CAREERS IN EYE HEALTH FOR UNDER PRIVILEGED YOUTH
MID LEVEL EYE CARE PERSONNEL

Introduction

Blindness and Visual Impairment are major public health problems in developing countries and India has a disproportionate share of the burden. Whole significant progress has been made in controlling these problems in India, major problems continue due to mal distribution and non availability of both good infrastructure and well trained human resources. Added to these are issues of equity, quality and accessibility.

One of the major deficiencies in the eye care delivery system is inadequate number of appropriately trained human resources. This is compounded by the fact that highly trained personnel are reluctant to serve in underserved remote rural and tribal areas as well as in urban slums.

All of these challenges clearly suggest that the health care delivery system that rely heavily on doctors, nurses or other professionals will fail to achieve the goal of universal health coverage. In 2006 the World Health Organization brought out a report titled “working together for health” highlighting the value of task shifting or rationale redistribution of tasks among health workforce. This was based on the principle of “allowing specific healthcare activities to health workers with shorter training and fewer qualifications and than ensuring right workers with right skills in the right place doing right things.

L V Prasad Eye Institute has adopted this approach and developed an innovative eye care delivery model (Pyramidal model) towards ensuring that eye care is available in remote rural areas. LVPEI’s model of eye care, represented by a pyramid, emphasizes the creation of sustainable permanent facilities within communities, staffed and managed by locally trained human resources and linked effectively with successively higher levels of care.

To ensure availability of appropriately trained human resource the institute also started training programs for this cadre of the eye care team also referred to as Mid-level Ophthalmic personnel (MLOP). These were developed after defining the needs and then provide training to develop competencies to meet these needs.

This cadre is entirely recruited from youth from rural and tribal communities. These individuals are trained at LVPEI and then are involved in delivering quality eye care in their own communities. The two examples are Ophthalmic Nursing Cadre who help in eye hospitals and Vision Technician to provide primary eye care from our vision centres in remote rural and tribal areas (Many are trained to serve in other organizations).
Ophthalmic Nursing Assistants

Need for the training
It has been observed that fully trained nurses are not available in adequate numbers to work in specialized eye care units and even those who are available do not have adequate knowledge of eye nursing.

Aim
The aim of this program is to create comprehensive ophthalmic nurses who can provide complete nursing care to the patients with eye disorders / problems with sincerity, dedication and compassion.

Outcomes
- Well trained eye nursing cadre with proper competencies and compassion.
- Employment to rural women from underprivileged sections.
- So far we have trained 304 Ophthalmic Nursing Assistants and currently 100 of the ONAs are employed in our network while others are spread all across the country.
- Ophthalmic Nursing Assistants program not only helps them to study further but also guides them on to a specific career path and makes them self reliant and thus leading the way to women empowerment in villages.

International Collaboration
LV Prasad Eye institute has entered into collaboration with School of Nursing of University of Rochester, NY, USA to strengthen the ONA program and work towards issuing joint certification for this program. We are planning to expand the program with this collaboration.

Course Design
**Duration:** Two Years
- One year of didactic and hands-on training & One year of internship
- Two batches a year; each with 20 students (will be expanded in collaboration with University of Rochester)

Eligibility and Selection Process
1. Girls who completed 10th class
2. From economically underprivileged families

**Mode of Selection:** Written test and Interview

★ Thescorerequirementisnotcosttothestudent.