

PROGRAMME STRATEGY

- Decentralized implementation of scheme through District Health Societies.
- Reduction in backlog of blind persons by active screening of population above 50 year, organizing eye camps and transporting operable cases for eye care facilities.
- Involvement of voluntary organization in various eye care activities.
- Participation of community & Panchyati Raj institutions in organizing services in rural areas.
- Improvement in quality of eye care by training of personnel, supply of high-tech ophthalmic equipments.
- Screening of school age group children for identification and treatment of refractive error with special attention in underserved areas.
- . Public awareness about prevention and timely treatment of eye ailments.
- Involvement of private practitioners in sub district and block level.
- To make eye care comprehensive besides cataract surgery, provision of assistance for other eye ailments like diabetic retinopathy, glaucoma management, laser techniques, corneal transplantation, vitro-retinal surgery and treatment of children blindness.
- Control of Vitamin A Deficiency

- Vitamin A Solution (2 L IU except <1 yr 1L) orally every 6M till age of 5 year.

TRAINING:

- Training of teachers for school eye screening.
- Training of Health Workers and community based volunteers (including ASHA under National Rural Health Mission) for village blind registry.
- Refresher Training of Ophthalmic Assistants on refraction and other procedures.
- Orientation training of Medical Officers of PHCs/ CHCs in community ophthalmology.

IEC DAYS:

- 13th MARCH Glaucoma day.
- Eye Donation Week from 25th August to 7th September
- World Sight Day in 2nd Week of October will be celebrated