

With support from



An initiative of



ELDERLY EYE CHECK UP CAMPS

Final report 2024-2025



Overview of the project



The elderly eye health camp initiative aims to enhance eye care access for underserved elderly individuals across Mumbai. Serving a target population of 720 people aged 60 and above, this program will provide essential eye health services, including comprehensive eye assessments, vision testing, and screening for age-related conditions like cataracts and glaucoma. Through Nine camps, the program aims to provide comprehensive eye care services that address common age-related vision issues

Camp services

- **Comprehensive eye health assessments:** General eye check-ups to evaluate overall eye health.
- **Vision testing:** Assessments for both near and distant vision to identify refractive errors and other vision impairments.
- **Screening for age-related eye disorders:** Specific screenings for cataracts, glaucoma, and other common eye conditions affecting older adults.
- **Prescription of spectacles:** Prescriptions for corrective lenses will be provided for individuals with vision issues.
- **Referral services:** Referrals to specialized care facilities for those requiring further treatment or surgeries

Project goals

Aim:

The aim of the project is to improve the vision health and overall quality of life for elderly individuals by ensuring access to comprehensive eye care services.

Objectives:

- 1.To identify and address common age-related eye conditions through screenings and timely interventions.
- 2.To provide prescription spectacles and refer individuals requiring advanced treatment to specialized care facilities.
- 3.To raise awareness among the elderly about maintaining eye health and preventing vision deterioration.



Eye check-up by optometrist

Project update



Camps completed: The team has conducted seven camps to date in low-income communities in Mankhurd, Dharavi, Mumbra and Dharavi achieving the target of screening 723 participants in 9 camps out of the target of 720 in 9 camps. The team has distributed 395 reading spectacles to the participants

Partner organizations:

These camps were organized in collaboration with:

- Janjagruti Vidhyarthi Sangh
- Society for Human and Environmental Development
- St. Anthony’s home for the aged

Table: Target vs Achievement

Particulars	Target	Achievement
Total Camps	9	9
Total Community members reached	720	723

Project update



Individuals Screened: A total of 686 elderly people from low-income areas in Dharavi ,Mumbra, Bandra and Mankhurd were screened at two eye health camps. These communities, with limited access to healthcare, benefited from the camp services. Out of the 723 individuals, 395 were given spectacles to improve their vision, helping them with daily activities and enhancing their quality of life. The program focuses on providing eye care to elderly people who don't usually have easy access to such services.

Educational materials: The community members and the community centres were provided with certain educational materials such as:

- Pamphlets: Pamphlets on eye care and instructions on maintaining spectacles were distributed to the community members.
- Tumbling E chart: The chart was provided along with the pamphlets for near vision testing, aiding in easy self-assessment.

Budget utilization

Particulars	Amount
Total budget for 9 camps	INR 4,89,400
Total expenses to date	INR 4,89,400
Current balance	INR 0

Some glimpses of the camp



Spectacle distribution and eye check-ups, including refractive error assessment with an autorefractor.

Some glimpses of the camp



Ophthalmologist consultation

Some glimpses of the camp



Near sight eye test by optometrist

Annexures

नेत्र देखभाल अनिवार्यताएँ

Common Signs and Symptoms of age -related eye disorders

धुंधली नज़र

सिर दर्द

नम आँखें

प्रकाश की चमक

अपनी आँखों की देखभाल कैसे करें?

नियमित नेत्र जांच

अपना निर्दिष्ट चश्मा पहनें

अपनी आँखों को आराम दें- 20-20-20 नियम: हर 20 मिनट में, 20 सेकंड के लिए अपने सामने लगभग 20 फीट दूर देखें।

व्यायाम

आँखों को रगड़ने से बचें

पर्याप्त पानी पियें

आँखों को छूने से पहले अपने हाथ धो लें

हरी पत्तेदार सब्जियाँ खाएँ

अपने चश्मे की देखभाल कैसे करें?

अपना चश्मा नियमित रूप से धोएं

चश्मे को साफ कपड़े से पोंछ लें

सिर पर चश्मा लगाने से बचें

चश्मे को दोनों हाथों से पहनें और उतारें

जब उपयोग में न हों तो चश्मे को डिब्बे में रखें

Eye Care Essentials

Common Signs and Symptoms of age -related eye disorders

Blurry Vision

Headaches

Watery Eyes

Flashes of Light

How to take care of your eyes?

Regular Eye Check Ups

Wear your Specified glasses

Give your eyes a rest- 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds.

Exercise

Avoid Rubbing of Eyes

Stay Hydrated

Wash your hands before touching the eyes

Eat Green Leafy Vegetables

How to take care of your Spectacles?

Wash your spectacles regularly

Wipe the spectacles with a clean cloth

Avoid Putting Spectacles on Your Head

Wear and remove the spectacles with both hands

Keep the Spectacles in Case when not in Use

Directions to Use the Chart/ चार्ट का उपयोग करने के निर्देश

If the person being tested typically wears eyeglasses or contact lenses full-time, the eyewear should be worn during the test.

- Place the chart on a wall or easel 10 feet away.
- The person should cover one eye with a hand, a large spoon or some other item that completely blocks the vision of the covered eye. (Do not apply pressure to the covered eye, as it might affect that eye's vision when you test it.)
- Start with the large single E at the chart's top. Show the person the E's three parallel "fingers" and ask them to show you with the fingers on their hand which direction the "fingers" on the E are pointing. (Show the person that they should hold their hand in a manner so their fingers point in the same direction as the "fingers" on the E.)
- If possible, show other orientations of an E to confirm that the person being tested understands the task.
- Point to each E on successively smaller lines to test visual acuity. Remind the person not to squint.
- Stop when the person fails to correctly identify the orientation of at least 50 percent of the Es on a line.
- Switch to the other eye and repeat. Record visual acuity for each eye by noting the line for which the person correctly identifies the orientation of either:
 - a) More than half the tumbling Es on that line, but not all of them.
 - b) All Es on that line, plus a few Es (less than half) on the next line.

यदि परीक्षण किया जा रहा व्यक्ति आमतौर पर पूरे समय चश्मा या कॉन्टैक्ट लेंस पहनता है, तो परीक्षण के दौरान चश्मा पहनना चाहिए

- चार्ट को 10 फीट की दूरी पर किसी दीवार या चित्रफलक पर रखें।
- व्यक्ति को अपनी एक आँख को हाथ, एक बड़े चम्मच या किसी अन्य वस्तु से ढक लेना चाहिए जिससे उसकी दृष्टि पूरी तरह से अवरुद्ध हो जाए। (इसकी हुई आँख पर दबाव न डालें, क्योंकि जब आप इसका परीक्षण करेंगे तो यह उस आँख की दृष्टि को प्रभावित कर सकता है।)
- चार्ट के शीर्ष पर बड़े एकल E से प्रारंभ करें। व्यक्ति को E की तीन समानांतर "उंगलियाँ" दिखाएं और उनसे ऐसा करने के लिए कहें आपको उनके हाथ की उंगलियों से दिखाएं कि E पर "उंगलियाँ" किस दिशा की ओर इशारा कर रही हैं। (उस व्यक्ति को दिखाएं कि वे अपना हाथ इस तरह से पकड़ना चाहिए कि उनकी उंगलियाँ E पर "उंगलियों" के समान दिशा में हों।)
- यदि संभव हो, तो यह पुष्टि करने के लिए कि जिस व्यक्ति का परीक्षण किया जा रहा है वह कार्य को समझता है, E के अन्य अभिविन्यास दिखाएं।
- दृश्य तीक्ष्णता का परीक्षण करने के लिए प्रत्येक E को क्रमिक रूप से छोटी रेखाओं पर इंगित करें। व्यक्ति को याद दिलाएं कि वह भौगपन न करें।
- जब व्यक्ति किसी लाइन पर कम से कम 50 प्रतिशत Es के उन्मुखीकरण को सही ढंग से पहचानने में विफल हो जाए तो रुकें।
- दूसरी आँख पर स्विच करें और दोहराएं। प्रत्येक आँख की दृश्य तीक्ष्णता को उस रेखा को सही ढंग से नोट करके रिकॉर्ड करें जिसके लिए व्यक्ति है इनमें से किसी एक की दिशा की पहचान करता है:
 - a) उस लाइन पर आधे से अधिक लड़खड़ाते हुए Es, लेकिन सभी नहीं।
 - b) उस पंक्ति पर सभी Es, साथ ही जगहों पंक्ति पर कुछ Es (आधे से कम)।

Reference
All About Vision. (n.d.). Tumbling E Chart. <https://cdn.allaboutvision.com/images/tumbling-e-chart.pdf>

Tumbling E Chart

Place chart 10 feet away

20/200

1

20/100

2

20/80

3

20/63

4

20/50

5

20/40

6

20/32

7

20/25

8

20/20

9

English and Hindi informational pamphlet with tumbling E-chart and vision check instructions.

Annexures



Eye Check-Up Camp Case Paper

Case Paper no: _____

Date: _____

Name: _____

Contact no. _____

Address: _____

Age: _____ Years

Chief Complaint

Please tick the appropriate [✓]

☐ Blurred vision

☐ Watery eyes

☐ Dryness

☐ Itching

☐ Eye strain

☐ Redness

☐ Headache

Other: _____

Medical History:

• Diabetes: ☐ Yes ☐ No

• Hypertension: ☐ Yes ☐ No

• Other Known Conditions: _____

Vision Test (Visual Acuity):

Right Eye: ____/

Left Eye: ____/

Parameter	Normal	Abnormal	Notes
External Eye	☐	☐	
Conjunctiva	☐	☐	
Cornea	☐	☐	
Lens (Cataract)	☐ Clear	☐ Cataract	
Other findings			

Diagnosis/Assessment:

Treatment/Recommendations and Investigations suggested:

Referral to: _____

Name of doctor: _____

Signature of doctor

Year: 2024-25

Consent form no: _____

Date- _____

Subject: FREE Eye Check-up Camp

Dear Participant,

United Way Mumbai, a non- profit organisation (NGO) is conducting free health check-up-

This activity will include the following:

1. Eye check-up, including vision testing and external eye examination.

2. Free provision of reading glasses (if required and prescribed by doctor).

3. Referrals for further treatment if necessary.

All the above services will be offered free of cost during the campaign. Participation is on voluntary basis. If you agree for participate in the above Check-up Program, kindly fill in your details in the form below and return it to the designated attendee. All the information provided or the reports will be Confidential.

United Way Mumbai

CONSENT LETTER

Form no: _____

Participant's Name: _____

Husband/ Father/ Mother/ Guardian's Name: _____

Age: _____ Sex: _____

I hereby give my voluntary consent to participate in the free eye check-up camp conducted by United Way Mumbai. I understand that the services provided under this charitable program will be subject to the availability of resources.

Contact No: _____

Residential Address: _____

Participant's Signature

Case papers and Consent

**Thank you for supporting
health in communities**

