

# Eye Care Camp- A Report...

Date –March 25<sup>th</sup>, 2021.

Timings- 10.00am- 4.00pm

Eye Camp spot: Swabalamban Health center, Kapshera

**Eye camp no-21 /FY20-21**

**THE EYE IS THE LAMP OF THE BODY.”SO IF YOUR EYE IS HEALTHY YOUR WHOLE BODY WILL BE FULL OF LIGHT”**

Free Eye Screening camp was organized by Sahyog Foundation at Semi urban village Kapshera on 25<sup>th</sup> March 2021. Poor and needy migrant people from nearby area had come to avail the benefit of the free medical camp. Who are exposed to dust, pollution and sunlight for long hours, due to their living and working Conditions. The camp was organized by Sahyog Foundation in association with NIPUN NGO at NIPUN Health center “Swabalamban” at kapshera, old Gurgaon road in which doctors screened the personnel for cataract, glaucoma and other defects. NIPUN on ground team requested Sahyog Foundation to organize an eye camp at this location as many people complained of eye irritation when they come to health center as they worked amidst heavy vehicle movement, export house pollution and dust.



Organizing and Planning camps have been an integral part of health services, especially Eye for Sahyog foundation. Eye specialist care are still out of reach of many people in the area. So many of the patients wait in for free eye camps for the treatment of their diseases.

Methods: One full day Eye camp was conducted on March 25<sup>th</sup>,2021. The camp included Examination procedures, visual acuity testing, anterior segment evaluation, retinoscopy and subjective refraction

and Fundoscopy. Also, color vision testing, fluorescein staining and dilating procedures were performed in necessary patients. Along with that Free Eye drops and specs were given to all prescribed by the Doctor.



Results: Total number of patients seen in the camp was 167. There were 38 TI (Trans Gender) patients also for eye examination. 93 cases had refractive error excluding presbyopia. Astigmatism was the most common refractive error followed by myopia. 14 cases had unilateral or bilateral mature cataracts, 26 cases had conjunctivitis (infective and allergic), and 7 cases had pterygium.

Conclusion: Screening camps in semi urban/ migrant area are very important community tools for early detection and proper referral and management of ocular morbidities. Making the community participate in such screening camps takes off a load of huge numbers of skilled and trained human resources. Concerned authorities should keep this fact and advantage of screening camps on mind and always promote screening camps in rural /semi urban areas where health facilities are difficultly achievable.



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