NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS
(1) **INTRODUCTION**

State Blindness Control Society has been formed on 29th April, 2002 and there is proposal to upgrade all District Hospitals, where modern eye operation facilities will be provided. There is also proposal to get some Eye Surgeons, PMOAs and Eye Donation Counsellor trained in Modern Eye Operation Technique.

There are 12 million blind persons in the country. Out of these 1% is due to corneal blindness including 2,70,000 childhood blindness cases. According to estimate there is addition of 25,000 to 30,000 corneal blindness cases every year in the country. The management of corneal blind cases is possible only with a surgical procedure called keratoplasty wherein donor cornea is transplanted to the diseased individual. Corneal is a natural product which can be harvested from a human being within 6 hours of death.

At a national level approx. 42,000 corneas were collected out of which 247 was collected in the Punjab against the target of 600 in the year 2008-09.

Till few years ago, National Programme for Control of Blindness (NPCB) was cataract centric programme however currently it is funding for management of Diabetic Retinopathy {DR}, Glaucoma, Ocular Trauma, Childhood Blindness, Keratoplasty, Squint, Low Vision, Retinopathy of Prematurity {ROP} in addition to ongoing schemes through successful Public Private Partnership.

1 % of population of Punjab is suffering from blindness and out of it about 0.8% is due to Cataract. Our major focus is to reduce Cataract prevalence by bringing down the level of blindness form 1.3% to 0.3%. Target to NPCB are given by GOI by their own data collection and accordingly the target allotted to State of Punjab are further divided amongst the District according to their population.

Total Population(2001 census) approx. : 2.43
Approx. 1% of the Population is presumed blindness : 2.40
Approx. 0.8% of population is presumed Cataract : 1.80

Grant in Aid

The NPCB is funded by GOI. The funds will be released by the GOI to State Blindness Control Society (or State Health & Family Welfare Society) Punjab. The funds will be released by GOI based on the Annual Action Plan submitted. GOI will release funds in two equal installment in a financial year, first installment will be I equivalent to 50% of the Plan budget. The second installment will however be released on basis of progress made an expenditure incurred during the financial year. The funds provided to State Health Society will be distributed to District Health Society as per requirement and district plan of action.

Procurement of Goods

The DBCS is submitted to procure consumable including the Drugs, Medical and instruments required for ophthalmic surgery in Govt. facilities which have been notified as based hospital for eye care services.

Objectives of NPCB

1. To identify the children and adolescents admitted in blind schools with possibility of sight restoration.
2. To provide to identified curable blind, best possible treatment available in the district/Region.
3. To set up the Mechanism for referral co-ordination and feedback between organizations dedicated to prevention, treatment and rehabilitation or blind.

Organizational Structure : For effective coordination and convergence following structure is proposed at various levels under the scheme:

(a) Centre Level

A Central Coordination Committee may be constituted with members
from DGHS, Ministry of Health and Family Welfare, Ministry of Social Welfare and Employment and Subject Experts. This committee would evolve scheme, finalize plans and monitor implementation of the scheme.

(b) **State Level**

State Ophthalmic Board consisting of Eye Specialist may be constituted for detailed eye examination of the blind referred by District Ophthalmic Boards to assess feasibility of treatment and sight restoration.

(c) **District Level**

District Ophthalmic Board consisting of Eye Specialists may be constituted to examine children and adolescents admitted to blind schools. Members of the board should include ophthalmic surgeons specializing in pediatric ophthalmology retina and cornea. In case such specialists are not available in the district, such boards may be constituted at divisional/regional level.

**Activities**

1. Annual Eye check up of all incumbents of blind schools covering the visual acuity, fundus examinations and other appreciate advance test required to assess chances of visual restoration.

2. Eye check up of applicants who desire to seek admission in a blind school and issue of certificate of incurable blindness recommending admission to a blind school. No person would be admitted to blind school without this certificate.

3. Follow up of treated cases as per recommendation of ophthalmic board.

4. Rehabilitation of incurable blind would be as per scheme of department of social welfare.

5. Low vision Aids to screen all school going children for refractive errors and provide spectacles free of cost.

6. Eye check up of the incumbents of blind schools including special investigation.

7. 100 percent achievement of Cataract operation of which 90% will be IOL
and 10% for simple cataract surgery 2009-10.

Financial Assistance

District Blindness Control Society would be empowered to use GOI grant released under NPCB to meet expenses on the following:

1. Eye Check up of incumbents of blind school including special investigations;
2. Medical and/or surgical treatment of referred cases including medicine prescribed after treatment/surgery.
3. Low vision Aids and/or spectacles prescribed.
4. TA/DA to members of the Board for travel relating to the scheme.

Focus in 2009-10

1. Eye collection centres to be established in all the districts of the State.
2. To achieve 100% target of cataract operations.
3. To provide following eye equipments at Sub Divisional Hospitals for effective eye care services:
   Slit Lamp, A-scan, operating Microscope, Keratometer, vision drum (Distant and near) Trial Frame, Trial Set and Phaco Emulsification.
4. Strengthening of Vision Centers in all districts of the State.

Target for the 10th Plan

During the 10th Plan the scheme would consolidate gains in controlling cataract blindness and also initiate activities to prevent and control blindness due to other causes particularly in children and the aged. This would be done by further increasing cataract surgery rates, increasing coverage, developing infrastructure and human resources for other causes of blindness and involvement of community including Panchayats and voluntary organizations.

The scheme would be uniformly implemented throughout the country. Funds available under the scheme would be utilized on the following activities.

a) Performing 2.11 crore cataract operations with more than 80% being
IOL implantation.

b) Screening of school children for detection of refractive errors and providing 3.1 lakh free spectacles to poor children.

c) Collection of 1.75 lakh donated eyes (after death) for transplantation in persons with corneal blindness.

d) Training of 1200 eye surgeons in modern cataract surgery and other specialized procedures.

e) Enhancing capacities for eye care services in public sector by providing assistance to hospitals at various levels.

f) Setting up 2000 vision centres in rural areas at Primary Health Centres and NGO facilities for providing basic services to rural population.

g) Developing network of 25 eye banks and eye donation centres to facilitate collection and processing of donated eyes.

h) Providing non-recurring assistance to 50 voluntary organizations for strengthening/expanding eye care services for rural population.

(2) STATUS

Proposed pattern of assistants and strategy for 11th plan

1. Targets allotted of catops for the year 2009-10 to Punjab State is 1,80,000 out of which 90% IOL is to be achieved.

2. To improve the quantity and quality of Cataract Surgery by using Phaco Emulsification Technique it is proposed that these machines should be supplied to all the districts of the State.

3. Funds should be made available for screenings treatment of patients who suffer from other ailments like Diabetic and Hypertensive Retinopathy an Glaucoma after the age of 35 years.

4. Development of Pediatric Ophthalmology units in training Centers.

5. IOL should be made available for the poor patients who undergo Cataract Surgery in the routine list and these patients should be given money for getting Cataract Surgery done.
6. Laser surgery should be given for all macular degeneration cases for geriatric group of patients.

7. A Scan Apparatus for all districts eye mobile units.

8. Providing basic refraction services at PHC/CHC level by trained ophthalmic assistants.

9. Development of safe Eye Banks, Net working of Eye Donations and Training Centres at each district level hospitals, for promoting eye donation work.

10. Integration of Primary Eye Care by Ophthalmic Officers and Para Medical Staff and Trained NGOs and School Teachers in Rural Areas, Remote Areas and Outreach Areas.

11. Promoting Eye Care facility in Rural Areas and underserved population by showing films, charts and by other various means of 1EC activity.

12. Under NPCB during 11\textsuperscript{th} Five year plan one Regional Institute of Ophthalmology is to be established. The proposal from Medical College, Amritsar has been received to declare their ophthalmology department as Regional Institute of Ophthalmology. The same has been submitted for orders to authorities for further submission to GOI send the proposal to GOI.

13. Non-recurring commodity assistance upto Rs. 3 lakhs for ophthalmic equipments for IOL Surgery to Sub-Distt. Hospital.

**Strengthening of Medical Colleges**

Non-recurring commodity assistance upto Rs. 40 lacs for providing ophthalmic equipments as commodity assistance for development of paediatric eye units/ low vision units/retina units. List of equipments is as under:

1. Operating Microscope with Assistant scope & Cornea attachments.
2. A-scan Biometer
3. Keratometer
4. Slit Lamp
5. Yag Laser
6. Applanation Tonometer
7. Auto Refractometer
8. Vitrectomy Unit complete with endolaser photocoagulator
9. Flash Autoclave
10. Automated Perimeter with field analyser
11. Phacoemulsifier
12. Double Frequency Yag Laser/Argon Green Laser
13. Fundus Fluoresce in Angiography
14. Streak Retinoscope
15. Tonometer (Schiotz)
16. Director Ophthalmoscope

**Strengthening of District Hospital**

Non-recurring commodity assistance upto Rs. 20 lacs for Ophthalmic Equipments for IOL Surgery. List of Equipment is as under:
1. Operating Microscope
2. A-scan Biometer
3. Keratometer
4. Slit Lamp
5. Yag Laser
6. Applanation Tonometer
7. Auto Refractometer
8. Flash Autoclave
9. Streak Retinoscope
10. Tonometers (Schiotz)
11. Direct ophthalmoscope

**Degradation of Sub-distt. Hospital**

Non-recurring commodity assistance upto Rs.5 lacs for ophthalmic equipments for IOL Surgery. List of equipment is under:
1. Operating Microscope
2. A-scan Biometer
3. Keratometer
4. Slit Lamp
5. Auto Refractometer
6. Flash Autoclave
7. Streak Retinoscope
8. Tonometers (Schiotz)
9. Direct ophthalmoscope

**District Mobile unit**

Staff available under Mobile Unit to be re-deployed against vacant posts. Vehicle available for Mobile Units will be allotted to District Blindness Control Society for conducting screening camps/surgical eye camps in underserved areas.

**Vision Centres at PHCs/ in Vol. Sector**

Non-recurring assistance upto Rs. 50,000 for basic equipments, furniture and fixtures, GIA to DECS would be used for Vision Centres at PHCs. For Voluntary Sector, assistance would be provided as GIA. Details are as under-

1. Tonometer (Schiotz)
2. Director Ophthalmoscope
3. Illuminated Vision Testing Drum
4. Trial Lens Sets with Trial Frames
5. Snellen & Near Vision Charts
6. Battery Operated Torch (2)
7. Furnishing & Fixtures

(3) **FINANCIAL & PHYSICAL STATUS**

District wise details of Financial & Physical are attached as Annexure 'I' & 'II'.

**Performance of various Target given under this programme:**
<table>
<thead>
<tr>
<th>Eye Care Services</th>
<th>Target 2009-10</th>
<th>Proportionate Target till Sept. 09</th>
<th>Proportionate Performance till Sept. 09</th>
<th>% age as per Proportionate Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract</td>
<td>1,80,000</td>
<td>90,000</td>
<td>60,081</td>
<td>66.8</td>
</tr>
<tr>
<td>IOL Implantation</td>
<td>1,62,000</td>
<td>81,000</td>
<td>54,596</td>
<td>67.4</td>
</tr>
<tr>
<td>School Children Screened</td>
<td>3,50,000</td>
<td>1,75,000</td>
<td>2,65,825</td>
<td>151.9</td>
</tr>
<tr>
<td>Refractive Errors</td>
<td>21,000</td>
<td>10,500</td>
<td>15,716</td>
<td>149.7</td>
</tr>
<tr>
<td>Spects Distributed</td>
<td>6,300</td>
<td>3,150</td>
<td>4,747</td>
<td>150.7</td>
</tr>
<tr>
<td>Teacher Trained</td>
<td>4,000</td>
<td>2,000</td>
<td>3,440</td>
<td>172.0</td>
</tr>
<tr>
<td>Eye Donation</td>
<td>800</td>
<td>400</td>
<td>145</td>
<td>36.3</td>
</tr>
</tbody>
</table>

(4) ACTION PLAN

1. To improve the quantity and quality of Cataract Surgery by using Phaco Emulsification Technique (PET). By Screening School children & free spectacles will be provided to the poor & needy childrens from the funds provided by GOI.

2. As Utilization Certificate is required by GOI for further release of GIA it is informed to all the Civil Surgeons and 3 Medical Colleges to submit the upto date audited accounts, UCs.

3. IEC activities under NPCB need to be done regularly on first priority basis in all the districts, for better eye care services. To promoting the programme by involving TV channel & cable operators and use of print media as well as display of boards and banners on specific locations.

4. Rs. 45.00 lakh were released by the GOI during the year 2008-09 for purchase of 5 Yag Lasers and Basic ophthalmic equipments for 20 Vision Centres. The tenders were floated for purchase of these equipments which are on final stage. Only purchase of Yag laser could be done due to paucity of funds.

5. Rs. 4 lacs is provided by the GOI for the recruitment of Ophthalmic Assistant @ Rs. 8,000 PM.

6. To upgrade the sub divisional hospital and District Hospital as per
7. To train School Teacher preferable Science teacher under the activity of school eye screening District Education Officer has given the list of schools and number of their teachers. The total teachers are divided in batch and training is given at District level by the District Programme officer (Blindness). Honorarium is given to the trainer as per guidelines of GOI. The Chart, inches-tape, strong cotton thread, performa & refreshment are given to the teachers by DBCS. Similarly, same training is given to MPHWs.

8. Recurring GIA to District Health Society for NGOs for performing free cataract operation and other Intra-ocular Surgeries determined by following table:-

<table>
<thead>
<tr>
<th></th>
<th>ECCE/IOL</th>
<th>SICS/PHACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drugs and consumable</td>
<td>200</td>
<td>200</td>
</tr>
<tr>
<td>2. Sutures</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>3. Spectacles</td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>4. Transport/POL</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>5. Organization &amp; Publicity</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>6. IOL, Viscoelastics &amp; additional Consumables</td>
<td>200</td>
<td>250</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>750</strong></td>
<td><strong>750</strong></td>
</tr>
</tbody>
</table>

Grant-in-Aid for NGOs for management of other Eye Disease (other than Cataract) like Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness etc. is Rs. 1000 per case.

(5) PROBLEMS

- GOI has raised the objection whether the prior permission was obtained before taking the funds from NRHM for purchase of Ophthalmic Equipments to the tune of Rs. 3.50 during the year 2001-02. Further unspent balance out of it has been credited to NPCB Programme resulting more banners and close of Financial year. GOI has further decreased the release of funds.

- NRHM placed the funds with Punjab Health System Corporation to the
tune of Rs. 3.50 crores for the purchase of Ophthalmic Equipments under NPCB programme during the year 2007-08. On this purchase only Rs. 2,25,21,600 could be utilized so far as per audit report got conducted by NRHM during the year 2008-09 and balance of amount Rs. 1,24,78,400 has been shown unspent under the programme by which unspent balance of the programme has increased due to which GOI keeping in view the unspent balance further reduced the released of funds.

- The expenditure reports from the districts are not being sent correctly and on prescribed performa as per activity-wise.

- The funds released by GOI for Principal Medical College Patiala and Amritsar have not been utilized by them resulting the funds ear-marked for Principal Medical Colleges are not being further released by GOI as per PIP. Principal Medical Colleges be asked to utilize the funds immediately so that further grant for these institutions be got released from GOI.

- As per conditions of releasing of Grant in Aid by GOI during the year 2008-09 there was a condition of furnishing duly audited expenditure Financial report and U.C of the State Society by 30th June 2009. Now the audited is being got conducted by NRHM for the entire programme and audited report of the year could be completed by 31.03.2010 of this year. As a result GOI released the Grant in Aid for the year 2009-10 on dated 9.10.09 which is deposited in ICICI Bank on dated 4.11.09.