

# OCCUPATIONAL OPTOMETRY

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# FARMER'S PROJECT REPORT

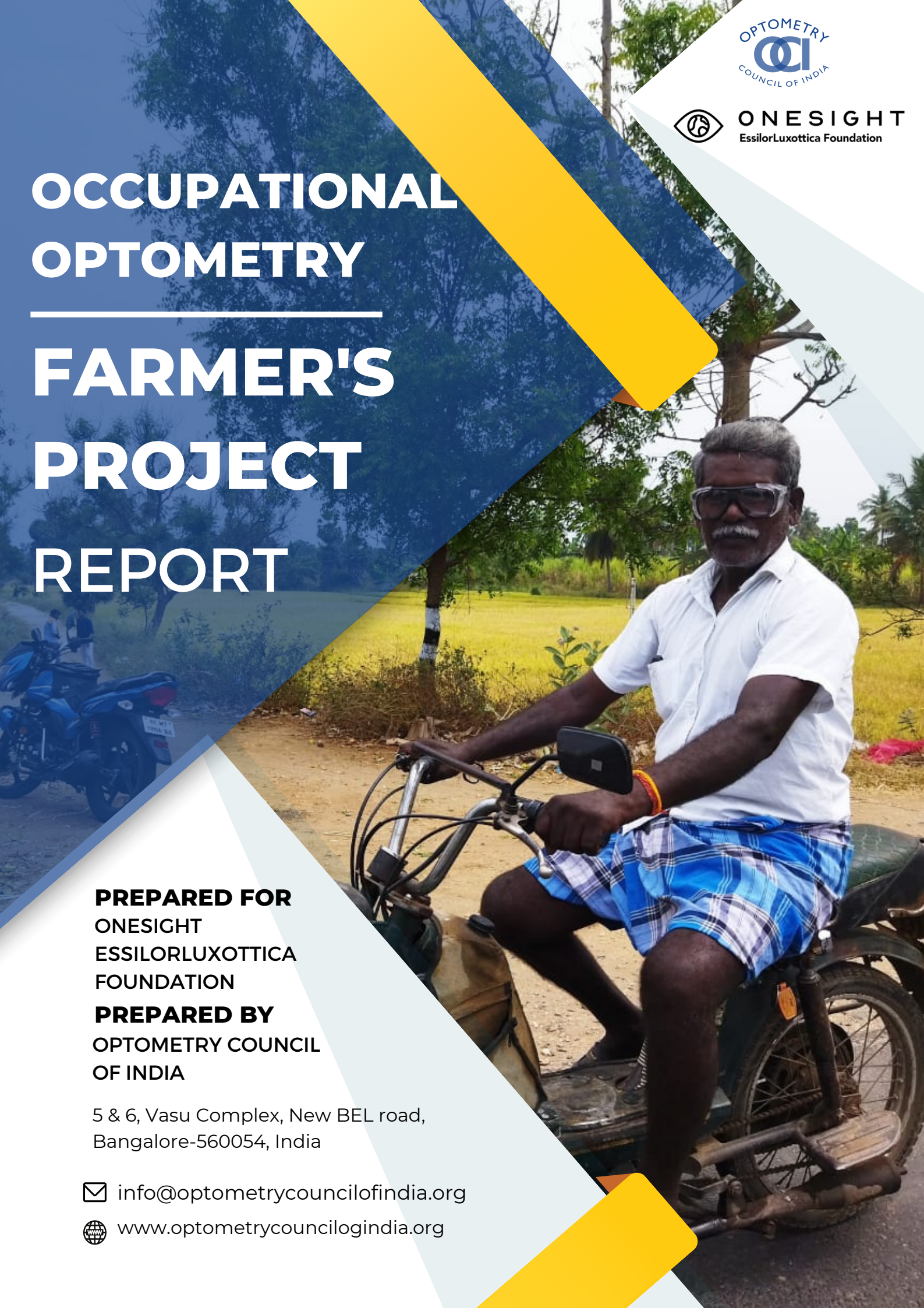
**PREPARED FOR**  
ONESIGHT  
ESSILORLUXOTTICA  
FOUNDATION

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# CITATION

**An appropriate citation for this report is, Farmer's project, Occupation Optometry initiative by the Optometry Council of India, India.**

**This project report was prepared for the Farmer's Project, a CSR project of Onesight EssilorLuxottica implemented by the Optometry Council of India (OCI).**

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## ABBREVIATIONS

Abbreviations	Full forms
CSR	Corporate Social Responsibility
FY 2020	FY 2020
IOP	Intra Ocular Pressure
MAHE	Manipal Academy of Higher Education
OCI	Optometry Council of India
SN	Sankara Nethralaya

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# MESSAGE FROM THE CHAIR

Eye care service delivery is critical in any growing economy as it contributes to the rising economy. Uncorrected visual impairment in people contributes to the economic burden of the country and therefore if eye care service is well delivered to the working class of the population, it will contribute in the long run towards the rising economy of the country.

OCI as a first step towards providing services to the working class and especially the unorganized sector has looked into the visual demands of farmers in their work area and provided eye care services, spectacles, and also protective eyewear according to the work demands. This is a unique project and can be replicated in many states with the help of this pilot project report. OCI would like to thank Onesight EssilorLuxottica Foundation (previously known as Essilor Vision Foundation) for their support towards the above.

**OPTOM JAYANTHA  
BHATTACHARJEE**  
CHAIRMAN



# MESSAGE FROM ONESIGHT ESSILORLUXOTTICA

Uncorrected poor vision presents us with one of the biggest problems as well as one of the biggest opportunities in public health today. We know that when people can't see well, it makes navigating everyday life more difficult. Getting to and from work, the ability to learn new skills, and being able to scan your immediate surroundings on the job to stay safe—all of these are challenges that vision correction can help to solve. One of our core commitments at EssilorLuxottica is to find ways to ensure that everyone can have access to quality vision care services. Through our work at the OneSight EssilorLuxottica Foundation, we are taking a multilateral approach to creating new ways for people to access vision care that they would otherwise have to go without. Our work with the Optometry Council in India is a perfect example of how we can come together to find a new path forward where everyone can see a brighter future together.

## MR. ANURAG HANS

HEAD OF ESSILORLUXOTTICA MISSION  
PRESIDENT OF ONESIGHT  
ESSILORLUXOTTICA FOUNDATION

# FOREWORD - CEO (OCI)



The whole world of eye care professionals today are geared towards providing eye care services to the underprivileged, and making eye care service accessible to the needy. This project is unique where OCI partnered with three organisations such as MAHE, Sankara Nethralaya and Acchuta eye care to deliver services to farmers in three different areas in South India. The farming type selected were also different which helped us to look at differences in visual demands in different kinds of farming. This project has been an eye opener for OCI and the optometrists who took part in this project. It has proven that if we concentrate on providing eye care services according to the demands of the profession and the visual demands of the person, the compliance is much higher in the person in terms of spectacle usage. OCI plans to expand the learning of this project into many other unorganised professions and also expand the services to farmers of different states. OCI would like to thank Onesight EssilorLuxottica Foundation (previously known as Essilor Vision Foundation) for their support towards this initiative and look forward to their support in future endeavours.

**OPTOM LAKSHMI SHINDE**  
CEO

# INTRODUCTION

Agriculture is the primary source of livelihood for about 58% of India's population. The Economic Survey of India 2020-21 report stated that in FY2020, the total food grain production in the country was recorded at 296.65 million tonnes which approximately accounts for 17.8% of the country's Gross Value Added (GVA) for the year 2019-20 (at current prices).

Rice (paddy) and wheat are the staple for 90 percent of the country's people. In India, rice is grown in almost half the states. In the financial year 2021, India's production volume of rice was over 122 million metric tons. Serious farmers in India are easily beyond 30 million people.

Farmers are at risk for work-related eye injuries, some of which can be very serious. Worldwide agriculture ranks among the most hazardous occupations alongside mining, manufacturing, and construction in the prevalence of work-related eye injuries. In the developing countries with a lesser degree of mechanization, corneal ulceration is a more common manifestation. For example, in southeast Asia where paddy cultivation is predominant, injury from the paddy leaf during harvesting causes corneal abrasion which gets secondarily infected from lack of care or the use of traditional eye medicines.

The resultant corneal ulcer (harvest ulcer, or rice-harvesting keratitis) is a significant cause of ocular morbidity and visual impairment. Work-related injuries in agriculture result in huge economic losses, placing an enormous burden on the agrarian community across the world.

Work-related eye injuries can be prevented by wearing safety eyewear like goggles. While the use of safety eyewear is universally known and advocated by the industry, compliance with safety guidelines among workers is poor.

Optometry Council of India (OCI) and Onesight EssilorLuxottica Foundation (previously EVF) joined hands in August 2021 to screen 300 farmers of various farming methods such as Aracnut, Paddy, and Banana plantations. This project was implemented with three partners: (i) Acchutha Institute of Optometry, (ii) Department of Optometry, Manipal College of Health Professions, Department of community medicine, Kasturba Medical College, MAHE and (iii) Sankara Nethralaya (SN). This was a pilot project to assess ocular health, work-related ocular needs as well as hazards and compliance in using safety eyewear among farmers.





# DELIVERABLES



Table 1: Deliverables planned in the project at different phases

Deliverable	Aim	Phase
Develop information regarding the visual need of the farmer during a particular task in the specific farming	Qualitative	Phase I
Provide a comprehensive eye examination, prescription of spectacles and guided referrals for ocular ailments	300	Phase II
Provide free pair of prescription spectacles and safety eyewear	200	Phase III
Collect information on noncompliance of wearing spectacles and safety eyewear	200	Phase IV
Refine the reasons of non-compliance in group discussions	Qualitative	Phase V

# METHODS

## Phase I



*Picture: Paddy Farming – task analysis*

Institutional Ethical clearance was obtained from Ethics Committee (IEC) of Kasturba Medical College, MAHE, Manipal prior to the study. Written informed consent was obtained from the study participants.

The entire project was conducted in various phases. For phase I, farms were selected and permission was taken to screen farmers. A crucial part of task analysis was performed through a questionnaire, the details of which are enclosed (Annexure 1). All farmers were carefully asked questions about the work they carried to understand vision demands to perform that particular work and occupation hazards were estimated. Questions related to farming were also asked to estimate their farming experience, difficulties and needs during work (Annexure 2). These estimations were referred to while prescribing prescription and safety spectacles to these farmers.

## Phase II



Picture: Fundus Photography using 3nethra

A comprehensive eye examination took place in Phase II. Banners and posters were displayed in the selected farms beforehand mentioning the date and time of the screening.

SN did screening for farmers from Tiruvallur district in Tamilnadu, MAHE's team examined farmers of Udipi and Acchutha intervened the farmers of Erode district.

On the day of eye examination, partner institutes transported all the required instruments from their centre to the camp site and performed comprehensive ocular examination for enrolled farmers. Forus Health Pvt Ltd have been generous enough to lend fundus camera to MAHE and Acchutha for the period of this project. iCare also extended their support by lending the instrument during this project timeto MAHE and Acchutha to measure Intra Ocular Pressure (IOP).

Each institute had arranged for 2 eye examination visits and had planned for 50 farmer screening during each visit. Demographic data, history of the farmers were recorded during task analysis. In Phase II, comprehensive examination included, visual acuity testing, subjective and objective refraction, anterior and posterior segment evaluation, IOP check, basic binocular vision assessment and fundus examination. Visual complaints, ocular complaints, past ocular injuries were noted while recording ocular history. Based on all the data collected in Phase I and Phase II evaluation, if the farmer had refractive error correction, spectacles (as per the farming task ) and/or safety prescription eyewear were prescribed for the farmers.

# Phase III



Picture: Prescribed and Safety Spectacles dispensed to Farmers

All the prescribed and safety spectacles were sponsored by Onesight EssilorLuxottica Foundation. Partner institutes distributed these spectacles to the farmers followed by wear, care, and maintenance instruction. A local newspaper in Karnataka carried an article on Farmer's project and spectacle delivery.



# Phase IV

Once the spectacles were dispensed to farmers and they had spent 2 weeks with these prescription and safety spectacles, compliance with spectacles and safety eye wear were evaluated. All these partner institutes i.e. Acchutha , MAHE and SN made phone calls to the farmers who had received spectacles. Standard set of questions were asked to know about how compliant the farmer was about wearing these spectacles. The standard questions also included questions evaluating the comfort of the safety spectacles and prescription spectacles as well. If they were not wearing prescription spectacles or safety spectacles, questions were asked to know the reason behind it. Compliance questionnaire is attached herewith as an Annexure 3. Similarly compliance questions were also asked to see how many farmers visited the eye hospital post referrals following comprehensive eye exam (Annexure 4). Reasons for noncompliance were also documented.

# Phase V



Picture: Focus Group Discussion with Farmers

It is important to understand the psychology of the spectacle/safety eyewear wearer, their difficulty or ease while using the spectacle, and modification or expectations in the future, during each screening camp.

Open-ended questions and an unbiased discussion lead to answers to the examiner's queries. Focus group discussions for the same purpose were conducted by all centers. Small groups of 5-6 farmers were chosen and casual conversation was initiated. These groups had farmers wearing and not wearing prescription and safety spectacles.

The panel consisted of 2 moderators briefing the process and administering the questions to the participants, 2 writers to record and write the conversation, 1 sociogram recorder, and a cameraman with equipment to film the whole session.

Various indirect questions were asked to know about the compliance, visual comfort with spectacles, and how spectacles influenced the work and experience of the farmers for this entire project. Farmer's views on various ocular difficulties faced at farming (both vision and injury-related), awareness of eye safety and personal protective eyewear (PPE), perceived benefits of safety eyewear at work, and normal prescription spectacle in daily life, drawbacks of spectacles at work, suggestive improvising points required to overcome the drawbacks were discussed.

# RESULTS

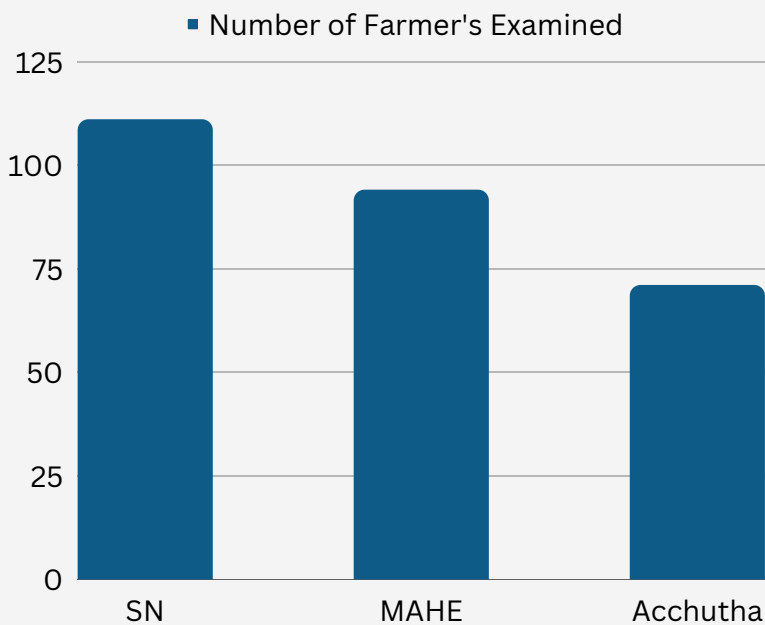


Figure 1: Number of farmers screened by each centre

Due to COVID-19 pandemic, all 3 partner institutes went through relentless efforts to get permission for conducting camps. Paddy was a common farming among all 3 centres and along with that, SN shortlisted Jasmin farming, MAHE chose Aracnut farming and Acchutha opted for Banana farming. With great perseverance all three centres in total screened 276 farmers,

There were 109 males and 167 females.

186 prescription glasses and 169 safety spectacles to were prescribed to 193 farmers who needed ocular correction.

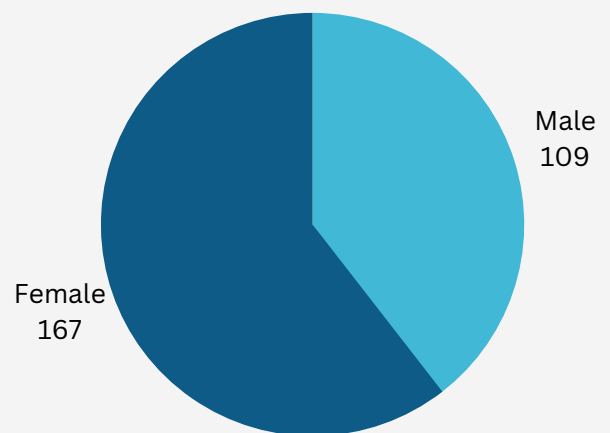


Figure 2: Male Female ratio in the project

Out of these 186 farmers, 85 farmers have been prescribed spectacles for the first time. We found that 2 farmers had a history of previous injuries but none were wearing safety spectacles. 169 safety spectacles were prescribed for the first time to these farmers including the farmers who had history of injury.

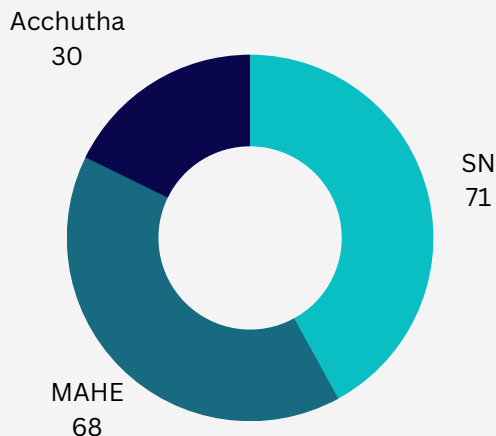


Figure 3: Number of safety spectacles prescribed by each centre

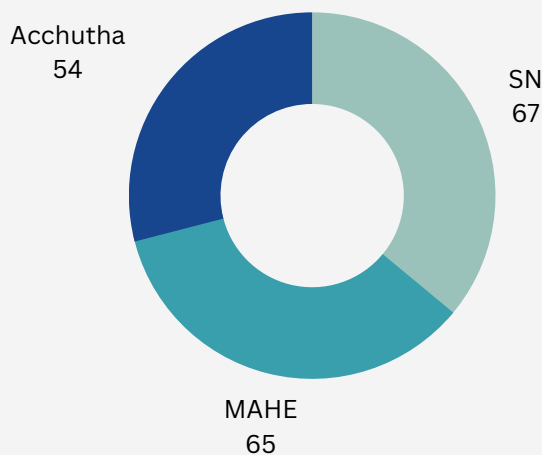
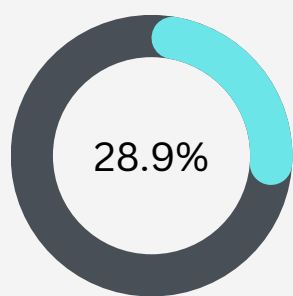


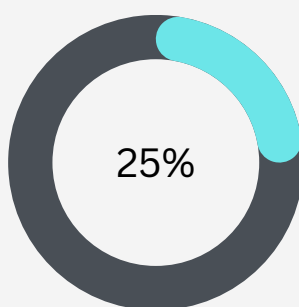
Figure 4: Number of prescription spectacles prescribed by each centre

35 farmers were new to farming and had spent <5 years in farming whereas 204 farmers had spent >15 years in farming. The use of a hat/turban becomes very useful in cutting down glare at the field. In this study, 178 farmers had a history of wearing turban but despite that, 131 of them complained of experiencing glare at farm fields.

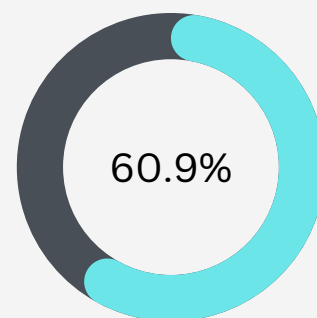
Sunlight exposure and farming-related ocular changes like pinguecula, pterygium, corneal opacity, vitreous haze, UV related changes on the retina were seen in 80 farmers out of 276 farmers examined. Out of these 276 farmers, 64 were referred to eye hospitals for further care of which 39 farmers were advised cataract surgery. This pilot study was able to identify 6 farmers with pupil disorders and they were all referred to the base hospital for further evaluation.



Sunlight Exposure related Ocular Changes

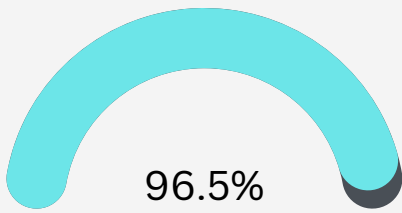


Referred to Base Hospital

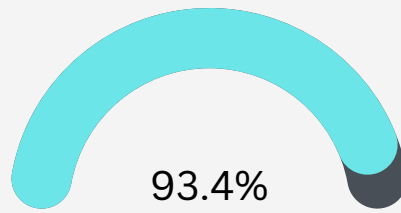


Advised for Cataract Surgery

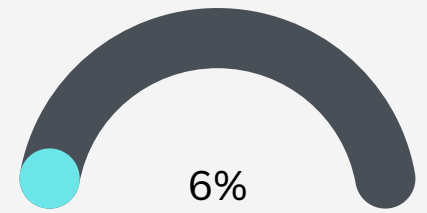
As we know, compliance is the biggest challenge for any spectacle wearer. On telephonic conversations for compliance, partners were able to reach out to 171 farmers out of 193 farmers who were provided with prescription and safety spectacles. All 171 farmers were wearing prescription spectacles and 152 of these farmers were wearing safety spectacles as well. From these 171 farmers 165 (96.5%) continued wearing spectacles and were quite comfortable with them. Similarly 142 (93.4%) farmers were comfortable wearing safety spectacles. Many of them noticed reduction in glare and increased comfort with safety spectacles. 10 (6%) farmers who were not compliant in wearing safety spectacles, cited out few reasons like, not comfortable / yet to start wearing / stopped working as a farmer, as catalyst for noncompliance. Similarly all 64 farmers who were referred to the base hospital for further care, were reached over the phone for compliance survey. Only 9 farmers had actually visited the hospital. Reasons cited for non-compliance were time constraint/ no attender available/ family suggested otherwise/ seeks second opinion etc.



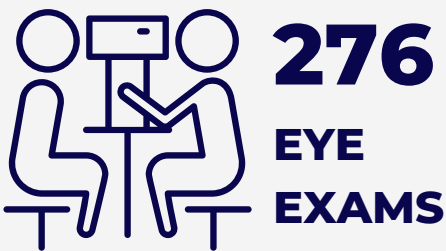
Farmers wearing and comfortable with prescribed glasses



Farmers wearing and comfortable with safety glasses



Farmers who were not compliant in wearing safety glasses





During Focus group discussion, some of the points drawn as outcomes include:

I. Major ocular threats reported to be as, dust in fields, sunlight, slurry dirt (cheru) and insect hit.

II. Awareness on task based spectacle usage was reported to be good.

III. Perceived benefit of the refractive correction reported to have increased the livelihood and self-management of works without others aid. (i.e.: Females said they could now thread needle without the help of younger people)

IV. Major difficulty with the spectacle usage at work was reported to be the falling of glasses in the downward bent postural tasks.

V. Spectacle accessory such as the headband ropes were discussed as aid to prevent the fall of glasses while working.

VI. Since the safety spectacles had refractive error incorporated, it helped farmers to see everything clearly like worms, seed quality, plant color etc. In past, they declined wearing safety eyewear as it didn't provide clear vision.

VII. Safety spectacles of few farmers broke as they were involved in task requiring them to remove and wear spectacles repeatedly. Such farmers should be provided with better quality/ stronger frames.

The Focus group discussion served as a gateway for some unexplored views on the state of a situation and also clarified some understandings that were stereotypically believed before. Thus making it a good tool to bridge upon the perceived difficulties in a certain situation and its optimally suited solution having both the sides of providers and beneficiaries connected and concurred.



# SUMMARY & CONCLUSIONS

The project was extremely successful in its conduct and all the deliverables were met.

*Table 2 : Deliverables achieved in the project at different phases*

Deliverable	Aim	Phase
Develop information regarding the visual need of the farmer during a particular task in the specific farming	Qualitative	Phase I
Provide a comprehensive eye examination, prescription of spectacles and guided referrals for ocular ailments	276 Farmers	Phase II
Provide free pair of prescription spectacles and safety eyewear	355 Free Pairs (193 Farmerrs)	Phase III
Collect information on noncompliance of wearing spectacles and safety eyewear	171 Farmers	Phase IV
Refine the reasons of non-compliance in group discussions	Qualitative	Phase V

This project results depicted that over 93% of the farmers are compliant in wearing prescription spectacles and safety spectacles. The awareness towards eye care increased with educating them about safety eye wear. They were told that turbans alone would not help and safety eye wear would help reducing harmful effects of UV rays on the eye as well as protect from hazardous vegetative objects. Spectacle prescriptions were given as per the task farmers performed. Working distance was taken into consideration and that helped farmers. This explains the increased compliance rate in our project.

# WAY FORWARD & ACKNOWLEDGMENTS



## Way Forward:

OCI wishes to use the learning of this project for wheat, rice and coffee farmers of other states of India.

## Acknowledgments :

We greatly appreciate the funding provided by Onesight EssilorLuxottica under their companies' community and social responsibility initiative. OCI also acknowledges the help provided by Forus Health Pvt Ltd. and iCare in the form of lending fundus camera and IOP measuring instrument respectively, free of cost for a month long period to 2 of the institutes.

Team OCI acknowledges the contribution of all the 3 optometry organizations, Sankara Nethralaya, MAHE, and Acchutha Institute of Optometry who participated in this project. We would like to extend our heartfelt appreciation and recognition to the dedicated optometrists who played a crucial role in the Farmers Project and contributed significantly to helping OCI achieve its goals. Through their expertise, unwavering commitment, and compassionate care, these optometrists have positively impacted the lives of farmers and contributed to the success of the project

# TEAM PHOTOS



## Team SN

From left to right,  
Mr Syed Ibrahim A  
Ms Jeevitha A  
Dr Rashima A  
Ms Ishwarya S  
Ms Rupa Nivethikka R  
Ms Indira R  
Ms Janani S



## Team MAHE

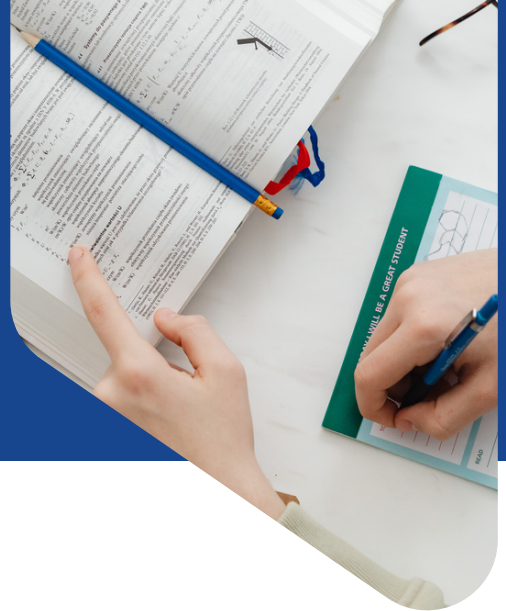
From left to right  
Ms. Judith Shefali Jathanna  
Dr. Ramesh S  
Dr. Krithica. S  
Dr. Eshwari K



## Team Acchutha

Team of Optometrists,  
lead by  
Mrs. Saranya Sachi Balasubramaniam  
and  
Project Incharge Mr. Saravanan

# APPENDIX



## Annexure 1

### TASK ANALYSIS ON GRUNDY TASK ANALYSIS GRID



#### Grundy Task Analysis Grid

This grid may be used by optometrists as an aid to accurate visual task analysis.

<b>Occupational Information</b>	✓	
<b>Working distance</b>		Far: >2m
		Intermediate: 2m-0.55m
		Near: 0.55-0.3m
		Very near: <0.3m
<b>Size of detail</b>		Large/medium: >5'*
		Small: 3-5'*
		Very small: 2-3'*
		Extremely small: 1-2'*
		Minute: <1'*
<b>Head movements</b>		Side to side
		Up and down
		Mixture
<b>Main working position</b>		Sitting
		Standing
		Moving
<b>Direction of gaze</b>		Mixture
		Ahead
		Up
		Down
		Side
		Mixture
<b>Task movement</b>		Stationary
		Slow
		Fast
<b>Changes of gaze</b>		Frequent
		Occasional
		Seldom
<b>Special accuracy or care</b>		Required
		Limited requirements
		Not required

<b>Clinical Requirements</b>	✓	
<b>Visual Acuity</b>		Calculated by using occupational information
<b>Binocular Vision / Stereopsis</b>		Required
		Not required
		Monocular vision
<b>Colour vision</b>		Good
		Limited requirements
		Not required
<b>Visual fields</b>		Good
		Fair

<b>Environmental Information</b>	✓	
<b>Visibility</b>		Good
		Fair
		Poor
<b>Eye Protection</b>		Required
		Not required
<b>Potential danger</b>		High risk
		Medium risk
		Low risk
<b>Hazards† (refer to BS EN 166)</b>		Present
		Not present
<b>Lighting (types in use, adequacy, suitability)</b>		Good
		Fair
		Poor

†if present, identify and assess degree of risk

\* ' = in minutes of angle subtense

## Annexure 2

### **OCCUPATION SPECIFIC HISTORY FOR FARMING AND ASSOCIATED TASKS**

1. Farming/ associated task done x \_\_\_\_\_ Years
2. What type of farming? \_\_\_\_\_
3. Task done \_\_\_\_\_
4. Residing at current location for \_\_\_\_\_ Years
5. History of previous spectacle wear Yes/No
  - a.If yes, since how many years \_\_\_\_\_
  - b.Use of any sun glasses/tints Yes/No
6. History of using hat/turban/ other sun protective(others)\_\_\_\_\_ during the work at farm field
7. Vision during work Good/fair/poor
8. Difficulty with sun light during work at farm field:Yes/No
9. What type of pesticides / fertilizers are used at work?  
Mention \_\_\_\_\_
10. Do you use any type of personal protective equipments? Yes / No
  - a.If Yes mention:
11. Visual Symptoms: None/Head ache/Eye strain/ Eye pain
12. Ocular Symptoms : None/Redness/ Irritation/itching/dryness/Ocular injury / Foreign body sensation/Other (Specify)\_\_\_\_\_
13. Ocular injury during work : Yes /No
  - a.If yes, frequency of injury : Very often/ on/off/ rarely
  - b.Injury associated with \_\_\_\_\_ particular task of farming
  - c.Any history of splash of chemicals? Yes/No
14. Non ocular injury during work : Yes/No
  - a.If yes, mention the injuries\_\_\_\_\_
  - b.Mention the reason for the injury\_\_\_\_\_
  - c.frequency of injury : Very often/ on/off/ rarely
  - d.Injury associated with \_\_\_\_\_ particular task of farming
15. Work-related Musculoskeletal Disorder(WMSD): Wrist/ Hand/ Neck /Shoulder pain/ Lower back pain/ Hip pain/ Leg pain/ General fatigue /Nil

## Annexure 3

### **COMPREHENSIVE EYE EXAMINATION**

- Chief Complaint
- Past ocular history
- General Health
- Previous glass prescription
- Presenting vision distance and near
- Objective and Subjective Refraction
- Extra ocular muscle examination
- Pupil evaluation
- Anterior Segment examination
- Posterior segment examination
- Intra ocular pressure measurement
- Interpupillary distance measurement

## Annexure 4

# QUESTIONNAIRE FOR SPECTACLE COMPLIANCE ASSESSMENT

What type of Spectacles Prescribed (To be entered from the records)

- Single vision - Distance
- Reading glasses / Single vision glasses for near
- Bi-focal / PALS
- Separate glasses for distance and near
- Plano safety eyewear/ Refractive safety eyewear

1. Are you currently using the glasses Yes/no If No Skip to Question 4

2.If Yes, How would you rate you overall comfort

- Poor - 0
- Fair - 1
- Good - 2
- Better – 3

3.Frequency of using

- Always
- Only during Farming
- Outdoor activities/Driving
- TV and others
- All near work

4.why are you not using your glasses?

- Not comfortable at work
- Discontinued
- Not symptomatic
- Felt no difference with and without glasses
- Not comfortable in recent times

Other (Specify) \_\_\_\_\_



## Annexure 5

### QUESTIONNAIRE FOR REFERRAL COMPLIANCE ASSESSMENT

To be entered from records:

Clinical Diagnosis / Reason for Referral

OD OS

Referral Department

OD OS

1. Did you visit the eye hospital Yes No

2. Did you get the treatment done? Yes No

3. Where did you get your eye examination done

· Local Eye hospital

· Local General hospital \_\_\_\_\_

· Others: \_\_\_\_\_

4. What was further management advised at the hospital?

5. If No, what is the reason for not taking up the further treatment / Non – Compliance? Financial constraints, Unable to travel, Cannot take off from work, No attendant, Time constrains, Friend/ Family suggested not to take up the treatment, Planning to take up a second opinion in other hospital , Financial constrains, Unable to travel, Cannot take off from work, No attendant, I had no visual or ocular symptoms , Age related issues, Unable due to physical conditions/ other health issues, Not sure where I should go for further treatment , Did not understand why I was referred for

· Others \_\_\_\_\_

6. When the next follow is up advised?

7. How is your visual and ocular health now?

a. Same as before

b. Better

c. Good

d. Worsened

## Annexure 6

### QUESTIONNAIRE FOR REFERRAL COMPLIANCE ASSESSMENT

To be entered from records:

Clinical Diagnosis / Reason for Referral

OD OS

Referral Department

OD OS

1. Did you visit the eye hospital Yes No

2. Did you get the treatment done? Yes No

3. Where did you get your eye examination done

· Local Eye hospital

· Local General hospital \_\_\_\_\_

· Others: \_\_\_\_\_

4. What was further management advised at the hospital?

5. If No, what is the reason for not taking up the further treatment / Non – Compliance? Financial constraints, Unable to travel, Cannot take off from work, No attendant, Time constrains, Friend/ Family suggested not to take up the treatment, Planning to take up a second opinion in other hospital , Financial constrains, Unable to travel, Cannot take off from work, No attendant, I had no visual or ocular symptoms , Age related issues, Unable due to physical conditions/ other health issues, Not sure where I should go for further treatment , Did not understand why I was referred for

· Others \_\_\_\_\_

6. When the next follow is up advised?

7. How is your visual and ocular health now?

a. Same as before

b. Better

c. Good

d. Worsened

# PICTURE GALLERY



ಮನುಷ್ಯನ ದೃಷ್ಟಿ, ಕೆಂಪು ಕಣ್ಣು, ಕಣ್ಣಿನ ಮೊರೆ ಮತ್ತು ವ್ಯಕ್ತಿಯಾದ ಕಣ್ಣುಗಳ ಸಮಸ್ಯೆಗಳನ್ನು ಗುಣಪಡಿಸಬಹುದು.

ನಿಯಮಿತವಾದ ಕಣ್ಣಿನ ಪರೀಕ್ಷೆ ಗಾಗಿ ಪರ್ಷನಲ್ ಮತ್ತು ನಿಮ್ಮ ಸುರತ ನೇತ್ರ ತಜ್ಞರನ್ನು ಸಂಪರ್ಕಿಸಿ.



ಪ್ರತಿಯೊಬ್ಬರೂ ವರ್ಷಕ್ಕೆ ಬಂದು ಬಾರಿ ಸುರತ ನೇತ್ರ ತಜ್ಞ ವೈದ್ಯರಿಂದ ಕಣ್ಣಿನ ತಪಾಸಣೆ ಮಾಡಿಸಿಕೊಳ್ಳಬೇಕು.

ನೀವು ಕೃಷಕರಾಗಿದ್ದಲ್ಲಿ, ಸೂರ್ಯನ ಬೆಳಕು ಮತ್ತು ಮಣ್ಣಿಗೆ ಒಡ್ಡಿ ಕೊಳ್ಳುವುದರಿಂದ ನಿಮ್ಮ ಕಣ್ಣುಗಳ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುವುದರಿಂದ ನಿಮ್ಮ ಕಣ್ಣುಗಳನ್ನು ನಿಯಮಿತವಾಗಿ ಪರೀಕ್ಷಿಸಿಕೊಳ್ಳಿ.



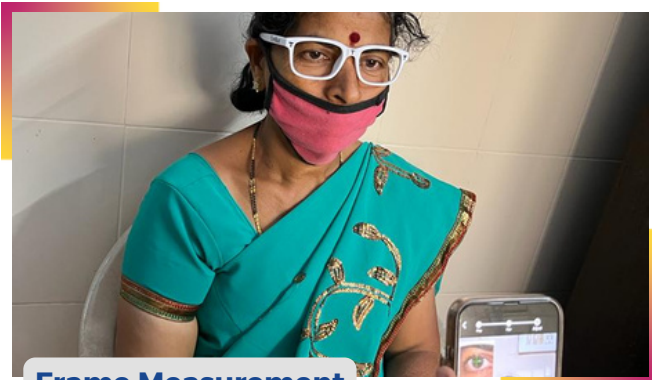
Posters at the Camp site



Slit Lamp Examination



Documenting History



Frame Measurement



Interpupillary Distance Measurement

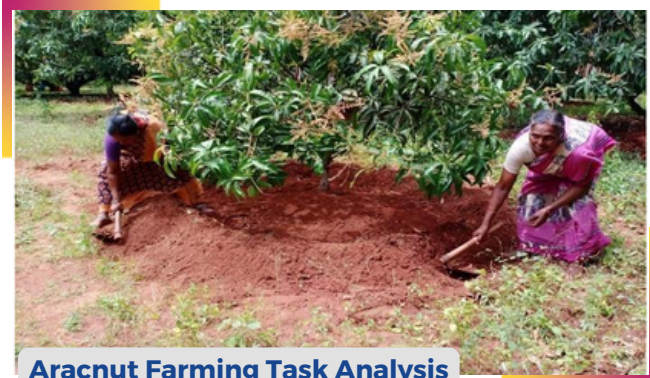
# PICTURE GALLERY



**Task Analysis Questionnaire**



**Near Vision Assessment**



**Aracnut Farming Task Analysis**



**Spectacle Distribution**



**Handing over the report to Essilor Foundation**



**Happy Faces at the end of the Project**

**This Project was supported by**



**ONESIGHT**  
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**Partner Institutions:**



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**Acchutha Eye Care  
& Institute of Optometry,  
Erode.**



# OPTOMETRY COUNCIL OF INDIA

## Farmer's Project



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