3.2.B National Programme for Control of Blindness

Highlights

The National Programme for Control of Blindness, a 100 per cent Centrally Sponsored Scheme was revised during Ninth Plan with the objective of reducing avoidable blindness due to cataract and other diseases to 50 per cent by 2002 AD. Possibility of achieving the above target was remote due to lack of infrastructure facilities for eye surgery, non-achievement of cataract surgery rate of 400 per 1 lakh population, non- functioning of eye banks and non-availability of trained eye surgeons in IOL.

- **Results of survey conducted to identify blind persons were not reliable due to inadequate coverage. As a result, action plan formulated in 8 districts did not serve the intended purpose.**

[Paragraph 3.2B.5]

- **Against the target of 400 cataract surgery per 1 lakh population, achievement during 1998-2001 in the State did not go beyond 273 in any year. Possibility of achieving the objective of reducing avoidable blindness to 50 *per cent* by 2002 is remote.**

[Paragraph 3.2B.6(a)]

- **Due to lack of separate operation theatres and separate beds for eye treatment the services of even the available trained ophthalmic surgeons were not utilised. Shortfall in achievement of target for performance of cataract operations in Government sector ranged between 56 and 96 *per cent* during 1999-2001.**

[Paragraph 3.2B.6(b)]

- **Out of 14 eye banks (Government sector:12, Private sector:2) approved in the State, 10 (Government sector:9, Private sector:1) were not functioning as of May 2001 due to absence of various facilities.**

[Paragraph 3.2B.7]

3.2B.1 Introduction

National Programme for Control of Blindness (NPCB) was launched in 1976 as a 100 per cent Centrally sponsored programme with the aim of reducing prevalence of blindness from 1.4 per cent to 0.3 per cent through various activities like establishment of Regional Institutes of Ophthalmology, upgradation of Medical Colleges and District Hospitals, development of mobile eye units, recruitment of various ophthalmic manpower and provision of various ophthalmic services. The implementation of the programme was decentralised (1994-95) by establishing District Blindness Control Society (DBCS) in all districts. Survey conducted by Government of India during

1997-98 revealed that the prevalence rate (1.49 per cent) remained more or less the same since 1986. The revised programme aimed at reducing avoidable blindness due to cataract and other diseases to 50 per cent by 2002 AD.

3.2B.2 Organisational set up

The State Programme Officer was responsible for implementation of the programme in the State under the supervision of the Director of Health Services. The State Blindness Control Society, the apex society of district societies, was not constituted even as of June 2001 despite Government of India orders (April 2000). At district level, DBCS headed by District Collector and assisted by District Medical Officer (Health) implemented the programme. The District Programme Manager (Co-ordinator) was responsible for the day-to-day management of the programme.

3.2 B.3 Audit coverage

A review of the implementation of the programme for the period 1996-97 to 2000-01 was conducted by Audit during March to June 2001 covering five* out of 14 districts and State Ophthalmic Cell in the Directorate of Health Services. The following points emerged.

3.2 B.4 Utilisation of GOI funds

Short utilisation of GOI funds

Government of India (GOI) released Rs 3.84 crore to all the 14 DBCSs during 1996-2001, of which Rs 71.04 lakh (19 per cent) remained unutilised as of March 2001. The year-wise details are indicated below:

(Rupees in lakh)

Year	Opening balance	Funds released	Funds utilised	Closing balance
1996-97	28.46	18.00	35.80	10.66
1997-98	10.66	58.00	44.63	24.03
1998-99	24.03	73.00	70.11	26.92
1999-2000	26.92	103.18	111.29	18.81
2000-01	18.81	131.80	79.57	71.04
Total		**383.98**	**341.40**	

3.2 B.5 Unreliable survey results to identify blind persons

As per the Mid Term Review report, active case finding was recommended to assess the magnitude and spread of blindness in the district by listing of blind persons after conducting a door to door screening of population at risk (people above 50 years of age) and preparing village-wise blind registry. The purpose of preparation of blind registry was to formulate District Action Plan for cataract performance. GOI provided (March 1999) Rs 16 lakh to the State for preparation of blind registry in 8 districts reckoning the prevalence of blindness as 1.5 per cent (national average). However, blind persons identified (2000-01) were around 0.1 per cent of total population. The details of the survey conducted in the 4 districts test-checked are given below:

* Ernakulam, Kannur, Malappuram, Palakkad and Thiruvananthapuram.

District	Population (in lakh)	Blind persons identified and its percentage to population in brackets	Expected number as per prevalence rate of 1.5 *per cent*	Shortfall and its percentage in brackets
Thiruvananthapuram	29.5	2460 (0.08)	44250	41790 (94)
Ernakulam	32.6	1809 (0.05)	48900	47091 (96)
Palakkad	29.0	3187 (0.11)	43500	40313 (93)
Malappuram	35.0	3577 (0.10)	52500	48923 (93)

The survey results were not reliable due to inadequate coverage and also due to the fact that the number of blind persons actually identified was less than 7 per cent of the number to be identified based on national average. This defeated the very purpose of preparation of blind registry. The District Action Plan prepared based on the unreliable survey results did not serve the intended purpose of reducing the prevalence rate of blindness to the desired level within a time frame.

3.2B.6 Targets and achievement of cataract operation

(a) Shortfall in achievement of cataract operations

As per Mid Term Review conducted by Government of India during 1997-98, a District Action Plan was to be prepared to achieve at least 400 cataract operations per one lakh population with an annual increase of 10 per cent. However, the annual targets fixed in the State were 232 in 1998-99 and 275 each in 1999-2000 and 2000-01 whereas achievements were 226, 273 and 248 respectively. Thus the achievements in the State were far below the targets of the revised programme and possibility of achieving the objective of reducing curable blindness to 50 per cent by 2002 is remote.

(b) Shortfall in achievement of cataract operations in Government sector

Shortfall in achievement of cataract operations ranged from 56 to 96 *per cent*

As per the review report of the GOI, a surgeon could conduct 700 operations in a year under optimal conditions. The above level of performance was not achieved in any of the districts test-checked and the shortfall in achievement was in the range of 56 to 96 per cent as shown below:

Year	District	Number of surgeons posted	Number of cataract surgeries performed	Average operations per surgeon	Shortfall with reference to target of 700 operations per surgeon and its percentage in brackets
1999-2000	Malappuram	6	952	159	541 (77)
	Kannur	5	1229	246	454 (65)
	Palakkad	3	99	33	667 (95)
	Ernakulam	14	1705	123	577 (82)
	Thiruvananthapuram	31	4427	143	557 (80)

Year	District	Number of surgeons posted	Number of cataract surgeries performed	Average operations per surgeon	Shortfall with reference to target of 700 operations per surgeon and its percentage in brackets
2000-01	Malappuram	6	942	157	543 (78)
	Kannur (upto December 2000)	5	1166	311	389 (56)
	Palakkad	3	73	27	673 (96)
	Ernakulam (upto February 2001)	14	1968	141	559 (80)
	Thiruvananthapuram (upto September 2000)	31	2102	136	564 (81)

Lack of infrastructure in Government sector affected performance of cataract surgeries

For reducing the prevalence rate of blindness, eye care facilities were to be improved by setting up operation theatres for ophthalmology, training of surgeons in Intra Ocular Lens (IOL), supply of ophthalmic equipments/ sutures/IOL, etc. In the districts test-checked cataract performance in Government sector was as shown below:

Name of District	Year	Total number of cataract surgeries in the district (in Government and private sectors)	Total number of cataract surgeries done in Government Sector and its percentage in brackets
Palakkad	1998-2001	19180	267 (1.4)
Ernakulam	1998-2001	31023	5490 (18)
Malappuram	1998-2001	13500	3044 (23)
Kannur	1998-2001	16182	4558 (28)*
Thiruvananthapuram	1998-2001	17685	10140 (57)*

The District Programme Managers attributed the low performance to lack of separate operation theatres and trained ophthalmic surgeons in Government hospitals. During 1999-2000, only 19 per cent of the cataract surgeries were done in Government sector. According to the Report (2000-01) of State Ophthalmic Cell, out of 78 ophthalmic surgeons in Government hospitals, 51 were trained in IOL and only 22 Government hospitals (out of 75) had separate operation theatres for conducting ophthalmic operations. For utilising the services of 51 trained surgeons as against 714 eye beds required, only 396 beds were available. Due to absence of separate operation theatres and sufficient eye beds, the services of even the available trained ophthalmic surgeons could not be utilised to the optimum level.

(c) Functioning of District Mobile Units (DMUs)

Functioning of DMUs was poor

The DMU consisted of one post each of Ophthalmic Surgeon, Ophthalmic Assistant, Camp Co-ordinator, Staff Nurse, Driver and Peon. Against the target of 7500 cataract operations (1500 per unit) per year to be performed by the Mobile units in the 5 test-checked districts, achievement of the units was in the range of 1395 (19 per cent) to 1745 (23 per cent) for the period 1998-2001 indicating the poor performance of these units. Shortfall was mainly due to lack of separate operation theatre in Government hospitals.

* Medical College existed in these districts.

3.2B.7 Very few Eye Banks in the State

10 out of 14 Eye Banks in the State were not functioning

In Government sector, only 3 out of 12 Eye Banks and in private sector, one out of 2 Eye Banks were functioning as of May 2001. The fact that during 1998-2000 the three Eye Banks under Government sector collected only 194 eyes (utilised 151 eyes) and the private Eye Bank collected 448 eyes (utilised 287 eyes) showed that the performance of Eye Banks in the State could improve much if the remaining eye banks also became operational.

The State Programme Officer stated (June 2001) that sophisticated facilities and trained surgeons required for eye banking were not available in Government hospitals which resulted in non-functioning/poor performance of Eye Banks.

3.2B.8 Rehabilitation of the incurably blind

'Rehabilitation of the incurably blind' is one of the components of the programme. Out of 302 cases of incurably blind identified in the State, 105 cases were proposed for rehabilitation and only 10 persons in Kollam District were rehabilitated. No specific funds were allotted to DBCSs for this programme.

3.2B.9 Regional Institute of Ophthalmology, Thiruvananthapuram

Government of India sanctioned (September 2000) Rs 20 lakh to Regional Institute of Ophthalmology (RIO), Thiruvananthapuram for strengthening of the Institute as an Eye Care Training Centre. The amount was credited to savings bank account of DBCS and was not utilised as of May 2001. The District Programme Officer, Thiruvananthapuram stated (May 2001) that the Director, RIO, Thiruvananthapuram entrusted the work to the Public Works Department and funds would be released based on progress of work.

3.2B.10 Quality control

The standard cataract surgery records containing information regarding pre-operation check up, surgical details, post-operative assessment and follow-up services were to be kept for each operation performed.

In five test-checked districts no reports regarding the outcome of treatment and follow up actions were obtained from Government/Non-Government eye care facilities. Information about the restoration of visions were also not available with District Blindness Control Societies. The outcome of treatment and follow-up measures taken were not being monitored.

3.2B.11 Monitoring and evaluation

The District Blindness Control Societies had been sending regularly Annual Action Plan and Progress reports to the State Cell. However no evaluation or analysis of the reports were done at State level. The reason attributed by the State Level Officer was lack of manpower.