

NATIONAL PROGRAMME FOR CONTROL OF BLINDESS

Introduction

- The WHO has defined blindness as “visual acuity of less than 3/60 (Snellen) or its equivalent”, and for nonspecialized personnel it is further described as “inability to count fingers in daylight at a distance of 3 meters”. India has 6 million blind out of 38 million blind present in the world. But the economically blinds according to the National Health Survey (ICMR 1974) are 1.38% and according to National Programme for Control of Blindness/ WHO survey (NPCB/WHO 1986-89) 1.49%. Major economically blinding conditions are cataract (81%), refractive errors (7%) Corneal Scar (4%), Trachoma (0.39%), glaucoma (2%), Vitamin A deficiency (1%), and other rate causes (5%). Blindness due to smallpox, trachoma and vitamin A deficiency have gone down remarkably.

Programme

- The National Programme for Control of Visual Impairment and Blindness was launched in 1976 as a 100% centrally sponsored and incorporates the earlier Trachoma Control Programme that was started in 1963.

Goals

- a. To reduce the prevalence of blindness (1.49% in 1986-89) to less than 0.3%;
b. To establish an infrastructure and efficiency levels in the programme to be able to cater new cases of blindness each year to prevent future backlog.

Objectives

- 1. To establish eye care facilities for every 5 lakh population,
2. To develop human resources for eye care services at all levels the primary health centres, CHCs, sub-district levels,
3. To improve quality of service delivery and
4. To secure participation of civil society and the private sector.

Strategies

- The four pronged strategy of the programme is:
 1. Strengthening service delivery,
 2. Developing human resources for eye care,
 3. Promoting outreach activities and public awareness, and
 4. Developing institutional capacity.

Revised strategies

- 1. To make the National Blindness Control Programme more comprehensive by strengthening services for other causes of blindness like corneal blindness (requiring transplantation), refractive errors in school going children, improving follow-up services of cataract operated persons and treating other causes of blindness like glaucoma;
- 2. To shift from eye camp approach to a fixed facility surgical approach and from conventional surgery to IOL implantation for better quality of post operation vision in operation patients;

- 3. To expand the World Bank project activities like constructions of dedicated eye operation theatres, eye wards at district level, training of eye surgeons, modern cataract surgery, and other eye surgery and supply of ophthalmic equipment, etc. to the whole country.
- 4. To strengthen participation of voluntary organizations in the programme and to earmark geographic areas to NGOs and govt. hospitals and improve the performance of govt. units like medical college, district hospitals, CHC, PHCs etc.
- 5. To enhance the coverage of eye care services in tribal and other under served areas through identification of bilateral blind patients, preparation of villages wise blind register and giving preference to bilateral blind patients for cataract surgery.

Activities

- 1. *Cataract Operation:* To strengthen eye care services by additional input and improving the efficiency at different levels, Intra-ocular Lenses (IOLs) implantation has increased in many states with the assistance of world bank.
- 2. *Involvement of NGOs:* For this the voluntary organisations are encouraged to organise eye camps in remote rural and urban areas along with District Health Organisation. NGOs are playing a significant role in cataract surgeries. Grant-in-aid to NGOs are provided through District Blindness Control Societies throughout the country. NGOs are also given grant-in-aid to set up eye banks to promote collection of donated eyes.
- 3. *Civil Works:* construction of eye wards, operation theatres, and dark rooms were under taken in 7 states under the World Bank assisted project.
- 4. *Training:* Imparting training to eye surgeons both as trainers and as surgeons who will be implementing IOL, PHC medical officer, Ophthalmic Assistant, Ophthalmic health workers.
- 5. *Commodity Assistant:* Commodities like suture and IOLs, indirect ophthalmoscopes, slit lamps, kerotometers, A-scan Biometers, Yag Lasers are procure centrally and distributed to states and DBLSs. However, drugs, spectacles are procure locally by DBCs.
- 6. *Information Education and Communication:* posters, video spots, radio jingles, etc. in all regional languages.
- 7. *Management Information System:* a software is developed to facilitate data completion at 25 sentinel surveillance units in medical colleges.
- 8. *Monitoring and Evaluation:* Rapid assessment survey, facility survey and a beneficiary assessment survey in 1997-99, visual outcomes survey in 1999-2000. A comprehensive blindness survey has been carried out and under process in 13 districts.