Present Status of the National Programme for Control of Blindness in India

Dr. R. Jose

The National Programme for Control of Blindness (NPCB) was launched in 1976 as a 100% centrally sponsored scheme with the goal of reducing the prevalence of blindness from 1.4% to 0.3%. According to a survey in 2001-02, the prevalence of blindness was estimated at 1.1%. The target for the 10th Plan was to reduce this to 0.8% by 2007. A survey done in 2006-07 estimated the prevalence of blindness at 1%.

The main causes of blindness in India are as follows: - Cataract (62.60%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complications (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%) and Others (4.19%). The estimated national prevalence of childhood blindness /low vision is 0.80 per thousand.

The objectives of the NPCB are:
- To reduce the backlog of blindness through identification and treatment of 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 organizations in eye care.

The allocation of funds and the expenditure is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget Allocated (FE)</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-03</td>
<td>85.00</td>
<td>84.62</td>
</tr>
<tr>
<td>2003-04</td>
<td>86.00</td>
<td>85.62</td>
</tr>
<tr>
<td>2004-05</td>
<td>88.00</td>
<td>87.20</td>
</tr>
<tr>
<td>2005-06</td>
<td>93.32</td>
<td>92.84</td>
</tr>
<tr>
<td>2006-07</td>
<td>111.87</td>
<td>111.53</td>
</tr>
<tr>
<td>2007-08**</td>
<td>165.20</td>
<td>164.95</td>
</tr>
</tbody>
</table>

** Provisional (Surrender Rs.6.67 crore in 2007-08)

Achievements of NPCB
A) Performance of Cataract Surgery: has been steadily increasing as indicated below:

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Achievement</th>
<th>% Surgery with IOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-03</td>
<td>4000000</td>
<td>3857133</td>
<td>77</td>
</tr>
<tr>
<td>2003-04</td>
<td>4000000</td>
<td>4200138</td>
<td>83</td>
</tr>
<tr>
<td>2004-05</td>
<td>4200000</td>
<td>4513667</td>
<td>88</td>
</tr>
<tr>
<td>2005-06</td>
<td>4513000</td>
<td>4905619</td>
<td>90</td>
</tr>
<tr>
<td>2006-07</td>
<td>4500000</td>
<td>5040089</td>
<td>93</td>
</tr>
<tr>
<td>2007-08**</td>
<td>5000000</td>
<td>4068027</td>
<td>92</td>
</tr>
</tbody>
</table>

** Provisional

B) School Eye Screening Programme:

<table>
<thead>
<tr>
<th>Year</th>
<th>Teachers trained</th>
<th>Schoolchildren screened</th>
<th>Children detected with refractive errors</th>
<th>Children provided free glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-03</td>
<td>35267</td>
<td>9736805</td>
<td>506663</td>
<td>98697</td>
</tr>
<tr>
<td>2003-04</td>
<td>88317</td>
<td>19260984</td>
<td>552963</td>
<td>184305</td>
</tr>
<tr>
<td>2004-05</td>
<td>97310</td>
<td>26862932</td>
<td>572691</td>
<td>283070</td>
</tr>
<tr>
<td>2005-06</td>
<td>126163</td>
<td>29737168</td>
<td>771901</td>
<td>385403</td>
</tr>
<tr>
<td>2006-07</td>
<td>203221</td>
<td>35429289</td>
<td>963168</td>
<td>456634</td>
</tr>
<tr>
<td>2007-08**</td>
<td>136686</td>
<td>20138871</td>
<td>836292</td>
<td>298928</td>
</tr>
</tbody>
</table>

** Provisional
Collection and Utilization of donated eyes: Currently, nearly 20,000 donated eyes are collected each year in India. Hospital retrieval programmes are the main strategy for collection of donated eyes. This involves motivating the relatives of terminally ill patients, accident victims and others with grave diseases to donate eyes. 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.

E) IEC Activities: Information, Education and Communication (IEC) activities are undertaken at all levels through the Central, State and District Blindness Control Societies (DBCS). Special campaigns for mass awareness were undertaken during Eye Donation Fortnight (25th August to 8th September) and World Sight Day (2nd Thursday of October). At the Central level, prototype IEC material is produced and disseminated to the States. Guidelines and training manuals are also prepared centrally and disseminated. A quarterly newsletter has been started since July 2002.

Support to Voluntary Organizations (VOs): VOs play an important role in implementing various activities under the programme. District Blindness Control Societies (DBCS) have been established throughout the country under the Chairmanship of District Collector/Deputy Commissioner. So far, 604 DBCSs have been established. The Blindness Societies have been merged with Health Societies both at State and District level. Under the scheme a non-recurring grant for a maximum of Rs.25.00 lakhs is granted for expansion/upgradation of Eye Care Units in tribal and backward rural areas. Also Rs. 10 lakh is granted for upgradation of Eye Banks for non-recurring assistance and Rs. 1000 is provided per pair of eyes as recurring assistance. So far, 74 NGOs have been assisted under this scheme, in 2006-07 and 45 eye banks in areas where there are none (at present ophthalmic assistants are available in block level PHCs only) were established in the voluntary sector were assisted in promoting collection of donated eyes.

Special drive for cataract and other comprehensive eye care activities in the Northeastern States

With the launch of the National Rural Health Mission on 8.11.2005 at Guwahati (Assam), special drives to improve the Cataract Surgery rate and School Eye Screening Programme and other comprehensive eye care activities have been initiated in the NE States under NPCB. To make the drive a success, Eye Surgeons from reputed institutions like Dr. R.P. Centre, New Delhi, Venu Eye Hospital, New Delhi and Aravind Eye Hospital, Madurai (TN) have been deputed in the Northeast to meet the need for cataract surgery. As a result, against the target of 59,000 cataract surgeries for 2005-06, around 57141 cataract surgeries were performed in these states during 2005-06. During the year 2006-07, around 62,145 cataract surgeries were reported by these states against the target of 59,000 cataract surgeries. This is the first time in recent years that the NE states have achieved more than their annual target for cataract surgery.

Achievements

- 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 2006-07, a total 50,40,336 Cataract Surgeries were performed against the target of 45,00,000, out of which 94% Surgeries were with IOL Implantation;
- The volume of cataract surgery has steadily increased since 1993. Currently, Cataract Surgery Rate is 4500 per million populations. There has been a significant increase in proportion of cataract surgeries with IOL implantation from <9 % in 1994 to 93% in 2006-07;
- Recent surveys 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 who had poor visual outcome following cataract surgery.

Looking ahead

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, J&K, Himachal Pradesh, Uttarakanchal 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.
- 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.
- 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.
- A provision of Rs.1550 crore has been proposed for implementation of NPCB during 11th Five Year Plan.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total No. of Eyes Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>23741</td>
</tr>
<tr>
<td>2004-05</td>
<td>23553</td>
</tr>
<tr>
<td>2005-06</td>
<td>28007</td>
</tr>
<tr>
<td>2006-07</td>
<td>30007</td>
</tr>
<tr>
<td>2007-08**</td>
<td>31998*</td>
</tr>
</tbody>
</table>

** Provisional
Sadguru Netra Chikitsalaya (SNC), an eye care service provider in Chitrakoot, India, found that only 55-60% of people advised cataract surgery in their clinics actually accepted surgery. SNC therefore conducted a study to understand individual, family and community-based decision-making regarding cataract surgery.

SNC studied a representative sample of people attending outreach screening camps between April 2005 and July 2006. Semi-structured interviews using a standardized questionnaire (applied), were conducted on consenting patients with VA<6/60 in one or both the eyes due to cataract. A maximum of 15 from each camp were interviewed.

298 people (mean age 64 years, 57% men) were selected from 24 screening camps conducted in 22 villages of 5 districts, of whom 224 (75%) were blind in both eyes. Of the total sample, 74 (25%) were unable to work, 102 (34%) worked in agriculture and significantly more women (74, or 25%) worked in the home, and 16% were in other categories.

One hundred people (34%) had previously sought treatment for their eye problems. Of these 55 (55%) had been advised cataract surgery, and 30 (30%) had been advised spectacles. Thirty-one (55%) of the 55 subjects who were advised cataract surgery, had surgery. Eight (33%) of the remaining 24 subjects cited lack of personal funds, 5 (21%) stated both lack of an escort and the difficulty of traveling in the hot season, and 6 subjects (25%) other reasons.

In conclusion, social and economic barriers limit utilization of eye care services by older blind people in central India. More active eye care program interactions with communities and families are needed to facilitate wider use of available eye care services.

### Questionnaire for Cataract blind

(Interview participants — those having < 6/60 Visual Acuity due to cataract in one or both eyes)

**Name:**

**Address:**

**Vision:** RE: LE:

**Q. 1.** What kind of work do you do daily (Presently)?
   a. Taking care children
   b. Taking care home
   c. Supporting Agriculture
   d. Going work for others to earn money
   e. Can not work
   f. Others

**Q. 2.** For how long have you had poor vision?
   a. 0 – 1 year
   b. 1 – 2 years
   c. > 2 years

**Q. 3.** Are you having a problem to perform your daily work?
   (i) Yes ( ) (ii) No ( )

If yes go to Q. No 4, if no end the interview.

**Q. 4:** have you gone for treatment? Yes: ( ) No: ( )

If yes go to Q No 5, if no go to Q No 10

**Q. 5.** Where you have gone for treatment?
   a. Eye Hospital/Eye camp
   b. Private practitioner
   c. Pharmacy shop
   d. Health Post/Sub Health post
   e. Traditional Healer

**Q. 6.** If eye hospital/Eye camp, when did you visited last time?
   a. 1 – 3 months
   b. 3 – 12 months
   c. > 1 year

**Q. 7.** If you have visited eye hospital/eye camps what they advised you?
   a. Surgery
   b. Glass and medicine
   c. Referred to other place
   d. Nothing

**Q. 8.** If you are advised cataract surgery, why you have not accepted surgery?
   a. Not having money
   b. Not having escort
   c. Seeing the bad result of other people
   d. Operation fear
   e. Against with God
   f. Very hot season
   g. Other (Please specify)

**Q. 9.** Which month do you feel is appropriate for performing eye surgery
   Summer ( ) Winter ( ) Any season ( )

**Q. 10.** Why you have not gone for treatment?
   a. Not having knowledge/not getting information where to go
   b. Not getting family support for the treatment
   c. Geographical distance
   d. Not having money
   e. Not willing for treatment
   f. Other

**Q. 11.** How did you come to know about Sadguru Netra Chikitsalaya?
   a. Famous eye hospital
   b. Villagers
   c. One of my family member had undergone successful eye operation
   d. Eye camp
   e. Don’t know
   f. Others

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**The population perspective on cataract surgery in Central India- A brief abstract**

Anand Sudhan, Sadguru Netra Chikitsalaya, Shri Sadguru Seva Sangh Trust, Jankikund, Satna District, Chitrakoot, Madhya Pradesh

email: anand_sudhan@rediffmail.com
**VISION 2020: The Right to Sight - India – Activities**

*(January – March 2008)*

The Board identified six strategic thrust areas (Advocacy, Policy and Program development, Quality in Eye Care, Resource Mobilization, Resource Centre and Organizational Development) and constituted working groups to pursuing this as the main activities of VISION 2020: the Right to Sight - India.

<table>
<thead>
<tr>
<th>Strategic Areas</th>
<th>Team Leader</th>
<th>Board Coordinator</th>
<th>Other Team Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy</td>
<td>Dr GN Rao</td>
<td>Ms. Tanuja Joshi</td>
<td>Dr Bhushan Punani, Dr S Natarajan</td>
</tr>
<tr>
<td>2. Policy and Program Development</td>
<td>Dr Chandrashekhar Shetty</td>
<td>Ms. Elizabeth Kurlan</td>
<td>Dr Pararajasegaran, Col (Dr) M Deshpande, Dr BR Shamanna</td>
</tr>
<tr>
<td>3. Quality in Eye Care</td>
<td>Dr Nelson Jesudason</td>
<td>Dr Sara Varughese</td>
<td>Dr Ashok Rangarajan, Mr. R. Krishna Kumar, Dr M. Srinivas</td>
</tr>
<tr>
<td>4. Resource Mobilization</td>
<td>Mr NP Pandya</td>
<td></td>
<td>Mr Veera Rao, Mrs K. Manimala, Smt. Hema Malini</td>
</tr>
<tr>
<td>5. Resource Centre</td>
<td>Dr Asim Sil</td>
<td></td>
<td>Dr GVS Murthy, Dr AK Grover, Dr S Ghose, Mr. Kirubanithi, Dr TP Das</td>
</tr>
<tr>
<td>6. Organizational Development</td>
<td>Dr GV Rao, Mrs Lalitha Raghuram</td>
<td></td>
<td>Dr Rajesh Noah</td>
</tr>
</tbody>
</table>

The website (www.vision2020india.org) was updated and the membership database currently has 65 founding, institutional, associate and industry members from all states in India.

The Annual General Body Meeting and Elections is scheduled for July 10th and 11th at Jodhpur. As per the MOA of our Organization, only active member institutions, i.e., institutions that have paid their annual subscriptions will be eligible to contest elections and vote.

**Activities planned for the next quarter:**

Vision 2020 India is working with:
- the LCIF to have a workshop on May 19th for the NGOS, INGOS and Govt. Officials looking after Blindness Prevention activities in Eastern India.
- the NPCB Team is to conduct a 2 day workshop in June to review the (1) Guidelines for the District Blindness Control Society and (2) The Scheme for Participation of Voluntary Organizations.

**New Executive Director of VISION 2020: the Right to Sight – India**

Dr. Rajesh Noah is the new executive director of VISION 2020: The Right to Sight India. Rajesh took over charge from 1st February, 2008. He is a medical doctor with training in Public Health and has been working in this field for more than 20 years in organizations such as Plan International, Christian Medical Association of India (CMAI), Urban Health Resource Centre (UHRC), Danida and Aga Khan Health Services (AKHS).

His rich experience in the development sector supplemented with program management skills will provide further impetus to the programmatic initiatives and provide the desired momentum to the growth of this national forum.

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**L V Prasad Eye Institute**

Calling practising ophthalmologists


Prerequisite: Should already be proficient in performing extracapsular cataract extraction (ECCE).

No. of slots: 2 per month

MSICS training of one month with a fee of Rs 25,000/-. Candidates who are interested in gaining additional training (with more cases) can be posted in one of our satellite centres for an extra month at a fee of Rs 15,000.

Shared accommodation is the part of the package however food and other expenses are separate.

Registration: On a first-come, first-served basis.

Sponsored candidates should submit applications through the organization concerned.

For more details, write to

The Education Centre
L V Prasad Eye Institute
L V Prasad Marg, Banjara Hills
Hyderabad 500 034, India
email: education@lvpei.org
website: www.lvpei.org

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**Supported by:**