



National programme for control of blindness and visual impairment- A study

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Abstract

Rapid survey on Available Blindness during 2006-07 showed reduction in the prevalence of blindness from 1.1 per cent (2001-2002) to 1 per cent (2006-07). Its main objective is to reduce the backlog of available blindness through identification and treatment of curable blind at primary secondary and tertiary levels. It includes the targets and achievements during last 4 years and current year and setting the future plan also.

Keywords: corneal blindness, glaucoma, eye-care service, keratoplasty, retinopathy

Introduction

National Programme for Control of Blindness and Visual Impairment was launched in the year 1976 as a 100 percent Centrally Sponsored Scheme (now 60:40 in all States and 90:10 in North East States) with the goal of reducing the prevalence of blindness to 0.3 per cent by 2020. Rapid Survey on Available Blindness conducted under National Programme for Control of Blindness during 2006-07 showed reduction in the prevalence of blindness from 1.1 per cent (2001-02) to 1 per Cent (2006-07).

Prevalence rate of blindness and targets

- Prevalence of Blindness – 1.1 per cent (survey 2001-02)
- Prevalence of Blindness -1 per cent (Survey 2006-07)
- Blindness Survey (2015-18) in progress
- Prevalence of Blindness- target-0.3 per cent (by the year 2020)

Main Causes of Blindness

Cataract (62.6 per cent) Refractive Error (19.70 per cent) Corneal Blindness (0.90 per cent) Glaucoma (5.80 per cent), Surgical Complication (1.20 per cent) Posterior Capsular Opacification (0.90 per cent) Posterior Segment Disorder (4.70 per cent), others (4.19 per cent) Estimated National Prevalence of Childhood Blindness/ Low Vision is 0.80 per thousand.

Main objectives

- To reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary, secondary and tertiary levels.

- Develop and strengthen the strategy of National Programme for Control of Blindness and Visual Impairment for “Eye Health for All” and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery.
- Strengthening and up-gradation of Regional Institutes of Ophthalmology (RIOs) to become Centre of Excellence in various sub-specialities of ophthalmology and also other partners like medical college, district hospitals, sub- district hospitals, vision centres, NGO eye hospitals.
- Strengthening the existing infrastructure facilities and developing additional human resources for providing high quality comprehensive eyecare in all district of the country.
- To enhance community awareness on eye care with focus on preventive measures.
- Increase and expand research for prevention of blindness and visual impairment.
- To secure participation of Voluntary Organization /Private Practitioners in delivering eye care

Targets and achievements during last 4 Years and Current Year

Table 1: Cataract Operations

Year	Target	No. of Cataract Operations Performed
2014-15	66,00,000	64,19,933
2015-16	66,00,000	63,04,177
2016-17	66,00,000	64,81,435
2017-18	66,00,000	64,41,487
2018-19	66,00,000	54,08,684

Table 2: School Eye Screening Programme

Year	No. of Children Screened for Refractive Error	No. of Children Found with Refractive Errors	No. of free spectacles provided to school children suffering from Refractive Errors	
			Target	Achievement
2014-15	2,99,85,309	11,53,639	9,00,000	7,36,572
2015-16	34450657	1345390	900000	830620
2016-17	32779542	1148033	900000	757906
2017-18	11802231	1387593	900000	798411
2018-19	30982164	1087793	900000	663074

Table 3: Treatment/ management of other eye diseases (Diabetic Retinopathy, Glaucoma, Childhood blindness, Keratoplasty etc.)

Year	Target	Achievement
2014-15	72000	242830
2015-16	72000	312925
2016-17	72000	404677
2017-18	72000	548448
2018-19	72000	1087910

Table 4: Collection of donated Eyes for Corneal Transplantation

Year	No. of donated eye collected	
	Target	Achievement
2014-15	50000	58757
2015-16	50000	59810
2016-17	50000	65135
2017-18	50000	71711
2018-19	50000	57315

Note: The figures of physical performance for the year 2018-19 are provisional.

Best practices adopted under the programme

- To reach every nook and corner of the country to provide eye-care services, provision for setting up Multipurpose District Mobile Ophthalmic Units in the District Hospitals of States/ UTs is a new initiative under the programme.
- Provision for distribution of free spectacles to old persons suffering from presbyopia to enable them undertaking work is a new initiative under the programme. The activity needs to be expedited in the all the States.
- Emphasis on the comprehensive eye-care coverage by covering diseases other than cataract like diabetic retinopathy, glaucoma, corneal transplantation, vitreo-retinal surgery, treatment of childhood blindness including retinopathy of pre-maturity (ROP) etc. These emerging diseases need immediate attention to eliminate avoidable blindness from the Country.
- Strengthening of Tertiary Eye-Care Centres by providing funds for purchase of sophisticated modern ophthalmic equipment.
- Ensure setting up of super specialty clinics for all major eye diseases including diabetic retinopathy, glaucoma, retinopathy of prematurity etc. in state level hospitals and medical colleges all over the country.
- Linkage of tele-ophthalmology centres at PHC/Vision Centres with super specialty eye hospitals to ensure delivery of best possible diagnosis and treatment for eye diseases, especially in hilly terrains and difficult areas.
- Development of a network of eye banks and eye donation centres linked with medical colleges and RIOs to promote collection and timely utilization of donated eyes in a transparent manner.

Future Plan

- Setting up of more PHC/vision centres to broaden access of people to eye care facilities
- Financial support to NGOs for treatment of other eye diseases viz. Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness, to provide free of cost services to poor people.

- Integration of existing ophthalmic surgical/non-surgical facilities in each district, State by linking few units to next higher unit.
- Inclusion of modern ophthalmic equipment in eye care facilities to make it more versatile to meet modern day requirement.
- Upgradation of software for Management Information System for better implementation and monitoring.
- Provision for setting up multipurpose District Mobile Ophthalmic Units in District Hospitals for better coverage.

Conclusion

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases surpassing the burden of Communicable diseases. In order to prevent and control major diseases, Government of India is implement national health programme in all states across the country with the focus on strengthening infrastructure, human resources development, health promotion, early diagnosis management and referral.

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