



The National Programme for Control of Blindness in India

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EDITORIAL

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India was the first country to launch the National Programme for Control of Blindness (NPCB) in 1976, as a 100% centrally-sponsored Programme¹. A large number of blind people in a country denote poor socio-economic development and an inefficient eye care service in the country.² This is because about 80-90% of the blindness is either curable or preventable.² Visual outcomes after cataract surgery were poorer among females, rural residents and those who underwent surgery at an older age (more than 70 years). In 1983, the National Health Policy of India reiterated that blindness was an important public health problem and set a target to reduce the blindness prevalence rate from 1.4% to 0.3%. The Government of India has now laid down a target for reduction in the prevalence of blindness to 0.8% by the end of the Tenth Five-Year Plan and to 0.5% by 2010.³

Till few years ago, National Programme for Control of Blindness (NPCB) was a cataract centred programme. However, currently it is funding for management of Diabetic Retinopathy {DR}, Glaucoma, Ocular Trauma, Childhood Blindness, Keratoplasty, Squint, Low Vision, Retinopathy of Prematurity {ROP} in addition to ongoing schemes through successful Public Private Partnership (PPP). Eye donation fortnight is organized from 25th August to 8th September every year to promote eye donation/eye banking. Gujarat, Tamil Nadu, Maharashtra, Delhi, Chandigarh, Andhra Pradesh, Kerala and Karnataka are at the forefront of this activity.

There are 45 million blind persons in the World, of which 12 millions blind persons is in India including 1% is due corneal blindness.⁴

As per WHO estimates the blind population will double by 2020 due to rise in population and longevity. Cataract is the commonest cause of blindness (62.6%) followed by uncorrected refractive errors (19.7%); Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%) and Others (4.19%).³

Objectives of NPCB⁵

The objectives of the programme are:

- To reduce the backlog of blindness through identification and treatment of the blind
- To develop comprehensive eye care facilities in every district
- To develop human resources for providing eye care services
- To improve quality of service delivery to the affected population
- To secure participation of voluntary organizations/private practitioners in eye care
- To enhance community awareness on eye care
- To provide best possible treatment for curable blindness available in the district/region.
- To set up the mechanism for referral co-ordination and feedback between organizations dedicated to prevention, treatment and rehabilitation

The NPCB funds are released by Government of India (GOI) to State Blindness Control Society or State Health & Family Welfare Society based on the Annual Action Plan submitted. The Cabinet Committee on Economic Affairs (CCEA), the highest body constituted by the Parliament of India, has endorsed and approved a budget of INR 12,500 (twelve thousand and five hundred) million for the XI five-year (2007-12) plan period. The enhanced funding and financial allocation to the tune of nearly two-thirds of the previous plan period is indicative of the high political commitment.⁶ India has received technical impetus and financial assistance from World Bank, WHO, DANIDA and other International NGOs for amelioration of blindness programme in the country but currently, the programme is not dependent on any external funding.

Positive attitude, high knowledge, awareness level and appropriate skills of health personnel enable delivery of quality service, including proper content and coverage.



Re-orientation training of government medical and paramedical staff, school teachers and community link workers is going on under the NPCB. Re-orientation training of eye surgeons in the public sector is coordinated by Government of India in consultation with State authorities. In the XIth five year plan, a provision of approximately 250 (two hundred & fifty) ophthalmic surgeons, 425 (four hundred & twenty-five) ophthalmic assistants and 150 (one hundred & fifty) eye donation counsellors has been earmarked for States/UTs, keeping in mind the local needs. The recurring financial assistance of the above contractual staff is borne by the GOI for the duration of the XI five-year plan period only.⁷

Under NPCB, community link workers like Anganwadi workers and Accredited Social Health Activists (ASHA) are being provided an incentive of Rs 175 (one hundred and seventy-five) for advocacy and social mobilization.

Achievements of NPCB:

- Recent surveys³ have confirmed higher success rates following cataract surgery with Intra Ocular Lens implantation as compared to conventional surgery. Follow up of operated cases was an important factor in those cases that had poor visual outcome following cataract surgery.
- There has been a significant increase in proportion of cataract surgeries with IOL implantation from <9 % in 1994 to 93% in 2006-07.⁸
- During the year 2009-10, 92.5% cataract surgeries were performed against the target set by Government of India out of which 95% were with IOL Implantation.
- 307 dedicated eye operation theatres and eye wards built in district level hospitals
- Supply of Ophthalmic equipment for diagnosis and treatment of common eye disorders
- More than 2000 Eye Surgeons trained in IOL surgery and other super specialties.
- During the year 2009-10, 109189 teachers were trained, 30862970 school children were screened, 1012918 children were detected with refractive errors, and 505398 children were provided free glass under school eye screening programme.

Looking ahead or New Initiatives (Proposed) during 11th Five Year Plan (2007-12):

Under the programme, the following new initiatives are proposed:

- Construction of dedicated Eye Wards and Eye Operation theaters in Districts and Sub Districts Hospitals in North- Eastern States, Bihar, Jharkhand, Jammu & Kashmir, Himachal Pradesh, Uttaranchal and few other States as per demand.
- Appointment of Ophthalmic Surgeons and Ophthalmic Assistants in new districts in District Hospitals and Sub District Hospitals.
- Appointment of Ophthalmic Assistants in PHCs/ Vision Centers where there are none (at present

ophthalmic assistants are available in block level PHCs only)

- Appointment of Eye Donation Counselors on contract basis in Eye Banks under Government Sector and NGO Sector.
- Development of Mobile Ophthalmic Units in NE States, Hilly States & difficult Terrains for diagnosis and medical management of eye diseases.
- Special attention to clear Cataract Backlog and take care of other Eye Health Care Centers from NE States.
- Telemedicine in Ophthalmology {Eye Care Management Information and Communication Network}
- Involvement of Private Practitioners in Sub District, Blocks and village Level.
- Grant-in-aid for NGOs for management of other Eye diseases other than Cataract like Diabetic, Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of childhood blindness etc of Rs. 750 per case for Cataract/IOL Implantation Surgery and Rs.1000 per case of other major Eye Diseases as described above. For North-Eastern States, Hilly and Desert Areas Rs. 850 for Cataract and Rs.1100 for other major Eye Care Management is proposed.
- A provision of Rs.1550 crore has been proposed for implementation of NPCB during 11th Five Year Plan.

Pattern of Assistance during 11th Five Year Plan (2007-12)⁹

The following are main features of the pattern of assistance during 11th Five Year Plan:

- Strengthening/Setting up of Regional Institutes of Ophthalmology (RIO)
- Strengthening of medical colleges
- Increase in assistance for commodity to various facilities to increase their capacity for treatment of all types of eye ailments.
- Facility for Intra-ocular Lens (IOL) implantation expanded up to Taluka level;
- Marginal increase in grant-in-aid to Eye Banks, Eye Donation Centres and NGOs due to escalation of costs and to improve quality of services
- Assistance for construction of dedicated Eye Wards and Eye Operation Theatres in North East States and few other states as per need.
- Assistance for involvement of ophthalmic equipment supplied under the programme.
- Development of Mobile Ophthalmic Units with Teleophthalmology Network and some fixed tele-models to cover difficult hilly terrains and difficult areas.



- Intensification of IEC activities.
 - Strengthening of Management Information System
 - Critical posts of 228 Eye Surgeons and 510 Ophthalmic Assistants sanctioned during the 9th Plan and continued during 10th Plan, would be integrated within the State Plan in a phased manner;
 - Keeping in view austerity measures and to avoid duplicity of work, State Ophthalmic Cell has been merged with State Blindness Control Society. Due to formation of National Rural Health Mission (NRHM), State Blindness Control Society (SBCS) under NPCB has been further merged with State Health society under NRHM. District Blindness control society (DBC) under NPCB has also been merged with District Health Society under NRHM.
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PEER REVIEW

Not commissioned. Externally Peer reviewed.

CONFLICTS OF INTEREST

Nil.

Suggestions:-

1. The scope of eye care surgeries under the NPCB needs to be increased beyond cataract surgeries, correction of refractive errors and other preventable causes need to be addressed.
2. Since corneal opacities also account for a significant proportion of blindness, eye banking services need to be strengthened.

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