CASE STUDY
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PROVISION OF INTEGRATED EYE AND EAR CARE SERVICES IN RESOURCE POOR SETTINGS: A CASE STUDY FROM INDIA

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ABSTRACT

Background: Hearing impairment affects 5.3% of world population and its implication at individual, family and community level is considerable. Both eye and ear care are public health issues and lack trained manpower to address them. In August 2010, a project was initiated to assess feasibility of integrating ear and eye care services at primary level.

Methods: Vision Technicians at two vision centres (one urban and one rural) of Dr. Shroff's Charity Hospital, India were trained in primary ear care using WHO 'Intermediate module' and basic ear care equipment were provided. The evaluation of pilot project was carried out to assess feasibility of delivering integrated services through already existing public health infrastructure.

Results: Stakeholders were strongly in favour of integrating eye and ear care services. Vision Technicians were able to screen and recognize patients with common ear diseases and provide basic care. They played a pivotal role in awareness creation. The target population was satisfied with services provided at vision centres.

Conclusion: Training Vision technicians and ophthalmic assistants in private and public health care delivery systems will go a long way in addressing ear morbidities in a cost effective manner in resource poor settings.

Key Words: primary ear care, integrated eye and ear care, Vision Technicians

INTRODUCTION

Hearing loss is the most prevalent sensory disability is common throughout the world. [1] Among sensory organ diseases, hearing loss accounts for highest number of Disability Adjusted Life Years (DALYs).[2] Ear problems can have profound effect on the ability of individuals to communicate with each other, on their education, on their ability to obtain and keep employment and on social relationships.[3]

In most parts of the world, eye care and prevention of visual disabilities is a well-established aspect of disability prevention. Although hearing disability causes same discomfort still the concept of prevention of visual deficits gained attention and recognition and hearing got left behind. As both blindness and deafness are important public health issues which are common in low resource settings, strategies need to be formulated which can address both these issues together effectively.[4] As part of this study, attempt was made to study if ear and hearing care can effectively be propagated though the channels that are already established in eye care.

METHODS

Dr Shroff's Charity Eye Hospital, an established Eye Hospital in Delhi had initiated a pilot project to assess the feasibility of integrating ear and eye care services at the primary level. During the project, the Vision Technicians posted at two Vision Centres (one located in Mustafabad Delhi and the other in a Rajgarh block of Rajasthan) were trained

in primary ear care using the World Health Organization 'Intermediate module for Primary Ear and Hearing Care (PEHC) workers' for duration of three months. Basic equipment to provide ear care at primary level was provided at two Vision Centres. The evaluation of the integrated eye ear project was carried out to devise strategies for sustainability of such project and the feasibility of provision of such services through already existing public health infrastructure of the country. The comprehensive evaluation of the project was carried out using both qualitative and quantitative approach. The research tools adopted during the evaluation were Focused Group Discussions, in-depth interviews of various personnel and observation check-list.

RESULT AND DISCUSSION

The stakeholders (representatives from the designated eye facility) were strongly in favour of integrating the ear care services with the already existing eye care services established under National Programme for Control of Blindness (NPCB). Though they felt that the project is not financially viable at present but in long term once the people know about such services being provided at their door step the demand will increase many fold and the project would become self-sustainable. The trained Vision Technicians were highly motivated and felt empowered that they had been selected and trained to deliver both eye and ear care services. The clinical aspect of service provision was up to the mark. The vision centres were well equipped for primary ear and hearing care activities. IEC materials prepared by Society for Sound Hearing were designed keeping in mind the socio-demography of majority of common people.

The target populations of the vision centres were satisfied about the services being provided at the vision centres and the behaviour of the Vision Technicians. People's knowledge about the ear care needs to be improved. They are following many harmful practices regarding ear care. Many myths were prevailing amongst common people.

The case studies and FGDs showed that the ear morbidity is high in the locality and ear care services provided by qualified personnel are lacking or inaccessible to them. The vision centres has provided ear services to a significant number of individuals in its short existence of one and half year. The major cases seen by vision technicians are CSOM, ASOM and wax impaction. A large number of patients were treated satisfactorily.

In the context of the developing countries, combining eye and ear care services at primary level emerges as a significant strategy for delivering affordable ear care services to marginalized sections of the society. Both blindness and deafness need common strategies to address them as they are important public health issues which are common in "resource poor setting". Both adversely affect the attainment of maximum potential of the individual and there is relative lack of trained manpower for handling both particularly ear care especially at primary level. Primary prevention can be done though awareness generation by displaying ear and hearing care material along with the eye care material at the various centers. The CBR worker or the members of the community who are already involved in delivering eye care services can be roped in for ear services as well. Combined eye and ear care awareness camps can be organized with little additional equipment and infrastructure (Only training of the CBR worker in detection of ear diseases and hearing loss and filling screening proformas is required). Combined eye and ear care screening camps are being organized by providing otoscope, tuning fork, audiometer, handheld tympanometer, ear drops and other medications in addition to equipment for eye care.

CONCLUSION

Based on the views provided by the Stakeholders, Vision technicians and Clients, the novel idea of leveraging existing Vision Centres (VC) to provide primary ear and hearing care services used in the pilot project has been found to deliver good results. It is an effective way of delivering ear care services to the beneficiaries in the resource poor setting by carrying out optimum utilization of the existing infrastructure and manpower. Integrating eye and ear care services at primary level not only reduces the cost of intervention but also lets the ear care service leverage the existing infrastructure of the eye care set up.

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