



Nepal Red Cross Society

Community Eye Care & Health Promotion Programme

सामुदायिक आँखा उपचार तथा स्वास्थ्य प्रवर्द्धन कार्यक्रम

Community Ear Care Programme

In collaboration with BRINOS, CUBEX and NGMC

QUARTERLY REPORT January - March 2006

Background

Nepal Red Cross Society (NRCS) has been implementing Community Eye Care and Health Promotion Programme (CEHP) with the financial and technical support of Swiss Red Cross (SRC) since March 2001. This programme was called Prevention of Blindness and Community Health Intervention Programme (PBL-CHIP) during 2001-2004 (first and second phases).

The main programme components of the CEHP are prevention of blindness, that is guided by the "Vision 2020: The Right to Sight", the global initiatives against blindness. This project also addresses other important health priorities through health promotion component. This includes promotion of important segment of primary health care - as improvement on access to water and sanitation, promotion of safe-motherhood practices, prevention of encephalitis, HIV/AIDS and community ear care.

CEHP facilitates implementation of these activities within the districts of Mid-Western Development Region of Nepal that consists of 3 zones (Bheri, Karnali and Rapti), and 15 districts in them. CEHP has its base office in Nepalgunj.

The community ear care programme is supported by BRINOS, CUBEX and Nepalgunj Medical and implemented by Nepal Red Cross Society in 4 districts - i.e. Banke, Bardia, Surkhet and Dailekh in Bheri zone. The key actors of the programme are mid-level paramedical called community ear care assistant (CEA) and the ear care volunteers who are trained by CEAs.

Community ear care: in a glance

- ▶ The programme covers 67 VDCs of 4 districts and got 744 trained ear volunteers and 6 CEAs
- ▶ 3,039 ear patients served through mobile camps
- ▶ 2,335 students' were screened for ear diseases
- ▶ 549 ear patients' served at weekly ear clinics
- ▶ Ear health education to 289 persons by the volunteer

Photo: Training for community ear care volunteers.



Ear Health Situation in Nepal

Deafness is not only a personal problem but also a hindrance to national development, as hearing loss or impairment especially in the children inhibit their potential for education and learning performances; and weakens their over all academic and mental development.

Deafness is number one single disability for Nepal and its prevalence is very high (16.6%¹ in age 5 and over) in comparison to India (10.4%) and Great Britain (2% in 16-45 years). Out of 16.6% of prevalence 35% (one-third) deafness is preventable. Every 5th case of deafness is caused by Otitis media or its sequel in all age group. But in case of school going age group (5-15 years) every second case of deafness is caused by Otitis media.



In Nepal, for many years to come, the first contact between the public and ENT health service will be the traditional healers, medicine sellers, the nurses or paramedics rather than a doctor. In context of Mid and Far-west region to have a contact with an ENT doctor is a matter of a chance as only one ENT doctor was providing services for the both regions; nearly 4 million population. Later, a medical college emerged with more ENT doctors in Nepalgunj, which was also limiting its services to the city, and the real needy living in the rural communities still remained unserved.

Therefore, the community ear care programme was necessary to make people aware to take care of their own and their families' ear health utilising local resources and seeking services from the Health Posts.

Existing Ear Health Services in Mid West Region

There are 15 districts in the mid-west development region of Nepal. The regional headquarters is Birendranagar in Surkhet district. However, most of the regional activities are carried out at the Nepalgunj, which is also the regional trade hub for the region. In the whole region, an ENT consultant is deputed at the Bheri Zonal Hospital by the government since last 14 years. He also serves

the far-west development region as well. The past 14-year's records of the ENT department of Bheri Zonal Hospital shows that around 60%² of the total cases visited the department were seeking ear services. Of them 36.32% were of 0-15 year's age group. Out of total ear cases 36% had COM (Chronic Otitis Media); which is the number one ear disease causing deafness in developing countries.

Since last 6 years the Nepalgunj Medical College is service patients for ENT care at their teaching hospital in Kohalpur. Now the hospital is also one of the referral centres for the far-mid west development regions.

The most regular and very popular ear health service provided in this area is surgical Ear Camps conducted by BRINOS. This programme was started from 1996 at Fateh-Bal Eye Hospital with an initiation and coordination of Swiss Red Cross. Later this collaboration was shifted with Nepalgunj Medical College, Swiss/Nepal Red Cross Society and Bheri Zonal hospital, as the new medical college developed provisions of ENT doctors and physical facilities at their teaching hospital in Kohalpur (Banke). Although this is an extremely popular and fortunate provision for the people of this area, it serves people only for a few days in a year.

However, those people residing in remote areas, having little money and no access of even the most basic services cannot even dream of this sort of services. Therefore, the only way to reach the unreached, poor and needy people could be through the community ear care strategy, which promotes community members to take actions themselves. This approach/concept has been fully agreed by the all collaborators involved in this programme and its implementation continues since year 2000.

Community Eye Care and Health Promotion Programme (CEHP)

CEHP (earlier known as PBL-CHIP³) is a project of Nepal Red Cross Society (NRCS) implemented with the support of Swiss Red Cross. CEHP coordinates supports and facilitates for the implementation of development activities through the Red Cross district chapters,

¹ Survey carried out by TUTH - Department of Community Medicine of Institute of Medicine, Kathmandu and BRINOS in 1991.

² Rest 40% of the patients were with nose, throat and other problems.

³ Prevention of blindness and community health intervention programme.

mobilising Red Cross volunteer networks and Community Based Organisations (CBO) in the Mid West Development Region. CEHP possess public health professionals who provides necessary input and support to the other members of the programme team and district chapters to ensure proper implementation of community programmes.

The community ear care programme falls within the health promotion component of the CEHP programme, which is mainly supported by the BRINOS (Britain Nepal Otology Services) - UK. The other collaborators to CEHP for community ear care programme are Nepalgunj Medical College, Cubex and Bheri Zonal

Vision:

CEHP envisions improving the health status of the most vulnerable and disadvantaged people of the Mid Western Development Region.

Mission:

Guided by fundamental principles of Red Cross, CEHP is committed to improve health status of the vulnerable and disadvantaged people of Mid Western Development Region by mobilizing and capacity building of volunteers, NRC network and CBOs and collaborating with GOs/NGOs for prevention of blindness and health promotion.

Objectives of the project

- To reduce prevalence of avoidable blindness with preventative and curative eye care provisions.
- To improve the health status of the people through dissemination of primary health care messages.
- To improve access to safe drinking water and sanitary conditions.
- To increase awareness among youth about transmission and prevention of HIV/AIDS.
- To strengthen NRCS network to address emerging health needs of the local communities and to empower them for achieving greater sustainability of programs.

Hospital.

The above mentioned are the general objectives of the CEHP programme; the specific objectives of the community ear care are following:

Specific Objectives of Community Ear Care Programme

- To introduce into the community the knowledge that prevention is better than cure – many of the ear diseases are preventable or curable.
- To utilize the existing community resources using their interest and resources by transferring skill and knowledge to promote sustainable improved ear health.
- To promote concept of Community Ear Assistant, and develop them as primary ear care trainer/clinician to bring the ear care services to the unreached.
- To provide basic services on hearing rehabilitation.

Primary Ear Care Activities

Hearing impairment inhibits proper mental development and academic performances of the children. Thus, the programme focuses its input to young children as they are the major risk groups, especially in children below 10 years of age. The activities under community ear care are basically aimed to promote self-care and awareness on importance of good hearing, and the measures to prevent and control deafness utilising local resources and the prevailing health services network. The key actors in the ear care programme are Community Ear Assistants (CEA) and the Ear Care Volunteers developed by the programme.

Major activities

- Primary ear care training to the volunteers (FCHVs and others)
- Primary ear care training to the health post staffs
- Primary ear care camps (mobile camps)
- School health activities (training and ear health screening)
- Ear health education and referral activities
- Hearing rehabilitation (assessment and hearing aid support)
- IEC (information, education, communication) activities
- Coordination and collaboration

Collaborators for Community Ear Care

CEHP is implementing community ear care programme with the support of following collaborators:

Britain Nepal Otology Services (BRINOS):

BRINOS is a UK-based charity organisation solely devoted to provide services to the Nepalese people in the area of deafness prevention and control. This institution comprises board of directors from UK and Nepal. The main authority of the organisation is Mr. Neil Weir, renowned ENT surgeon in UK. BRINOS started their cooperation and services in the mid-west since 1996 organising ear surgery camp.

CUBEX: BRINOS has also helped establishing cooperation with CUBEX, a

private firm serves for hearing rehabilitation. Mr. Adam Shulberg is the head of the firm. The CUBEX is supporting CEHP to promote hearing aid related activities.

Nepalgunj Medical College (NGMC)

This is the only medical college in the mid-west development region. Since last 6 years, the college hospital provides clinical service on ear care. The college also provides support to the NRCS Bardia to manage the community programme by bearing salary of a CEA. The main authority of the college is Dr. Suresh Kumar Kanodia, Managing Director. The college has its teaching hospital at Kohalpur, which is the base for the BRINOS supported ear surgery camps and referral centre for the patients with ear diseases.



CEA examining ear during community activities.

Bheri Zonal Hospital (BZH)

BZH provides its active technical support through its ENT consultant, Dr. Ramesh Kumar Shrestha, who used to be the only doctor in the far and mid west regions for several years. The ENT department is the referral base for the patients referred from the regions. The department is fully equipped with necessary instruments and equipments for the ENT services. Dr. Ramesh got retirement from his job recently, and a new doctor is expected very soon in the department.

Community Ear Care and CEA (Community Ear-care Assistant):

Lack of sufficient and appropriate human resources for service delivery is the primary reason for inadequate access to ear care services to the people living in the rural and remote areas, who are the neediest population. The ENT specialist population is very low in Nepal and is mainly concentrated in Kathmandu and other big cities, like other specialties. Therefore, CEHP and its collaborators initiated development of a mid-level human resource on ear care. Nepal has a successful eye care programme and one of the main reasons for this achievement is through extensive mobilisation of paramedics called ophthalmic assistant. In order to meet out need for intermediate level ear care worker, this programme took initiation to develop Community Ear Assistant (CEA) for the first time in Nepal. The service delivery model mentioned later in this

report has obvious explanation that the implementation of community ear care programme is led by the CEAs; who are primarily Community Medical Auxiliary (1 year training after high-school), and intensive additional 3 months course in a period of 1 year in ear care. The training curriculum is designed by Dr. Ramesh Kumar Shrestha. The CEAs are also provided various other inputs from collaborators. The community management skills are continuously promoted in the CEAs by the CEHP programme through public health professionals; the technical and clinical skills on ear health is provided by the ENT consultant Dr. Ramesh Kumar Shrestha from Bheri Zonal hospital and BRINOS, hearing aid rehabilitation skills are provided by Cubex. Thus, the CEAs are multipurpose community health workers in the programme.

A community ear care programme also needs regular availability of a team-leader having understanding on public health management, an ENT specialist with an interest to contribute time for the community ear care and an institution base with strong commitment to serve the needy residing in the rural and remote areas.

At the community level the CEAs develop network of volunteers transferring ear care and health education skills on them through primary eye care training. The volunteers are mainly the Female Community Health Volunteers (FCHV), school teachers, health post staffs, Red Cross volunteers and volunteers from other development agencies. They are the person who make direct linkages with the community members and support them with education and referral advices. Out of them the FCHVs receive greater input, as they are the permanent resident of a village responsible to help community members for all sorts of health problems. They also have direct linkages with the near by health post and are known figure in the community/villages. Thus, the FCHVs (volunteers) are the main agent in the community who are serving as bridge between community and health service providers - like, health posts, district and Zonal hospital and so on. The model service delivery below illustrates this system.

Technical Support

Community ear care programme receives technical support from the Chief ENT consultant, Dr. Ramesh Shrestha, who trains CEAs and HP in-charge and also provided continuous input to update and enhance CEAs' skills and knowledge.



CEHP's Community ear care service delivery model.

Programme area and coverage

The community ear care programme was started in year 2000 from the Banke district. Now it has been expanded to total of 4 districts of Bheri zone. The other districts are Bardia, Surkhet and Dailekh. Name of the Village Development Committees (VDC) covered by the programme are listed in the tables below:

Community Ear Care activities in Banke district

The programme in Banke district is supported mainly by the BRINOS. It covers total of 25 VDCs (out of 46), with recent expansion in 5 VDCs. The new VDCs where the programme was started this year are Hirminiya, Holiya, Betahani, Bankatti and Udayapur.

CEHP organised a programme introductory meeting for the newly expanded area with the participation from Nepalgunj Medical College, Red Cross Banke chapter, District Public Health Office, District Education Office, District Development Committee, Health Post in charges of new VDCs, Red Cross volunteers and related organizations. There were total of 20 participants in the meeting. The Convener of steering committee of CEHP, Dr. Ramesh Kumar Shrestha, Mr. Kamal Baral and CEAs described the programme objective, service delivery model and activities of the community ear care programme. The health post in charge of 5 new VDCs were



CEA training the teachers.

Programme VDCs in Banke district

- | | |
|----------------|------------------|
| 1. Naubasta | 14. Mahadevpuri |
| 2. Titihiriya | 15. Basudevpur |
| 3. Rajhena | 16. Sitapur |
| 4. Samsergunj | 17. Udharapur |
| 5. Bankatwa | 18. Bagesowari |
| 6. Kohalpur | 19. Khajurakhurd |
| 7. Chisapani | 20. Indrapur |
| 8. Ganapur | New VDCs |
| 9. Manikapur | 21. Hirminiya |
| 10. Belhari | 22. Holiya |
| 11. Kusum | 23. Betahani |
| 12. Kachanapur | 24. Bankatti |
| 13. Kamdi | 25. Udayapur |

very much impressed from it, and they expressed their commitment to provide participation and support in the programme.

During this quarter, CEHP carried out series of primary ear care camps in 26 locations in Banke district collaborating with VDC, Health Posts, schools and

local Red Cross units. Total of 2,073 (803 with COM) patients were screened and 310 patients were referred to Bheri Zonal Hospitals and Nepalgunj Medical College Teaching Hospital for medical and surgical interventions.

In this quarter, the CEAs also carried out refresher training on primary ear care for 74 volunteers from 5 VDCs - Sitapur, Udharaur, Bagesowari, Khjurakhurd and Indrapur to update their skills and knowledge on primary ear care. This time high number of volunteers had participated in the refresher training and they were very happy to take training and gather again.

During this quarter 2 schools were visited by the CEAs and examined 371 students. Out of them 116 had Wax, 11 COM, and 7 had OME. 9 students were referred to hospitals in Nepalgunj. A teacher each from these schools were already trained on primary ear care by the programme.

Mr. Puran Tharu,CEA provided ear orientation to 35 Nursing students of Nepalgunj Medical College Kohalpur during ear surgery camp and shared experience of field activities of community.

On occasion of 26th National Workshop of Nepal Junior Red Cross Society and Yuth circle at Khajura Banke, community ear care programme displayed Information Communication Education (IEC) materials about ear care, and progress and activities were also presented. At that time, total of 58(20 COM) ear patients were also examined and 9 patients referred to BRINOS ear surgery camp at NGMC Kohalpur for surgery and hearing

assessment. 575 number of ear brochure distributed and ear health education was provided to the patients visited to the camp.

Community Ear Care activities in Bardia district

The community ear care activities in Bardia district is implemented by Bardia Red Cross with the support of Nepalgunj Medical College (NGMC) for all 32 VDCs in the district, and the equipments, IEC materials and logistics are supported by the BRINOS and CEHP.

Programme VDCs in Bardia district

- | | |
|------------------|--------------------|
| 1. Dhadhawar | 17. Suryapatwa |
| 2. Magragadi | 18. Khairichandan |
| 3. Padanaha | 19. Patabhar |
| 4. Baniyabhar | 20. Daulatpur |
| 5. Bagnaha | 21. Naiyagaun |
| 6. Dhodari | 22. Pashupatinagar |
| 7. Sanosri | 23. Badalpur |
| 8. Taratal | 24. Rajapur |
| 9. Gola | 25. Bhimmapur |
| 10. Manau | 26. Thakurdwara |
| 11. Manpurtapara | 27. Shivapur |
| 12. Sorahwa | 28. Kalika |
| 13. Naulapur | 29. Gulahariya |
| 14. Mainapokhar | 30. Mohammadpur |
| 15. Jamuni | 31. Deudakala |
| 16. Motipur | 32. Belawa |

During this quarter, Bardia Red Cross carried out 1 primary ear care camps and screened 167 cases (74 COM). 13 cases were referred to the hospitals for further management.

NRCS Bardia operates a weekly ear clinic at Gularia town at primary eye care centre every Sunday. During this period total of 215 (64 COM) ear patients were treated and 28 were referred to the hospitals in Nepalgunj for further management.

Community Ear Care activities in Surkhet district

The community ear care activities in Surkhet district is implemented by Surkhet Red Cross with the support of BRINOS in 5 VDCs (out of 50) of the district. It was started from July 2003.

NRCS District Chapter Surkhet conducted series of primary ear care camps in 7 location of the 5 VDCs Latikoili, uttarganga, Gadhi, Jaburta and Chhinchu. Total of 382 patients (149 COM) were examined. 16 patients required further management were referred to the hospitals in Nepalgunj.

With the help of CEA, the ear care volunteers carried out community ear health education session in 10 locations for 289 community people. The ear care volunteers provided education on causes of CSOM in their society or family. They had also given education on how to mop the ear discharge to make the ear dry.

NRCS Surkhet also visited in 7 schools and examined total 1,199 students of primary level with

Programme VDCs in Surkhet district

1. Latikoili
2. Uttarganga
3. Chhinchu
4. Jarbuta
5. Gadhi

the help of their teacher. Out of them 116 had Wax, 11 COM, 7 had OME and 3 had hearing loss. 9 students were referred to hospitals in Nepalgunj. A teacher each from these schools were

already trained on primary ear care by the programme.

The CEA was provided orientation about community ear care programme or ear care for 60 participants who were life members, ordinary members, and exucative committee members on the occacion of general assembly of NRCS district chapter Surkhet.

NRCS Surkhet also operates a weekly ear clinic at Birendranagar town on every Sunday. During this period total of 100(50 COM) ear patients were treated and 12 were referred to the hospitals for further management.

Community Ear Care activities in Dailekh district

Dailekh Red Cross with the support of BRINOS implements the community ear care activities 5 DVCs (out of 50) in Dailekh district. It was started from July 2004.

A series of primary ear care camps were conducted in 4 locations in Dailekh and total of 417 (150 COM) ear patients were examined. 36 patients who required further management were referred to Dailekh district hospital and hospitals in Nepalgunj.

During this quarter, 5 schools were also visited and 765 students were screened



Ear health education by a volunteer in the community.

for ear disease. Out of them 342 had Wax, 63 COM and 6 had OME. 121 students were referred to Dailekh district hospital and hospitals in Nepalgunj for further management.

Programme VDCs in Dailekh district

1. Gamaudi
2. Badakhola
3. Kalbhairab
4. Belpata
5. Dandaprajul
6. Narayan municipality (some wards)

NRCS Dailekh also operates a weekly ear clinic at Nayabazar town on every Sunday at primary eye care centre. During this period total of 234 (79 COM) ear patients were treated and 48 were referred to Dailekh district hospital and hospitals in Nepalgunj for further management.

Ear Surgery Camp

BRINOS provides technical support to Nepalgunj Medical College to conduct ear surgery camps 2 times (March and November) a year. These camps are held at teaching hospital of Nepalgunj Medical Collage at Kohalpur, which is 20 KM north from Nepalgunj city. The surgical camps mainly aimed serving the patients identified and referred by the ear care volunteers from the programme area in 4 districts started above.

The camps held in March in 2006 provided services for 352 ear patients; out of them 87 had ear surgeries. Around 90% of the patients operated at the camps were referred by the CEAs and volunteers from the programme areas.

During this camp 94 patients were also supplied with hearing aid and battery. They were referred from primary ear care camp, which was conducted by CEAs with help of DPHO, health post, sub health post and volunteers.

The BRINOS camp was successfully completed with help of BRINOS team members Mr. Robin Youngs team leader, Mr. Nicholas Stafford, Mr. Edward Boys, Dr. Sangeeta Kapur, Ms. Odette Ferrao, Mr. Edwin Boys, Mr. Adam Shulberg, Mr. Eric Hughes from UK, Dr. Kashi Raj Gyawli from Kathmandu and Dr. Dinesh Mishra and his colleagues from Nepalgunj Medical College.

The CEAs has started to follow up of patients operated at BRINOS ear surgery camp. Total of 20 patients had follow up.

Hearing Rehabilitation

This has become one of the important activities of the community ear care programme. CEHP has got most of the provisions to support rehabilitation of hearing impairment. BRINOS and Cubex provided equipment for assessment. Regular supplies of hearing aids have been received since 2002 from Mr. Adam Shulberg, who is the head of Cubex-UK, a private firm for hearing rehabilitation. Mr. Adam is the expert audiologist and has trained the CEHP team members for hearing assessment, rehabilitation, hearing aid fitting, repairing, etc.

CEHP organizes hearing assessment and support activity 2 days a month (i.e. 10th and 25th day of each month as per Nepali calendar) in Nepalgunj. During these days the patients referred from the field come to CEHP for hearing assessment, and as per requirement patients are provided hearing aid in subsidized cost. A hearing aid with 12 extra batteries cost only Rs. 550, if the patient is referred by a volunteers or CEA from the programme VDCs. If a patient is from out of programme VDCs they are



Hearing assessment at CEHP.

charged Rs. 1,050.

During hearing assessment days, the revisiting patients also get services on repairing of the hearing aids and supply of additional batteries with nominal cost, i.e. Rs. 50 for 12 numbers of batteries. Irreparable hearing aids replaced with small charges, i.e. Rs. 100.

During this period 56 patients were served; 10 with new hearing aids, 12 got replacement of hearing aids; 7 got their hearing aids repaired and 27 patients received new batteries.



Hearing aid for a young student.

With the support of Mr. Adam Shulberg from CUBEX, CEHP will start production of ear mould very soon. Mr. Puran Tharu, CEA is already trained to make the mould and it will be produced at CEHP office in Nepalgunj. It is expected that the mould will improve the quality of hearing of the patients need hearing aid.

Mr. Adam Shulberg, audiologist from UK had visited the health post at Titihiriya VDC.

IEC (information, education and communication) activities

The IEC material produced by the CEHP has become very popular. The items available are listed in the table below.

IEC on ear care at CEHP

- 1 Poster on “Primary ear care education to prevent COM”
- 2 Poster on “Early signs/symptoms of hearing impairment in children”
- 3 Booklet on “Primary ear-care” (targeted for volunteers)
- 4 Booklet on “ENT manual for paramedical”
- 5 Brochure on “Prevention of COM”
- 6 Flip-chart for volunteers (on final stage of designing)



Ear Care Poster

health personnel. 55 ENT books for paramedics were also provided to the health post staffs.

Coordination and Sustainability

Coordination is vital part for sustainability of the programme. In principle, CEHP supports/implements community ear care activities in a particular VDC for 2 years, and transfers the responsibility to the Health posts in order to sustain the programme. This year, 5 more VDC – i.e. Mahadevpuri, Kachanapur, Kusum, Basudevpur and Kamdi were phased out transferring the responsibilities to the HPs. Prior to this process CEHP imparted necessary knowledge and skills to the health post staffs to ensure continuation of primary care and referral services to the patients attending the HPs. Skill development of HP staffs were done during the camps at the Health posts and also at ENT department of Bheri Zonal Hospital.

CEHP organised a coordination seminar at Nepalgunj to share programme handover process to the stakeholders. There were 13 participants from DPHO, health post in-charges, Red Cross volunteers and VDCs.

Following the coordination seminar, VDC level programme handover seminars were also organised in the Mahadevpuri, Kachanapur, Kusum, Basudevpur and Kamdi VDCs with the participation of FCHVs, HP staffs and staffs from the District

Public Health Office (DPHO). 80 ear volunteers participated in these workshops. During the workshop very basic ear care equipment – i.e. Otoscope, head mirror, jobshorn probe, aural forceps and tuning forks were also provided to the health post staffs of the 5 VDCs through DPHO. The volunteers, health post staffs, member of NRCS Sub chapter attended the workshop requested to maintain continuation of primary ear care camps and ear care refresher training for ear volunteers (FCHV) in a regular basis for a certain period even in the programme phased out VDCs, though regular support from CEHP was over; so that the clinical skills of the health post staffs and volunteers remain updated.

Considering sustainability aspects of the programme, the chapter in Bardia, Surkhet and Dailekh are supported only with nominal external support. A significant part of the programme is organised at the local level by the chapter. This has been successfully demonstrated by the Bardia chapter mobilising various institutions at the local level and also expanding its coverage in the district. Similar success is expected in the other programme districts as well. Operation of the weekly clinic has also promoted possibility for sustenance of the services.

Human Resource Development

Human resource development is an important part of the programme as skilled and trained human resources enhances possibilities to reach more and more unserved locations. This is also a main part



Trained Health Post staff in action.

of program's sustainability. Thus, the programme provided basic ear care training to HP in-charge, teachers and volunteers in collaboration with District public health office and District education office. Dr. Ramesh Shrestha and the CEAs from CEHP have facilitated them.

During this quarter year, 12 health post in-charge from Banke received ear care training in Nepalgunj.

During surgical camps, the BRINOS team members and Mr. Adam updated technical skills and knowledge of the CEAs on otology and hearing rehabilitation.

Challenges and Constraints

The conflict situation in the country has provided big obstacle for the operation for all sorts of development activities. Despite of such situation, the community ear care programme has been going on in all programme districts. In some instances the staff had to face unnecessary difficulties and interrogations from conflicting parties. The community people take this programme very positively and provide their very good cooperation.

In the present context, the local development bodies are also inactive or not in presence because of security reason. This has led to a threat to the sustenance of the programme. Even in the presence of obvious benefit from the programme, at present, the health related NGOs and government institutions have given low priority to the deafness control programme. In such context, it is greater challenge for NRCS for its expansion and sustainability.

Despite of conflict situation, CEAs continuously maintained operation of field activities through proper coordination with conflicting parties. Both the parties provided positive support to the programme.



A primary ear care training.

Administration

CEHP is receiving continuous request from Jumla, Rukum, Salyan and Pyuthan district for the support to start up community ear care activities. CEHP is in discussion with BRINOS on these requests. Some of the districts requested for the support are not linked with the road access which makes it difficult to monitor the programme.

Additional computer was provided to the community ear programme to facilitate data management and improve reporting system of the ear care programme.



Happy to be an ear volunteer.

Mailing Address:

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Annex-1: CEAs in the programme

Name	Institution
1. Mr. Dipak B.C.	CEA Nepal Red Cross Society, Bardia
2. Mr. Ganga Bahadur Gyawali	CEA Nepal Red Cross Society, Surkhet
3. Mr. Indra K.C.	CEA Nepal Red Cross Society, Dailekh
4. Mr. Suraj Chaudhary	CEA Nepal Red Cross Society, CEHP, Nepalgunj
5. Mr. Ram Bahadur Bohara	CEA Nepal Red Cross Society, CEHP, Nepalgunj
6. Mr. Puran Tharu	CEAS Nepal Red Cross Society, CEHP, Nepalgunj

Annex-2: Community Ear Care Volunteers

District	Total VDC	No. of volunteers	Remarks
Banke	25	383	Started in 2001
Bardia	32	234	Started in 2002
Surkhet	5	64	Started in 2003
Dailekh	5	63	Started in 2004
Total	67	744	

Annex-3: Equipments and instruments related to ear care programme**CEHP, Nepalgunj**

a. The following equipments/instruments are donated by BRINOS.

SN	Particular	Quantity	Purpose
1.	Field audiometer	4	To carry out audiometry in the field
2.	Head mirror	1	Light reflector
3.	Jobson probe	2	Ear cleaning
4.	Otoscope	4	To examine ear drum
5.	Suction machine	4	Cleaning pus, wax, etc. from the ear
6.	Tuning fork	4	To assess hearing loss
7.	Aural forceps	3	For removing foreign body
8.	Head light	1	Device to look ear
9.	Speculum	3	To look ear drum or clean ear
10.	Battery of suction	2	For suction machine
11.	Jar of suction	6	For suction machine
12.	Elbow joint connection	3	For suction machine
13.	Jar's lid	3	For suction machine

b) The following equipments/instruments are donated by CUBEX to CEHP.

SN	Particular	Quantity	Purpose
1.	Audiometer (desktop)	1	To carry out audiometry in the clinic
2.	Battery (zinc)	2,234	For hearing aids
3.	Hearing aid analyser	1	To calibrate/set hearing aid
4.	Hearing aids	1,110	Devices to improve hearing
5.	Drill machine	1	To make hole in ear mould
6.	Isolet	1 bott.	Easy to separate in two part of brass box
7.	Plastic cup	2 pcs	For mixing to plaster of Paris
8.	Brass Box	2 pcs	To produced frame of ear mould
9.	Clamp	1 pc	To clamp brass box
10.	Spatula	1 pc	For mixing to plaster of Paris
11.	Ear light	1pc	To look ear canal & put cotton bud inside ear canal
12.	Otofrom A/K	4 box	Raw material for ear impression
13.	Biopore A/B	14 pc	Raw material for ear mould
14.	Immersion wax	2 box	Material to improve structure of ear mould
15.	Mixing canula	200 pcs	Devices to mixed Biopore A/B
16.	Knife	1	Use for laminate of wax on ear mould
17.	Impression syringe	2	Device to take impression of ear
18.	Injector	2	Dvice to improve ear mould

Nepal Red Cross Society, Bardia (donated by BRINOS)

SN	Particular	Quantity	Purpose
1.	Aural forceps	1	For removing foreign body
2.	Field audiometer	1	To carry out audiometry in the field
3.	Head mirror	1	Light reflector
4.	Jobson probe	1	Ear cleaning
5.	Otoscope	1	To examine ear drum
6.	Suction machine	1	Cleaning pus, wax, etc. from the ear
7.	Tuning fork	1	To assess hearing loss

Nepal Red Cross Society, Surkhet (donated by BRINOS)

SN	Particular	Quantity	Purpose
1.	Aural forceps	1	For removing foreign body
2.	Field audiometer	1	To carry out audiometry in the field
3.	Head mirror	1	Light reflector
4.	Jobson probe	1	Ear cleaning
5.	Otoscope	1	To examine ear drum
6.	Suction machine	1	Cleaning pus, wax, etc. from the ear
7.	Tuning fork	1	To assess hearing loss

Annex-4: Summary of the clinical statistics on ear care services**a. Primary ear care camp (screening and education)**

Districts	Total camps	Total patients	COM	OME	WAX	Hearing Loss	Others	Refer
Banke	26	2,073	803	77	193	179	821	310
Bardia	1	167	74	4	9	17	63	43
Surkhet	7	382	149	37	81	11	104	16
Dailekh	4	417	150	8	82	51	126	13
Total	38	3039	1176	126	365	258	1114	382

b. School ear health programme (schools visited and screening)

Districts	Total schools	Total patients	COM	OME	WAX	Hraing Loss	Refer
Banke	2	371	11	7	116	3	9
Bardia	0	0	0	0	0	0	0
Surkhet	7	1199	75	18	375	0	25
Dailekh	5	765	63	0	342	0	121
Total	14	2335	149	25	833	3	155

c. Weekly clinic OPD (examination and education)

Districts	Total patients	COM	OME	WAX	Hearing Loss	Refer
Bardia	215	64	6	34	18	28
Surkhet	100	50	13	13	12	12
Dailekh	234	79	7	55	25	48
Total	549	193	26	102	55	88