

National Programme for Control of Blindness

National Programme for Control of Blindness was launched in the year 1976 as a 100% Centrally Sponsored scheme with the goal to reduce the prevalence of blindness from 1.4% to 0.3%. As per Survey in 2001-02, prevalence of blindness is estimated to be 1.1%. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07). Various activities/initiatives undertaken during the Five Year Plans under NPCB are targeted towards achieving the goal of reducing the prevalence of blindness to 0.3% by the year 2020

Goals & Objectives of NPCB in the XII Plan

Goals

- To reduce the prevalence of blindness (1.49% in 1986-89) to less than 0.3%
- 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 reduce the backlog of blindness through identification and treatment of blind at primary, secondary and tertiary levels based on assessment of the overall burden of visual impairment in the country.
2. Develop and strengthen the strategy of NPCB for "Eye Health" and prevention of visual impairment; through provision of comprehensive eye care services and quality service delivery.
3. Strengthening and up gradation of RIOS to become centre of excellence in various sub-specialties of ophthalmology
4. Strengthening the existing and developing additional human resources and infrastructure facilities for providing high quality comprehensive Eye Care in all Districts of the country;
5. To enhance community awareness on eye care and lay stress on preventive measures;
6. Increase and expand research for prevention of blindness and visual impairment
7. To secure participation of Voluntary Organizations/Private Practitioners in Eye Care.

Strategies to achieve the objectives

1. Decentralized implementation of the scheme through District Health Societies (NPCB)
2. Reduction in the backlog of blind persons by active screening of population above 50 years, organising screening eye camps and transporting operable cases to eye care facilities
3. Development of eye care services and improvement in quality of eye care by training of personnel, supply of high-tech ophthalmic equipment, strengthening follow up services and regular monitoring of services;
4. Screening of school age group (Primary & Secondary) children for identification and treatment of Refractive Errors, with special attention in under-served areas;
5. Public awareness about prevention and timely treatment of eye ailments;
6. Special focus on illiterate women in rural areas. For this purpose, there should be convergence with various ongoing schemes for development of women and children;
7. To make eye care comprehensive, besides cataract surgery, provision of assistance for other eye diseases like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc.;
8. Construction of dedicated Eye Wards and Eye OTs in District Hospitals in NE States and few other States as per need;
9. Development of Mobile Ophthalmic Units [renamed as Multipurpose District Mobile Ophthalmic Units (MDMOU)] in the district level for patient screening & transportation of patients;
10. Continuing emphasis on Primary Healthcare (eye care) by establishing Vision centers in all PHCs with a PMOA in position.
11. Participation of community and Panchayat Raj institutions in organizing services in rural areas;
12. Involvement of Private Practitioners in the programme.

Main causes of blindness

1. Cataract (62.6%)
2. Refractive Error (19.70%)

3. Corneal Blindness (0.90%)
4. Glaucoma (5.80%)
5. Surgical Complication (1.20%)
6. Posterior Capsular Opacification (0.90%)
7. Posterior Segment Disorder (4.70%)
8. Others (4.19%)
9. Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand.