

## 8. National Prophylaxis Programme for Prevention of Blindness due to Vitamin-A Deficiency (NPPPBVAD) :

Vitamin-A deficiency is one of the major public health nutritional problems ———

**Introduction:** The National Prophylaxis Programme for Prevention of Blindness due to Vitamin-A Deficiency (NPPPBVAD) was first launched in 1970. India was first country to launch the National programme for Vitamin-A supplementation.

It is estimated that 2% of the total blindness in India is due to vitamin-A deficiency.

**Objectives:** The NPPPBVAD has set a goal to protect children (6 months to 5 years) at risk for vitamin-A deficiency.

The objectives of this programme are ———

- ▶ to prevent blindness due to Vitamin-A deficiency by a massive dose of Vitamin-A given in a oil form.

▶ to educate the mothers regarding Vitamin-A rich foods and their consumption by their children.

▶ to adopt clinical approach instead of house to house visit.

Target groups: The main beneficiaries of the programme are all children of 6 months to 5 years of age, especially those residing in rural, tribal and urban slum areas.

Programme component: Vitamin-A supplementation given as prophylaxis doses are as follows:

- The first dose of Vitamin-A i.e., 1,00,000 I.U. in oil form is orally administered at the age of 9 months along with measles vaccine.
- The subsequent doses of 200,000 I.U. of Vitamin-A are given at 18 months along with DPT Booster dose, and then at 24th, 30th and 36th months.
- 5 doses, in total are provided to prevent the Vitamin-A ocular deficiency disease.

Programme Strategies: The programme focuses on 2 methods:

- Prevention of Vit-A deficiency
- Treatment of Vit-A deficiency

## ■ Prevention of vitamin-A deficiency:

### Ⓐ Long term intervention programme

It promotes the consumption of vitamin-A rich foods by pregnant and lactating mothers and children below 5 years of age.

### Ⓑ Short-term intervention

Massive doses of vitamin-A must be administered periodic intervals to pre-school children

Dose —

• 6-11 months → 1 dose of 1 Lakh IU

• 1-5 years → 2 Lakh IU every 6 month

## ■ Treatment of Vitamin-A deficiency: If the clinical signs of vitamin-A deficiency become evident, it must be treated immediately.

Doses —

- Single Oral Dose : 2 Lakh IU immediately after diagnosis

- Follow-up dose : 2 Lakh IU, 1-4 weeks after.

## 9. National Nutritional Anaemia Prophylaxis Programme (NNAPP):

□ **Introduction:** National Anaemia is one of the major health problem in India. To control this widely prevalent problem, the NNAPP was launched in India by the Government of India in 1970.

According to a survey by WHO, 50% of the children, 50% of the pregnant and nursing mothers and 30% adult males are found to be anaemic. Anaemia reduces the capacity of doing work, lowers the productivity and adversely effect the general health.

- ▣ **Target Groups:**
- Women of age group of 15-45 years.
  - Pregnant and lactating women.
  - Children (1-5 years of age)
  - Women using IUD (Intra-Uterine Device) for family planning.

▶ **Objectives:** The goal of this programme is to significantly decrease the prevalence and incidence of anaemia in woman reproductive age group, pregnant and lactating mothers and pre-school children. The programme focuses on the following —

- to assess the prevalence of anaemia the mothers and young through estimation of serum haemoglobin level.
- to put mothers and children with the haemoglobin level 10g/dl and 8g/dl respectively on.
- to monitor constantly the quality of the tablet distribution and consumption and to check periodically, the haemoglobin level of the beneficiaries.
- to motivate the mothers through nutrition education to consume IFA (Iron Folic Acid) tablet and to give the same to their child.

► **Programme Strategy**: The programme focuses mainly on 3 strategies —

## Programme Strategy

### Short-term Strategy

Under this programme tablet containing iron and folic acid (IFA) tablet is distributed to expectant, nursing mothers, IUD users, and pre school children. The IFA tablets each containing 100mg of elemental iron and 500µg folic acid are given to women during the last 100 days of pregnancy and for 100 day during lactation

### Intermediate term Strategy

In the view of wide-spread prevalence of iron deficiency anaemia in different segment of population, fortification of food with iron is permitted as a preventive strategy. In India fortification of common salt is developed and demonstrated to be effective through field trial by NIN to prevent iron deficiency anaemia. 5g of ( $\text{FeSO}_4 \cdot 7\text{H}_2\text{O}$ ) per kg is added.

### Long term Strategy

Promoting the consumption of iron rich foods like GLVs, cereals, whole millet with ragi, bajra, pulses, jaggery etc. Consumption of vitamin-C rich food increases the iron absorption.

## 9. National Goitre Control Programme / Iodine Deficiency Diseases Control Progra

▣ **Introduction**: This programme was introduced by Director General of Health Services for endemic goitre areas in 1962, mainly Himalayan and sub-Himalayan belts in India i.e., Uttar Pradesh, Bihar, Himachal Pradesh, Chandigarh, Madhya Pradesh and Tripura.

▣ Objectives: The major objectives of programme are—

- to identify goitre endemic areas.
- to provide iodized salt to endemic areas.
- to assess the impact of the programme over a period of time.

In India, over 16 million are at risk, 54 million have goitre and 2.2 million have cretinism and 6.6 million have mild neurological disorders.

▣ Programme Component: IDD is easily preventable.

There are four essential components of IDD Control Programme (1962):

- Iodized salt and oil distribution
- Iodine monitoring and surveillance
- Man power training
- Mass communication

Programme Component	Description
Iodized salt and oil distribution	Iodination of salt is now widely used as a preventive public health measure against endemic goitre. The administration of $KIO_3$ (potassium iodate) is added in common salt.

Programme Component	Description
Iodine monitoring & surveillance	<p>Countries implementing control programme require a network of laboratory for iodine monitoring and surveillance. These laboratories are essential for:</p> <ul style="list-style-type: none"> <li>☐ Iodine excretion and determination</li> <li>☐ Determination of iodine in water, soil and foods</li> <li>☐ Determination of iodine in salt for quality control.</li> </ul>
Man power training	<p>It is vital for success of control. The health workers and other involved in the programme should be fully trained in all aspect of goitre control including legal enforcement and public education.</p>
Mass communication	<p>The mass communication is a powerful tool for nutrition education. It should be fully used in goitre control programme.</p>