CHO)

The Primary Health Care team will be led by a Community Health Officer at Ayushman Bharat-Health and Wellness Centre-Sub Health Centre (AB-HWC-SHC) in rural areas. The key role

of CHO is maintenance of blind and visual impairment register, compilation and validation of data collected by ASHA (list of eye disorders), conduct monthly meeting with ASHAs/ASHA Facilitator/ANM/MPW, screening of target population for vision testing (distance and near both), screening of target population for common eye conditions, health promotion with special focus on eye care, counselling of the identified patients for cataract surgery, wearing spectacles regularly, compliance for glaucoma, regular monitoring of blood pressure and blood sugars, dispensing the medications prescribed by the Medical Officer/Eye Specialist/Eye Doctor, referral of cases as appropriate and providing follow up care in coordination with you (ASHAs) and MPWs/ANM.

### **5.1.3 Medical Officer (MO)**

CHO at AB-HWC-SHC will refer the individuals with any signs and symptoms of eye disorders/problems to the Medical Officer for diagnosis. MO at AB-HWCs (Primary Health Centre and Urban Primary Health Centre) in both rural and urban areas will confirm the diagnosis and provide treatment of common eye conditions/infections, primary eye care for trauma, referral of more complex cases with eye disorders to Vision Centres/Community Health Centre/Sub-district hospital/District Hospital to eye specialists for further assessment and confirmation, provide medical fitness for cataract surgery, act as nodal officer for Vision Centre operations and outreach activities (planning, monitor wellness clinics/community workers and co-ordination with district hospitals).

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

Staff Nurse at AB-HWCs in rural and urban areas will assist and support the Medical Officer in undertaking the tasks related to Eye Care at the AB-HWCs.

### **5.1.4 Ophthalmic Assistant (OA) at Vision Centres**

Will work under the supervision of Medical Officers or Eye Specialists, 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.

## **5.2 Key roles and responsibilities of ASHA**

In order to provide community level care, you will continue to use Home Visits, Village Health, Sanitation and Nutrition Day (VHSND), Urban Health, Sanitation and Nutrition Day (UHSND), Village Health, Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samiti (MAS) and health promotion campaigns. Using these platforms, you would undertake activities of eye care promotion, early identification and referral and ensuring treatment adherence. Also, as an ASHA, you are a key link between health care services and the community who will coordinate between stakeholders to ensure service delivery. You will be supported by ASHA Facilitator, MPW/ANM and CHO in undertaking the activities listed below to be provided at community level.

### **5.2.1 Key Roles and Responsibilities of ASHAs in Eye Care**

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 can 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 organising community outreach eye care activities such as eye camps through AB-HWC. Provide support in mobilising community members for attending eye screening camps organised in the community.
12. Utilise 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), stye (swelling of eyelid), night blindness, difficulty in seeing or any other eye complaint and refer identified cases with eye/vision problems for a proper check-up by CHO/MPW/ANM/MO available at the nearest AB-HWC.
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.

## 5.3 List of services to be provided at Community Level

Community Level		
Services	Preventive and Curative care	Responsibilities
Community based services for eye care and Counselling and support for care seeking for blindness, other eye disorders	<ul style="list-style-type: none"> <li>▪ Awareness generation on common eye disorders and the need for early care seeking through VHSNC/MAS, VHSND/UHSND and other community level meetings.</li> <li>▪ 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.</li> <li>▪ To ensure Vitamin A prophylaxis routinely for children under age 6 months to 5 years.</li> <li>▪ Identification/Mobilisation of patient with identified eye disease (of known diabetic, identified patients).</li> <li>▪ Referral and follow up for availability of eye care services at referral centre.</li> <li>▪ Follow up of post-operative cataract patients and distribution of spectacles to them.</li> <li>▪ To ensure regular use of spectacles and follow-up biannually in children with refractive error.</li> <li>▪ To enable the elderly and those with Presbyopia to get free spectacles.</li> </ul>	ASHA with support/ guidance of the ASHA Facilitator (AF).
Screening for blindness and Refractive errors	<ul style="list-style-type: none"> <li>▪ By ASHA: Screening of Visual Impairment: Less than 6/18 in any eye.</li> <li>▪ Screening of adult population 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.</li> <li>▪ Imparting health education for motivating people who are at risk of visual impairment.</li> <li>▪ Under the RBSK, all children are screened for visual acuity at school and Anganwadi levels.</li> <li>▪ 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.</li> <li>▪ Undertake Rehabilitation and counselling.</li> </ul>	Primary Health Care team (in coordination with RBSK team, where needed).
Community screening for congenital disorders referral	<ul style="list-style-type: none"> <li>▪ Encourage eye examination for all children who were preterm (less than 32 weeks) or low birth weight (less than 1500 gm) within 30 days of their birth through RBSK, facilitated by ASHA/ ASHA Facilitator.</li> </ul>	

*Source: Adapted from Operational Guidelines for Eye Care at Ayushman Bharat-Health and Wellness Centres, Government of India, 2020.*

The ASHA Facilitator and MPW will support you in household visits, conducting community health promotion activities, and follow up, particularly among those who have challenges/ issues in accessing care and those who are not regular with the treatment. The overall guidance and support to you will be provided by the CHO. They will help you in the following:

1. Undertaking activities for eye care promotion in the community. Also, help in creating awareness regarding maintenance for personal hygiene and environmental cleanliness and lifestyle modifications using community-based platforms.
2. Completing screening using the Community Based Assessment Checklist (CBAC).
3. Screening for blindness using finger counting method and visual impairment using vision chart (6/18 vision chart).
4. Recognising signs and symptoms of eye disorders during home visits and interaction with community members.
5. Providing awareness generation for prevention of eye diseases, eye donation, identification/mobilisation of patient with eye diseases, referral and follow-up for availability of eye care services at referral centre.
6. Providing advice and support the family of individuals with eye disorders.
7. Undertaking joint home visits for treatment compliance and encouraging the individual for regular follow-up visits to healthcare facility (nearest AB-HWC/higher health facilities).

## ANNEXURE 1

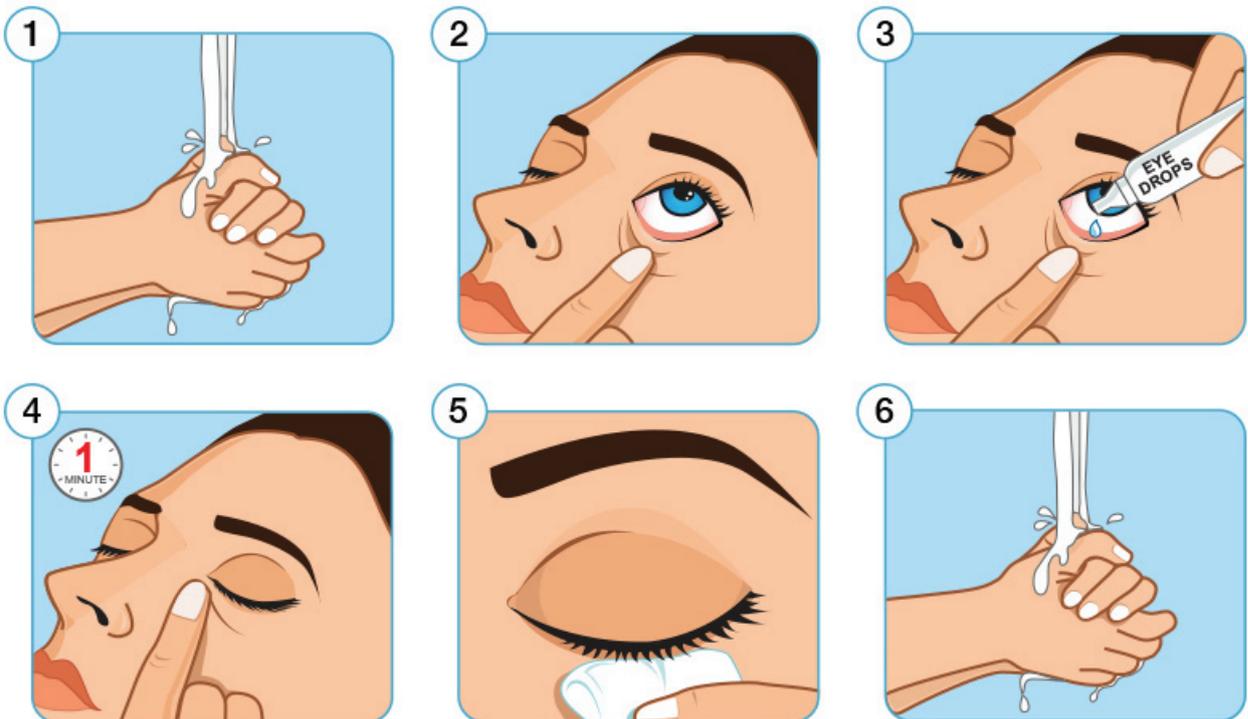
# How to Apply Eye Drops Correctly

**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



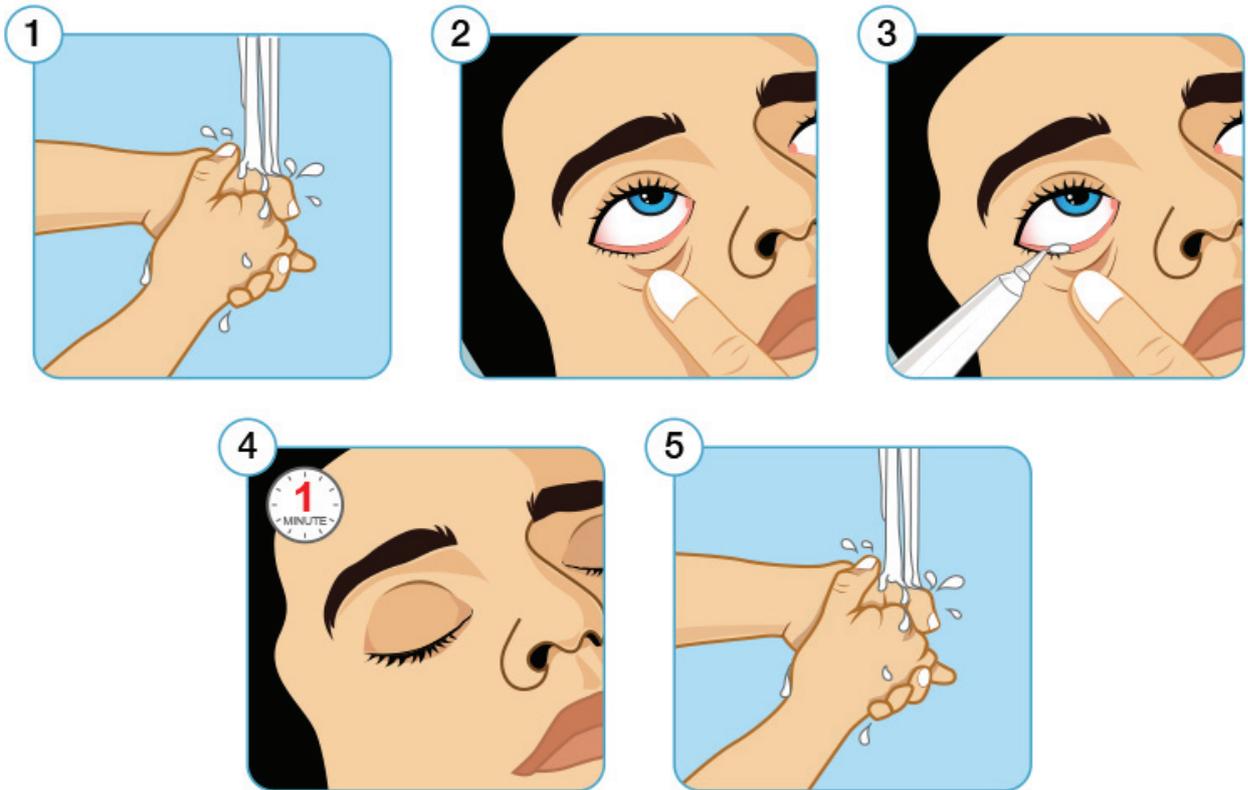
## ANNEXURE 2

# 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 3

# 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 - <i>specify details</i> ):
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	
<b>Total Score</b>				
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	
<b>B2: Women only</b>	<b>Y/N</b>		<b>Y/N</b>
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			
<b>B3: Elderly Specific (60 years and above)</b>	<b>Y/N</b>		<b>Y/N</b>
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
<b>Total Score</b>				
Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)				

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### **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](https://www.youtube.com/c/NHSRC_MoHFW)



National Health Systems Resource Centre