

National Programme for Control of Blindness (NPCB)

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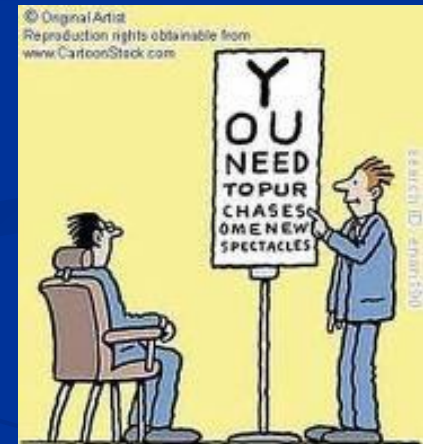
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- Launched in 1976
- Launched with the goal to reduce prevalence of blindness from 1.4 to 0.3% (2006 survey: 1%)

Definition:

- ❖ Visual acuity of less than 3/60 (Snellen) or its equivalent.
- ❖ Inability to count fingers in daylight at a distance of 3 meters.



PROBLEM STATEMENT



- ❖ Estimated 180 million people are visually disabled, nearly 45 million blind, 4 out of 5 living in developing countries.
- ❖ Major causes : cataract, uncorrected refractive errors, glaucoma, trachoma, childhood blindness
- ❖ 32% are aged 45-59 yrs, large majority 58% are over 60 yrs.
- ❖ SEAR has 1/3rd of the world's blind, 50% of world's blind children.

National survey on blindness (2006-07): Estimated 1% prevalence of blindness in general population

CAUSES

- 62.6% :Cataract
- 19.7% :Uncorrected refractive errors
- 5.8% :Glaucoma
- 4.7% : Posterior segment pathology
- 0.9% : Corneal opacity
- 1.2% : Surgical complications
- 0.9% : posterior capsular opacification
- 4.19% : Other causes



REVISED STRATEGIES (according to findings of 1998-99 & 1999-2000 surveys)

1. To make NPCB more *comprehensive by strengthening* services for causes of blindness like
 - corneal blindness (requiring transplantation of donated eyes)
 - refractive errors in school –going children
 - improving F/U services of cataract operated people &
 - treating other causes like trachoma



2. *Shift of approach* from :

- Eye camps to a fixed facility surgical approach
- Conventional surgery to IOL implantation



3. To *expand* World Bank project activities like :

- Construction of dedicated Eye OTs
- Eye wards at district level
- Training of eye surgeons in modern cataract & other eye surgeries
- Supply of ophthalmic equipment etc. to the whole country

4. To strengthen participation of *voluntary organizations* & to earmark geographic areas to NGOs & Govt. hospitals to avoid duplication of efforts & improve performance of Govt. units like medical colleges, district hospitals, sub-divisional hospitals, CHCs, PHCs
5. To enhance coverage in *tribal & other underserved areas* through identification of bilateral blind patients, preparation of village-wise blind register & giving preference to bilateral blind patients for cataract surgery



Objectives of NPCB

- To reduce backlog of blindness through identification & treatment of the blind
- To develop eye-care facilities in every district
- To develop human resources for providing eye care services
- To improve quality of service delivery
- To secure participation of voluntary organisations in eye care



New initiatives

- ❖ *Eye wards & OTs* in district & sub-district hospitals in NE states, Bihar, Jharkhand, J&K, HP, Uttaranchal & few other states as per demand

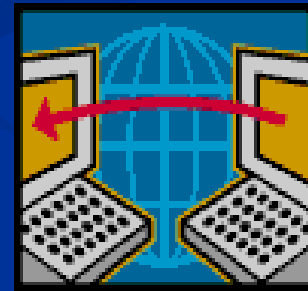


- ❖ *Ophthalmic surgeons & assistants* in new districts in district & sub-district hospitals



- ❖ Ophthalmic assistants in PHCs/ vision centres where there are none(at present available in block level PHCs only)

- ❖ *Eye donation counsellors* on contract basis in eye banks under Govt & NGO sector
- ❖ *Grant -in -aid* for eye diseases other than cataract, like diabetic retinopathy, glaucoma etc
- ❖ Special attention to clear backlog from *NE states*
- ❖ *Telemedicine* in ophthalmology
- ❖ Involvement of *private practitioners*



- Rs.1550 crore for implementation of NPCB during 11th 5 year plan
- *Vitamin A supplementation & MMR* vaccination
- Setting up of 5 *centres of excellence* for eye care services
- Involvement of *voluntary organisations*: Lions, Rotary International
- Community *health education*



INFRASTRUCTURE DEVELOPMENT

- National Institute of Ophthalmology (Dr. Rajendra Prasad Centre for Ophthalmic Science in AIIMS, N.Delhi
- 10 Regional institutes
- 82 upgraded medical colleges
- 39 medical colleges: training centres for paramedics
- 166 eye banks in govt & non-govt sectors

- 445 district hospitals equipped for ophthal services
- 575 District Blindness Control Societies under chairmanship of District Collector/ Depy. Commissioner
- *Rural*: 80 central mobile units attached to medical colleges & 341 district mobile units(vehicle, ophthal.surgeon & other paramedic staff) for camps

Administration

- *Central*: Ophthalmology section, DGHS, MOHFW, N.Delhi
- *State* : State Ophthalmic Cell, DGHS, State Health Societies
- *District* : District Blindness Control Society

School eye screening programme

- 6-7 % of children aged 10-14 yrs have eyesight problems
- First screened by trained teachers
- Those with refractive errors seen by ophthalmic assts & corrective spectacles given (free BPL)



Collection & utilisation of donated eyes

- ~ 20,000 donated eyes per year in India
- Hospital retrieval programme: motivation of relatives of accident victims, terminally ill patients
- Eye donation fortnight : 25 Aug- 8 Sep
- Leading states: Guj, TN, Mah, AP



Externally aided projects

- World bank assisted cataract blindness control project(1994-95 to 2002)
- Danish Assistance to NPCB(1998-2003)
- WHO assistance for prevention of blindness: includes plan of action for Vision 2020



VISION 2020



Global initiative to reduce avoidable
(preventable & curable) blindness by year 2020

Features of plan of action in India

- Target diseases are cataract, refractive errors, childhood blindness, glaucoma, diabetic retinopathy
- HRD as well as infrastructure & technology development at various levels of health system
- The proposed four-tier structure includes:
 - Centres of excellence(20)
 - Training centres(200)
 - Service centres(2000)
 - Vision centres(20000)

C.O.E.

20

Trg centers 200

- Tertiary care-retinal surg.
- Corneal transpl, glaucoma.
- Training & CME

Service Centers 2000

- Cataract Surgery
- Other common eye surgeries.
- Facilities for refraction
- Referral services

Vision Centers 20,000

- Refraction and prescription of glasses
 - Primary eye care
 - School eye screening
- Screening and referral services