

## Sound Hearing 2030 Report 2012

### 1. **MoU with Department of Health & Family Welfare, Government of Kerala**

*MoU on State Plan for Prevention & Control of Deafness was signed between Society for Sound Hearing and Department of Health & Family Welfare, Government of Kerala. Acting Regional Director Dr. Sara Varughese, CBM SARO and Secretary Health, Kerala Government signed the agreement. Dr. A.K. Agarwal (President) and Dr. Suneela Garg (Treasurer) were also a part of the signing of MoU on behalf of Society of Sound Hearing & as advisors CBM. A strong ongoing working relationship was established with the common goal of enhancing the services offered to persons with hearing impairment in the state of Kerala. Partnership was developed between CBM, Society for Sound Hearing and National Programme for Prevention and Control of Deafness.*

### 2. **Promoting partnerships of SH and NC with National and International NGOs/DPOs/Trg. Institutes, Disability Networks**

- a. *Dr. Arun Agarwal participated in the Third International **Global Coalition for Hearing Health** Conference from 30<sup>th</sup> May- 1<sup>st</sup> June, 2012 held at the Eduplex in Pretoria, South Africa. He presented a paper on "Best Practices in Primary Ear and Hearing Care". The meeting also facilitated establishing ties between Global Coalition and Society for Sound Hearing.*
- b. *Dr. Bulantrisna was invited as medical consultant of CBM SEARO to the Human Ear and Hearing Care Center at the Changsha People's Hospital, China, 20-27 May 2012. The principles of the Sound Hearing 2030 initiative was presented. The Healthy Ear District program implemented. SSH developed training modules were used in training of county and village health officers. Sound Hearing is already present there as a common phrase. They are mainly conducting training and awareness in Counties and Townships health officers, using our advocacy and the adapted / translated WHO training materials. It is interesting that at County (district) level, the five sense doctors are working, so that the eye and ear combined work is already there. There is a strong interest to establish the Provincial Committee for PHI for Hunan. Let us hope this will come true soon, become a network of our National committees, and the good work will continue. (This activity is not funded from the SSH CBM fund, but directly by CBM China/ CEARO).*
- c. *Dr. Bulantrisna Djelantik has registered as speaker to present the Sound Hearing 2030 cause in the Session: Hearing Intervention and Advocacy in Asia, at the Asia Pacific Conference on Deafness (APCD) in Singapore, that will be held 26-28 July 2012.*
- d. *Dr. A.K Agarwal & Dr. Suneela Garg participated in the **World Sight Day Program** as observers to the Vision 2020 India Board Meeting held on 10<sup>th</sup>-11<sup>th</sup> October 2012, Vadodara, Gujarat. ( India)*
- e. *A meeting was held on 9<sup>th</sup> November 2012 in MAMC Delhi between representatives of Vision 2020 and Sound Hearing 2030 to explore the window of opportunities for integration. The meeting was attended by Dr. G.V*

Rao (CEO) and Ms. Vrinda Arora from Vision 2020 and Dr. A.K. Agarwal and Dr. Suneela Garg from SFSH. During the meeting it was decided that Society for Sound Hearing would apply for membership of Vision 2020. ( India)

- f. Dr. Bulantrisna Djelantik presented the Sound Hearing 2030 cause in the Session: Hearing Intervention and Advocacy in Asia, at the **Asia Pacific Conference on Deafness (APCD)** in Singapore, held 26-28 July 2012 (International). Contact and discussions were held with several key persons of APCD :

### **3. Partnership with Foundations**

It is decided that Society for Sound Hearing would become a member of **Vision 2020**. It was decided by the President and Treasurer of SSH that through Vision 2020, six regional centers will be identified for integrating ear and ear care at primary level. This will promote integration of eye and ear care initiatives in the country. Ear & Hearing care can be propagated through the channels that are already established in eye care

### **4. Evaluation of the integrated eye and ear care project of Dr. Shroff's Charity Eye Hospital (The activity was carried out from previous year's budget)**

Dr. Shroff's Charity Eye Hospital had initiated a project to assess the feasibility of integrating ear and eye care services at the primary level. During the project, the Vision Technicians posted at two of the 15 vision centers were trained in primary ear care using the WHO 'Intermediate module for PEHC workers' for duration of three months. Basic equipment to provide primary ear care at primary level were provided at two vision centers, one located in Mustafabad Delhi and the other in a Rajgarh block of Rajasthan. The evaluation of the integration of SCEH was carried out to devise strategies for sustainability of such project and the feasibility of provision of such services through already existing public health infrastructure of the country. Terms of references and evaluation matrix including the time schedule of evaluation were finalised in consultation with the stakeholders and the Executive Committee members. The comprehensive evaluation of the project was carried out using both qualitative and quantitative approach.

The evaluation was carried out by Dr. Ritesh Singh (Assistant Professor, Kalyani Medical College, Kolkata) and Ms. Deeksha Khurana (Programme Evaluator) under leadership of Team Leader Dr. Suneela Garg. Technical inputs were provided by Dr. Sara Varughese and Mr. Vikas Katoch from CBM, Dr. Bulantrisna (COO), Dr. A.K. Agarwal, & Dr. Shelly Chadha. Critical office support was provided by Ms. Janki Mehta and Ms. Indu Arora.

### **5. Organization of school screening and awareness camp**

School screening and awareness camp was organized in Sarvodaya Bal/ Balika Vidyalaya Minto Road, Delhi. Screening was done by One Senior Resident and four Junior Residents of Department of ENT, LokNayak Hospital, Delhi. A total of 50 students were screened and 23 were diagnosed and referred to LokNayak Hospital. Exhibition was organized using awareness material of SH (posters, flip charts and pamphlets). Medicine was

provided free of cost to the patients and linkages were established with LokNayakHospital, Delhi. Ms. Janki Mehta (Administrative Officer) organized the camp under guidance of Dr. Suneela Garg (Treasurer) and Dr. G.K. Ingle (HOD, Dept. of Community Medicine, MAMC, Delhi). Dr. A.K. Agarwal (President, SSH& Dean, MAMC, Delhi) provided special support for the activity.

**6. Developing strategy paper:** The national strategic plan for Prevention of deafness has been developed by the MoH **Sri Lanka** on the basis of consensus of group of broad-based stakeholders through a series of exercises. This document provides a common strategic framework as well as guidance to effectively address this challenge. All stakeholders from public and private sector played due role in implementing this strategic plan. The main objective is early detection of hearing impairment and proper management to prevent permanent hearing disability. Dr. Yasawardene MS(ORL)FRCSEd was appointed as Focal person of the MoH for the National Strategic Plan for Prevention of Hearing Impairment.

**7. Developing publicity material about SH Concept:**

This activity has been conducted in **New Delhi** in cooperation with department of community medicine, MaulanaAzadMedicalCollege, New Delhi. During this year 15 posters have been developed on community based rehabilitation, integration of services for eye and ear problems, noise pollution. The posters were displayed in the community settings during India International Trade Fair (IITF), one of the biggest fairs held at Pragati Maidan, New Delhi and Perfect Health Mela organized at Pragati Maidan, New Delhi. The posters were also shared with Vision Centers of Dr. Shroff's CharitableHospital at Mustafabad, Delhi and Alwar, Rajasthan. The posters were also displayed in newly commissioned ChildrenEyeEarHospital& Rehabilitation services (CHEERS) and also at combined eye ear camps in Nepal.

**8. MoU of interest by Government:**

**MoU signed with Bangladesh**

MoU was signed between Society for Sound Hearing and Prof. (Dr.) Mohammad Abdullah, Professor of ENT, Dhaka Medical College, Project Director, National Institute of ENT, Focal Person, Prevention of Deafness Programme in **Bangladesh**. He was designated as the nodal person for adopting the inclusion guidelines in Bangladesh and was responsible to carry out the following activities:

- Constitution of a Committee (by MoHFW) according to the guidelines provided by the Sound Hearing 2030 Executive Committee.
- Translation of the Sound Hearing 2030 Guidelines on inclusion for Children with Hearing Impairment in Bangla language.
- Organization of meetings of the Committee members and circulation of the translated document for adoption.
- Adoption of guidelines by Government of Bangladesh

**MoU signed with Sri Lanka**

MoU was signed between Society for Sound Hearing and Dr. Candra Jayasooriya, chair of the Sri Lanka College of Otolaryngologists and Head and neck surgeons for assistance as Local Organizing Committee for Launch of National Strategic Plan on Ear and Hearing Care of Sri Lanka, Symposium on Comprehensive Planning of human resource Development in Ear and Hearing Care.

#### **9. World Conference**

During the 4<sup>th</sup> EC/GB meeting first thoughts about the International Conference were presented. It is hoped to have 300-400 participants from all over the world. Funding for conference would include "Seed fund" from CBM, registration fee, sponsorship fee, exhibition, courses and charity events. The time decided is 2-4 May 2015, venue for conference at the Grand Hyatt Nusa Dua Bali, and organizational committees would be decided in the next EC meeting.

#### **10. Documentation & practice of inclusion guidelines**

Inclusion guidelines for inclusion of children with Hearing Impairment were adapted by the Government of Bangladesh. The concept of inclusive education had three major principles: 1. That every child in the class is special in a way or other, 2. That true learning happens in a non-threatening environment. 3. That the teacher plays the role of facilitator of information rather than provider of knowledge. Parameters of successful inclusive education related to the creation of an inclusive climate and to the inclusive education of these children were suggested for the success of inclusion of children with hearing impairment.

#### **11. Operational research on HI & Blindness Programmes Improved Hearing and Ear Care and Referrals in Bangladesh (I-HEAR-Bangladesh) Project**

Under this project total 5 camps were organized in 5 different areas of Promotion of Human Rights of Persons with Disabilities in Bangladesh (PHRPBD) project where the ENT doctors attended the camps. In the camps, total 948 persons (349 male and 599 female) were examined by the ENT doctors for ear disease and 757 (291 male and 466 female) of them received free medication. 60 were referred for advanced treatment. IEC material (adapted from SH 2030) was developed. Center for Disability in Development (CDD) printed 1 set of flipcharts in 500 copies which were adapted from the flipchart series of Sound Hearing 2030 and 3 awareness posters on hearing impairment, 300 copies each.

22 Hearing aids were distributed. "Healthy ear for Healthy life" campaigns were organized in 10 schools and 1 madrasa where around 1100 children attended the awareness campaigns. Maintenance of equipment was done as per requirement.

#### **12. Eastern Regional Eye Care Programme (EREC-P) Pilot Project : Eye –Ear & Hearing Care, Biratnagar, Nepal**

Under this project joint eye and ear camps were conducted. The patients with eye & ear problem were identified and primary treatments were provided at camp site. The eye patients requiring surgeries were brought to base eye hospital at Biratnagar and the ear patients requiring surgery and major treatment were referred to ear hospitals. 29 joint eye-ear camps were conducted. 1,313 ear patients were examined in the camps and 61 patients were referred to ear

*hospital for further treatment and surgery. Out of 61 who needed surgeries, 15 patients were transported to Ear Hospital at Lahan (run by Impact Nepal) and their surgery and transportation costs were paid by project. The awareness materials regarding ear & hearing care was displayed at camp sites and awareness campaign were done at camp site. Eye & Ear Patients and their relatives (approximately 5,000 people) attended the awareness campaigns.*

### **13. General Body Meeting and 2.8 Executive Committee Meeting**

*EC/ GB meeting was held in Colombo, Sri Lanka on 11th-12th September 2012 with the objective of receiving new inputs regarding epidemiology and activities in the member countries. Forty participants attended the meeting from 15 countries. A Symposium on Comprehensive Planning for Human Resource Development preceded the GB and EC meeting. During the meeting, a discussion was held on the SH 2030 guidelines regarding “Infant Hearing Screening”, “Eye Ear combined services” and “Inclusion of hearing impaired children” in the region. The meeting was organized to ratify the Executive Committee Report on activity, finances and budgets, change of structure and the next two year plan of implementation from 2013-2014. A full report has been sent to CBM in October 2012.*