

AN IMPACT ASSESSMENT OF NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

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General Objective

- To assess the impact of National Programme for Prevention and Control of Deafness.

Specific Objectives

- To identify the availability of Human resources at different levels for implementation of the programme in the state/ union territory;
- To find out the availability of equipments at different levels for carrying out Clinical activities in relation to the programme;
- To study the operational problems in implementation of the programme at different levels in the state
- To understand the awareness of the programme among the Health functionaries and community members;
- To examine the procedure adopted to purchase the hearing aids and their distribution at different levels;
- To study the increase in the attendance in the hospital with hearing problem after the launch of the programme.

Methodology

The NPPCD has been implemented in 186 districts in sixteen states and three union territories including Delhi where NPPCD is in progress in four districts which have access to ear care facilities in big hospitals like AIIMS, Safdarjung Hospital etc. Hence, Delhi has been dropped.

Remaining 18 states and union territories have been divided into five zones representing north, south, east, west and central. The north zone is represented by Himachal Pradesh, Chandigarh, Jammu and Kashmir and Uttrakhand. The south zone covers states like Andhra Pradesh, Tamil Nadu, Andman and Nicobar Islands, Karnatka and Puducherry (U.T.).The east zone includes Assam, Manipur, Meghalaya, Nagaland and Sikkim. Gujarat and Maharashtra have been taken under west zone and Madhya Pradesh and Uttar Pradesh have taken under central zone.

Nine states out of eighteen states have been considered for programme districts and another nine states have been considered for non-NPPCD districts. The details are given in table 1.

Table 1
Selection of states, Programme and Non- programme districts zone wise

Zone	Name of the States	Total Districts	NPPCD Districts	No. of Non-NPPCD Districts	Name of the NPPCD Districts	Name of the Non-NPPCD Districts
1. North Zone	1. Himachal Pradesh	12	12	0	Kullu	-
	2. Chandigarh (U.T.)	1	1	0	Chandigarh	-
	3. Jammu & Kashmir	22	6	16	-	Leh
	4. Uttrakhand	13	8	5	-	Pauri garhwal
2. South Zone	1. Tamil Nadu	33	33	0	Villupuram	-
	2. Andhra Pradesh	23	14	9	Chittoor	-
	3. A & N Island	3	3	0	Port blair	-
	4. Karnatka	30	18	12	-	Mysore
	5. Puducherry (U.T.)	4	1	3	-	Karaikal
3. East	1. Nagaland	11	11	0	Kohima	-

Zone	2. Assam	27	9	18	-	Marigaon
	3. Manipur	9	6	3	-	Imphal East
	4. Meghalaya	7	3	4	-	Jaintia Hills
	5. Sikkim	4	1	3	-	South Sikkim
4. West Zone	1. Gujarat	26	26	0	Mehesana	-
	2. Maharashtra	35	16	9	-	Aurangabad
5. Central Zone	1. Madhya Pradesh	50	6	44	Gwalior	-
	2. Uttar Pradesh	71	8	63	Agra	-
	Total (16+2 = 18)	381	182	189	9	9

Out of two Union Territories, one was considered for programme district (Chandigarh) and another one, i. e. Puducherry (Karaikal) was considered for non-programme districts. Programme districts include Kullu, Villupuram, Chittoor, Port Blair, Kohima, Mehesana, Gwalior and Agra. Non-programme districts include Leh, Pauri Garhwal, Mysore, Marigaon, Imphal East, Jaintia Hills, south Sikkim and Aurangabad. In all, the study covers nine programme districts and nine non-programme districts.

In case of non-programme districts, the secondary data and primary data will be collected at the state level (SNO) and district level (Medical Superintendent / ENT specialist of the district hospital) for the purpose of the study, not beyond district level. The sample size for the non-programme districts is given in Table 2 (SNO-9, CMO-9, M.S. /ENT specialist-9). It comes to only 27 respondents.

Selection of Blocks, Villages and Respondents

- From each of the districts, one block representing urban as well as rural areas will be selected randomly.
- From each block, three wards (urban areas) and three villages (rural areas) will be selected considering the distance from the block.
- From each of the wards and villages, fifteen respondents, both male and female will be randomly selected. Also, from each district, five beneficiaries (Who have received hearing Aids) will be selected purposively as per the information supplied by District Nodal Officers.
- Thus, in all, the study will have 18 districts, 18 blocks and 54 wards and villages (27 wards and 27 villages).
- Besides, health functionaries including Chief Medical Officers, Block Medical Officers, State Nodal Officer, District Nodal Officer, Health Supervisors (male and female), Sub-centre level health workers (male and female), ENT specialist or any

other ENT specialist who is available in the Hospital/ looking after the programme will be interviewed.

In all, the study will have 945 respondents; including 810 Community Members, 90 health officials and 45 Beneficiary of Hearing Aids. The sample size of the respondents is given in Table 2.

Table 2 Sample size of the respondent

S. No.	Types of Schedules	Numbers
1	Community Members	15 x 54 wards and villages = 810
2	Beneficiary	5 x 9 districts / States = 45
3	SNO	1 x 18 districts / States = 18
4	CMO	1 x 18 districts / States = 18
5	DNO / ENT Specialist	1 x 18 districts / States = 18
6	Block Medical Officer	1 x 9 districts / States = 9
7	IEC Officers	1 x 9 districts / States = 9
8	Health workers (M & F)	2 x 9 districts / States = 18
		945

Study Design

- This is a descriptive study and conducted using purposive and random sampling procedures with the help of pre-structured interview schedule.

Progress

The data collection has been completed from all the Nine (Programme states) out of eighteen states. The details are given below. Under Nine (Non-Programme states) visits have been made to one union territory (Puducherry) and one state (Uttarakhand). The visit to remaining Non-Programme states will be made in another fortnight and also we are contacting the concerned persons through telephone and internet. So far data have been collected from 909 respondents as given below:

Community Members	= 90 x 9 states = 810
Beneficiary	= 5 x 7 states = 35
SNO	= 1 x 6 states = 06
CMO	= 1 x 9 states = 09
DNO / ENT Specialist	= 1 x 9 states = 09
Block Medical Officer	= 2 x 9 states = 18
IEC Officers	= 1 x 4 States = 04

Health workers (M & F) = 2 x 9 states	= 18
Total	=909

Observation

Awareness among the health functionaries and community members

- While interacting with the health functionaries at different levels and community members, it has been observed that both health functionaries and community members are aware of the efforts made under National Programme for Prevention and Control of Deafness in all the programme states/districts under study like Uttar Pradesh, Madhya Pradesh, Himachal Pradesh, Nagaland, Tamil Naidu, Gujarat, Chandigarh, Andhra Pradesh and Andaman and Nicobar islands. Further, it has been observed that awareness among health functionaries and community members is better in states like Andaman and Nicobar Islands (UT), Gujarat, Nagaland, Tamil Naidu and Chandigarh among the programme states under study as compared to other states. Increased awareness among the community members is mainly due to the screening camps organized by the district nodal officers in their respective districts.

Infrastructural Facilities

- As far as Infrastructural Facilities are concerned again Andaman and Nicobar islands (UT), Gujarat, Tamil Naidu Nagaland and Chandigarh had much better facilities as compared to other states like Uttar Pradesh, Madhya Pradesh, Himachal Pradesh and Andhra Pradesh among the programme states under study. However, the district level officials have recognized the necessity of having basic infrastructural facilities for treating the hearing impaired persons.
- With reference to equipments, the states like Andaman and Nicobar islands (UT), Gujarat, Tamil Naidu Nagaland and Chandigarh were well equipped while the scenario was not good in states like Uttar Pradesh, Madhya Pradesh, Himachal Pradesh and Andhra Pradesh among the programme states under study.

Attendance in the hospital by hearing impaired persons.

- According to the views of ENT specialist, by and large in almost all the hospitals at district as well as at state levels, the attendance by hearing impaired persons has been increased in all the programme states under study, except Uttar Pradesh and Madhya Pradesh.

Human Resource

- Irrespective of whether programme or non-programme states, the shortage of ENT specialist, has been observed. However under the NPPCD, some efforts have been made to develop Human Resource by imparting training in hearing related problems. However, in most of the programme states the problem of audiometry assistant was noticed. It is mainly because the salary given to them was very low.

Outreach activities

- Intensified outreach activities has been observed in all the programme states specially through screening camps and school health programme in state like Gujarat. Display of IEC materials in the ENT section of the hospital has been observed. It could have been ideal had the materials are displayed even in the primary health centers.