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Editorial Assistance: Dr Rohit Khanna, Dr Usha Raman, Mr Sam Balasundaram, Ms Sarika Jain Antony

National Programme for Control of Blindess (NPCB) in the Eleventh (11th) Five-year Plan Period

Dr (Mrs) R Jose; Dr AS Rathore, MD; Dr V Rajshekhar, MS, DADG (O); Dr Sandeep Sachdeva, MD –
Ministry of Health and Family Welfare, Government of India, New Delhi.

The Registrar General of India has estimated India's population at 1095.7 million (2005), with a projected increase to 1254.0 million in 2015. The proportion of children in the age group of 0 to 15 years and the elderly (60 years and above) is expected to constitute 33.5% & 7.2% of the total population respectively.[1] At the same time, the infant mortality rate per thousand live births has declined from 74 (1995) to 57 (2007),[2] which implies that a larger proportion of babies born premature and/or with low birth weight have been saved due to advances in the neonatal and child care services in the country. However, in the context of eye care programmes, these children are at a greater risk of developing refractive errors such as high myopia, myopic astigmatism, anisometropic amblyopia, strabismus, and retinopathy of prematurity (ROP).[3]

On the other end of the age spectrum, increased life expectancy led to a sharp increase in the number of elderly persons between 1991 and 2001. This is projected to rise to about 324 million by 2050.[4] These people are prone to develop cataract and other age-related ocular morbidity problems. Emerging eye issues like diabetic retinopathy, glaucoma, low vision, and childhood blindness need focussed attention and multipronged solutions. In addition, all age groups and specific categories of the workforce are vulnerable to ocular trauma. Ocular morbidity hampers performance at school; reduces employability and productivity and, in general, impairs the quality of life, which has a direct bearing on the economic health of the nation as well in terms of Gross Domestic Product (GDP). There is a huge unmet need for eye care throughout the world; this is increasingly being recognized as a vital component of the total health care delivery system.

The National Programme for Control of Blindness (NPCB) was launched by the Government of India, Ministry of Health and Family Welfare, in the year 1976 as a 100% centrally sponsored scheme/programme with the goal of reducing the prevalence of blindness from 1.49% to 0.3% by the year 2000 – this was later revised to the year 2020 in conjunction with VISION 2020: The Right to Sight initiative. Great strides have been made in the country with the involvement of multiple stakeholders and partners in the government and non-governmental sector. A rapid survey on avoidable blindness under the NPCB during 2006-07 showed a reduction in the prevalence to 1.0%; currently, the programme implementation is subsumed under the umbrella programme National Rural Health Mission (NRHM) so that it can be aligned with the administrative structure ensuring greater reach and effectiveness.

The Cabinet Committee on Economic Affairs (CCEA), the highest body constituted by the Parliament of India, has endorsed and approved a budget of INR 12,500 (twelve thousand and five hundred) million for the XI five-year (2007-12) plan period. The enhanced funding and financial allocation to the tune of nearly two-thirds of the previous plan period is indicative of the high political commitment accorded to blindness control activities in the country. With the federal nature of the Indian Constitution, the States are largely independent in matters relating to health delivery. The Central Government's responsibility consists mainly of policy making, planning, funding, guiding, assisting, evaluating and coordinating the work of State health ministries so that health services cover every part of the country and no State lags behind for want of these services. The NPCB is striving to enhance the capacity of health institutions, health personnel and the community at all levels to address issues under the programme. In the approved XI five-year plan period, schemes with existing/enhanced financial allocation are being implemented along with new initiatives to reduce blindness.

Capacity building of human resources

Health personnel play a key role in the implementation of any health programme including NPCB. High knowledge and awareness levels, a positive attitude and appropriate skills enable delivery of quality service, including proper content and coverage. Re-orientation training of government ophthalmic surgeons, medical officers, paramedical ophthalmic assistants, ophthalmic nursing, schoolteachers and other general health care staff, including community link workers is going on under the NPCB. Re-orientation training of eye surgeons in the public sector is coordinated by GOI in consultation with State authorities. Financial support for training eye surgeons will be extended upto a maximum of Rs 70,000 (seventy thousand) in an ophthalmology subspecialty through identified government and NGOs. The salary component of the regular staff is borne by State/UTs. However, one of the deficiencies

Salient features of XI five-year plan period

Sl No.	Component	Pattern of assistance under NPCB
1.	Strengthening/Setting up of Regional Institutes of Ophthalmology (RIO)	Non-recurring assistance upto Rs. 60 (sixty) lakhs for new RIOs and Rs. 40 (forty) lakhs for existing RIOs to provide ophthalmic equipment for developing pediatric/low vision/retina units, IOL surgery and other subspecialties, teaching and training infrastructure, including audio-visual aids
2.	Strengthening of medical colleges	Non-recurring assistance upto Rs. 40 (forty) lakhs for ophthalmic equipment as commodity assistance as above
3.	Strengthening of district hospitals	Non-recurring assistance upto Rs. 20 (twenty) lakhs for ophthalmic equipment for IOL surgery, SICS, phacoemulsification and glaucoma management
4.	Upgradation of sub-district hospitals/CHCs	Non-recurring assistance upto Rs. 5 (five) lakh for ophthalmic equipment for IOL surgery, SICS, IOL, sutures, etc
5.	Mobile ophthalmic units with tele-ophthalmic networks	Non-recurring assistance upto Rs. 60 (sixty) lakh for development of mobile ophthalmic units with tele-ophthalmic network and few fixed models
6.	Vision Centres at the level of PHCs in government/voluntary sector	Non-recurring assistance upto Rs. 50,000 (fifty thousand) for basic equipment, furniture and fixtures, etc
7.	Support to eye banks in government/voluntary sector	Non-recurring assistance upto Rs. 15 (fifteen) lakh for equipment and furnishing towards strengthening/developing eye banks Recurring assistance upto Rs 1,500 (one thousand and five hundred) per pair of eyes towards honorarium for eye bank staff, consumables including preservation material and media, transportation/IPOL, training on eye banking, etc
8	Support to eye donation centres	Non-recurring assistance upto Rs. 1 (one) lakh for strengthening/developing eye donation centres Recurring assistance upto Rs. 1,000 (one thousand) per pair of eyes without duplication of financial assistance
9	Grant-In-Aid for free cataract operations	Recurring assistance of Rs. 750 (seven hundred and fifty) for performing free cataract operation including drugs, consumables, IOL, spectacles, publicity, transportation, etc
10	Grant-In-Aid for management of eye diseases other than cataract	Recurring assistance for NGOs for management of eye diseases (other than cataract) like diabetic retinopathy, glaucoma management, laser technique, corneal transplantation, vitreo-retinal surgery; treatment of childhood blindness is Rs. 1,000 (one thousand) per case
11	Grant-In-Aid for strengthening expansion of eye care units	Non-recurring assistance to NGOs upto Rs. 30 (thirty) lakh on a 1:1 sharing basis for strengthening/expansion of eye care units in rural/tribal areas
12	Construction of dedicated eye wards and eye OTs	Non-recurring assistance upto Rs. 75 (seventy-five) lakh for construction of dedicated eye wards and eye OTs in NE/developing States
13	Maintenance of ophthalmic equipments	Non-recurring assistance upto Rs. 5 (five) lakh per unit for maintenance of ophthalmic equipment supplied to public sector health facilities

noticed was inadequate availability of human resources in the health sector for providing eye care services in a satisfactory and competent manner. Therefore, in the XI plan, a provision of approximately 250 (two hundred & fifty) ophthalmic surgeons, 425 (four hundred & twenty-five) ophthalmic assistants and 150 (one hundred & fifty) eye donation counselors has been earmarked for States/UTs, keeping in mind the local needs. The recurring financial assistance of the above contractual staff will be borne by the GOI for the duration of the XI five-year plan period only.

Capacity building of community level structures

It would be right to conclude that simultaneous measures are being taken for enhancing the capacity of the community for eye care. Various activities and initiatives are being undertaken to improve community awareness on eye care. One of the areas being strengthened with greater vigor and strategic approach is eye donation and eye banking in the country. The VISION 2020: India team has been requested to sensitize people and involve spiritual/religious leaders in advocacy and communication regarding eye donation. In addition, the responsiveness of institutional and health personnel is also being addressed. Under NPCB, community link workers like anganwadi workers and Accredited Social Health Activists (ASHA) are being provided an incentive of Rs 175 (one hundred and seventy-five) for advocacy and social mobilization. The plan is to involve social/developmental NGOs not currently associated with the programme but working with the community. These non-ophthalmic NGOs will be involved to broaden the base for advocacy, communication and social mobilization through a collaborative approach and partnership. NPCB, through its partners in the government and non-governmental sector, is hopeful of reducing blindness in the country, in line with the goals of the VISION 2020: Right to Sight initiative.

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