**NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCB&VI)**

**Introduction**

Blindness is a major public health problem in India with an estimated 12 million blind persons in the country. To tackle this problem, National Programme for Control of Blindness and Visual Impairment (NPCB&VI) was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in all states and 90:10 in NE States) with the goal of reducing the prevalence of blindness from 1.4% (1974) to 0.3% by the year 2020 by developing eye care infrastructure, human resources, improving accessibility quality of eye care services.  Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from1.1% (2001-02) to 1.0% (2006-07).

**Prevalence rate of blindness and targets**

·         Prevalence of Blindness - 1.1%. (Survey 2001-02).

·         Prevalence of Blindness - 1.0 %. (Survey 2006-07).

·         Current Survey (2015-18) in progress. The projected rate

 of prevalence of blindness is 0.45%.

·         Prevalence of Blindness reduced to - 0.36% (as per the national survey 2015-19) from 1% (2006-07).

**Main Causes of blindness**

Cataract (66.2%) Refractive Error (19.70%) Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) 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, based on assessment of the overall burden of visual impairment in the country;
* Develop and strengthen the strategy of NPCB 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 Eye Care  in all Districts of the country;
* To enhance  community awareness on eye care and lay stress on preventive measures;
* Increase and expand research for prevention of blindness and visual impairment;
* To secure participation of Voluntary Organizations/Private Practitioners in delivering eye Care

**Due to implementation of long period of Pandemic Lockdown nationwide and earmarked of all units of Sate and district hospitals as COVID dedicated unit/ward less or marginal numbers of eye operation and treatment and NPCB activities were able to performed.**

**1. PHYSICAL ACHIEVEMENT DURING FINANCIAL YEAR 2020-21**

1. **Cataract Operation With I.O.L Implantation**

Cataract is the dominant cause of blindness as it accounts for nearly two third of blind population. The purpose of cataract surgery is to restore vision of the affected person through provision of package of services that can enable the person to gain sight and return to his normal working as before. **Cataract surgery** is the removal of the natural [lens](https://en.wikipedia.org/wiki/Lens_%28anatomy%29) of the [eye](https://en.wikipedia.org/wiki/Human_eye) (also called "crystalline lens") that has developed an pacification, which is referred to as a [cataract](https://en.wikipedia.org/wiki/Cataract). Metabolic changes of the crystalline lens fibers over time lead to the development of the cataract and loss of transparency, causing impairment or loss of [vision](https://en.wikipedia.org/wiki/Visual_perception). In addition to these age-related changes, infants may be born with congenital cataracts. Direct ocular trauma and some medications, specifically the long term use of steroids, may also result in cataract formation. Long term exposure to infrared light and microwave radiation may also lead to cataract formation. Many peoples' first symptoms are strong glare from lights and small light sources at night, along with reduced acuity at low light levels. During cataract surgery, a patient's cloudy natural cataract lens is removed and replaced with a synthetic lens to restore the lens's transparency.

 **TARGET – 800**

**PERFORMANCE ON CATARACT OPERATION**

**LAST 5 YEARS IN SIKKIM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year**  | **GOI Target**  | **STNM** | **East** | **West** | **North** | **South** | **CRH** | **Pvt. Surgical Clinic** | **Total Achvt.**  |
| 2017 – 18 | **800**  | 227  | 148 | 0 | 0 | 47 | 266 (including camp) |  | **688** |
| 2018 – 19 | 220  | 124 | 20 | 0 | 21 | 24 | 194 | **603** |
| 2019 – 20 | 497(including cat. Camp)  | 105 | 26 | 0 | 75 | 14 | 0 | **717** |
| 2020 – 21  | 65  | 18 | 31 | 0 | 0 | 32 | 0 | **146** |
| 2021-2022 (till 31 Aug.) | 57  | 14 | 11 | 0 | 12 | 16 | 0 | **110** |

1. **SCHOOL EYE SCREENING (SES)**

Childhood Blindness is also an important major problem with estimated 2.7 lakh blind children. Large number of disability years for every blind child has social and economic implications. It is estimated that nearly 50% of blind children should be suffering from preventable or curable blindness due to cataract, corneal opacity and retinal disorders. Efforts are being made to identify underlying cause of blindness, assess chances of sight restoration and provide best possible treatment to the affected population. National Programme for Control of Blindness is taking up activity to identify and manage curable blindness in children as a priority intervention.

Persons, especially children suffering from incurable blindness need to be rehabilitated. Under NPCB & VI Screening of school age group children for identification and treatment of Refractive Errors, with special attention in under-served areas is on primary level.

**PERFORMANCE ON SCHOOL EYE SCREENING**

**LAST 5 YEARS IN SIKKIM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Year**  | **No. of School going children** |  |
| **Teacher Trained** | **Children Screened** | **Detected with Refractive Errors** | **Provided Free Glasses** |  |
| **Target** | **Achieve-ment** | **Target** | **Achieve-ment** | **Target** | **Old person**  | **School Children**  |
| 1 | 2017 – 2018  | 26  |  | 20942  | Nil  | 880  |  | Nil  | Nil  |
| 2 | 2018 – 2019  | 19  |  | 20785  | Nil  | 1353  |  | Nil  | Nil  |
| 3 | 2019 – 2020  | 0  |  | 20318  | Nil  | 1227  |  | Nil  | Nil  |
| 4 | 2020 – 2021  | 11  |  | 1446  | Nil  | 138  |  | Nil  | Nil  |
| 5 | 2021 – 2022  |  | 3500  |  | Nil  | Nil  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. **Treatment/ Management of Other Eye Diseases.**

Refractive errors, childhood blindness, glaucoma, diabetic retinopathy, low vision, ocular injury, age-related macular degeneration, Retinopathy of Prematurity [ROP] and corneal blindness are other important causes of blindness. Some eye diseases don’t present with any early symptoms and the patient will not notice any change in the appearance of their eyes or with their vision until the disease has progressed, so it is recommend that a patient protect their vision with regular eye assessments at their local optician or [eye hospital](https://www.optegra.com/hospitals-and-clinics), because early treatment is the best way to prevent long-term problems.
But if a patient is experiencing problems and wondering whether he/she might be suffering from an eye disease or eye disorder, the treatment facilities are also provided for various common eye aliments under NPCB & VI. Below is the data of patients treatment/management achieved.

**PERFORMANCE ON OTHER EYE DISEASE**

**LAST 5 YEARS IN SIKKIM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year**  | **Glaucoma**  | **Diabetic Retinopathy**  | **Child-hood Blindness** | **Trauma**  | **Squint** | **RD**  | **Low Vision** | **Corneal Opacity/Blindness** |  |
| 2017-18  | 86  | 150  | 0  | 231  | 111  | -  | -  | 112  |  |
| 2018-19  | 163  | 238  | 0  | 323  | 109  | -  | -  | 128  |  |
| 2019-20  | 189  | 151  | 0  | 518  | 153  | -  | -  | 134  |  |
| 2020-2021  | 202  | 217  | 0  | 393  | 116  | -  | -  | 98  |  |
| 2021-2022 (till 31st Aug.)  | 85  | 104  | 0  | 175  | 45  | 28  | 25  | 40  |  |
|  |  |  |  |  |  |  |  |  |  |