

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

Hearing loss is the most common sensory deficit in humans today. As per WHO estimates in India, there are approximately 63 million people, who are suffering from Significant Auditory Impairment; this places the estimated prevalence at 6.3% in Indian population. As per NSSO survey, currently there are 291 persons per one lakh population who are suffering from severe to profound hearing loss (NSSO, 2001). Of these, a large percentage is children between the ages of 0 to 14 years. With such a large number of hearing impaired young Indians, it amounts to a severe loss of productivity, both physical and economic. An even larger percentage of our population suffers from milder degrees of hearing loss and unilateral (one sided) hearing loss.

OBJECTIVES OF THE PROGRAMME

1. To **prevent** the avoidable hearing loss on account of disease or injury.
2. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
3. To **medically rehabilitate** persons of all age groups, suffering with deafness.
4. To **strengthen the existing inter-sectoral linkages** for continuity of the rehabilitation programme, for persons with deafness.
5. To **develop institutional capacity** for ear care services by providing **support for equipment and material and training personnel.**

Components of the Programme:

- 1) **MANPOWER TRAINING & DEVELOPMENT** – For prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists (ENT and Audiology) to grass root level workers.
- 2) **CAPACITY BUILDING** – for the district hospital, CHC and PHC in respect of ENT/Audiology infrastructure.
- 3) **SERVICE PROVISION INCLUDING REHABILITATION** – Screening camps for early detection of hearing impairment and deafness, management of hearing and speech impaired cases and rehabilitation (including provision of hearing aids), at different levels of health care delivery system.

4) AWARENESS GENERATION THROUGH IEC ACTIVITIES – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

5) MONITORING AND EVALUATION

PROGRAMME EXECUTION & EXPANSION

A pilot phase has been implemented in 25 districts derived from **10 states** and **1 union territory** till March 2008. It is proposed to expand the programme to 203 districts by the end of eleventh five year plan. In the current year (2008-09) 35 new districts have been included in the programme adding it up to 60 districts.

The districts selected for the implementation of the programme are

S.No.	States/UT	New Districts and Old districts
1	Assam	1. Kamrup, 2. Sonitpur 3. Nalbari
2	Andhra Pradesh	1. Mehboobnagar 2. Nalgonda 3. Hyderabad 4. Nellore
3	Gujarat	1. Jamnagar, 2. Rajkot 3. Bhavnagar 4. Ahmedabad 5. Vadodra 6. Surat
4	Karnataka	1. Mandya, 2. Hubli 3. Hassan 4. Udipi 5. Uttara Kannada 6. Gadag
5	Tamil Nadu	1. Vellupuram 2. Vellore 3. Thanjavur 4. Coimbatore 5. Cuddalore 6. Dharmapuri 7. Dindigul 8. Erode 9. Madurai

		10. Nagapattinam 11. Namakkal 12. Pudukkottai 13. Ramanathapuram 14. Salem 15. Nilgiris 16. Thiruvavarur 17. Tiruchirappalli 18. Tirunelveli 19. Tiruvanamalai
6	Uttarakhand	1. Haridwar 2. Dehradun 3. Nainital 4. Udham Singh Nagar 5. Almora 6. Pithoragarh
7	Uttar Pradesh	1. Barabanki 2. Gorakhpur 3. Banda 4. Moradabad 5. Lucknow 6. Varanasi
8	Delhi	1. North West 2. West
9	Manipur	1. Imphal, 2. Senapati 3. Churachandpur 4. Ukhrul
10	Sikkim	1. Gangtok
11	Chandigarh	1. Chandigarh
12	Madhya Pradesh	1. Indore 2. Bhopal 3. Gwalior
	Total	60 districts

EXPECTED BENEFITS OF THE PROGRAMME

The programme is expected to generate the following benefits in the short as well as in the long run.

- i. Large scale direct benefit of various services like prevention, early identification, treatment, referral, rehabilitation etc. for hearing impairment and deafness as the primary health center /

- community health centers / district hospitals largely cater to their need.
- ii. Decrease in the magnitude of hearing impaired persons.
 - iii. Decrease in the severity/ extent of ear morbidity or hearing impairment in large number of cases.
 - iv. Improved service network for the persons with ear morbidity/hearing impairment in the states and districts covered under the project.
 - v. Awareness creation among the health workers/grassroot level workers through the primary health centre medical officers and district officers which will percolate to the lowest level as the lower level health workers function within the community.
 - vi. Larger community participation to prevent hearing loss through panchyati raj institutions, mahila mandals, village bodies and also creation of a collective responsibility framework in the broad spectrum of the society.
 - vii. Leadership building in the primary health centre medical officers to help create better sensitization in the grassroots level which will ultimately ensure better implementation of the programme.
 - viii. Capacity building at the district hospitals to ensure better care.
 - ix. State of the art department of ENT at the medical colleges in the state/union territory under the project.