

Regional meeting to review the National Programme for Control of Blindness (NPCB) and trachoma in India on 19th and 20th May,2011

A two days regional meeting to review the National Programme for Control of Blindness (NPCB) and trachoma in India was held on 19th and 20th May,2011 at Hotel Jaipur Ashoka, Jaipur (Rajasthan) under the chairpersonship of Mrs. Shakuntala Gamlin, JS (NPCB). Following officers from the Programme attended the meeting.

1. Ms. Sujaya Krishnan, Director (NCD)
2. Dr. A.S. Rathore, ADG(O), NPCB
3. Dr. Suman, T. Professional, NPCB
4. Mr. K.K. Jhell, US (NCD)
5. Mr. Jai Bhagwan Tanwar, Consultant (BC)
6. Mr. Saji Gopinath, Assistant (BC)

State Programme Officers (SPOs) and District Programme Managers (DPMs) from previously known trachoma endemic states namely Rajasthan, Haryana, Punjab, Uttar Pradesh, Uttara Khand, Andaman & Nicobar Island and Dr. Rajshekhar, Eye specialist, Sagdarjung Hospital, Delhi were invited. Two NGOs from the host state (Rajasthan) were also invited to put forward their perspective. Uttar Pradesh was unable to attend the meeting because of certain administrative reasons. SPO from Haryana and Punjab was also unable to attend the meeting but DPMs from these states represented their state respectively. List of participants is annexed.

Dr. B. R. Meena Addl. Director (Rural Health) welcomed the all invitees and requested the house that special attention should be paid to the state specific issues especially Rajasthan being the host State. Dr. G.S. Khatri, SPO Rajasthan also welcomed the invitees. Ms. Sujaya

Krishnan, Director NCD briefed the participants about the objectives of the meeting and the strategies required for alleviation of trachoma. Dr. A.S. Rathore, ADG(O) NPCB made the presentation on NPCB. He also raised certain issues like reach of the programme to the underprivileged section, Mishaps and policy issues. Mrs. Shakuntala Gamlin, JS (NPCB) gave her opening remarks and referred NPCB as one of the jewel and best performing Public Health Programme amongst Ministry of Health and Family Welfare's other programmes. However she also shared her concern about surrendering of funds during 2010-11.

Objectives of the meeting were as follows

- To review the programme performance in respect of services delivery and funds utilization.
- To collect the necessary data pertaining to the existing infrastructure.
- To understand the issues related to the programme implementation and solve them accordingly.
- To discuss the current status of trachoma in India and strategies required to move ahead towards its elimination.

Day One (19th May,2011):

All SPOs and DPMs made their presentation as per the agenda annexed. Some state specific issues which were discussed are as follows:

State Haryana:

Dr. Suneera (DPM from Panchkula, Haryana) represented her state as SPO Haryana was unable to come to the meeting due to his prior engagements. Following issues emerged during the discussion

- Approved NPCB rates for the purchase of lens are much less than the actual rate at which lens is available in the market. So NGOs find it difficult to purchase the lens as per the guidelines.
- Delegation of financial powers under NPCB in respect of Chairman, Vice Chairman and Member Secretary may be specified.
- Annual increment of 5%-10% in salary of the contractual staff.
- Rate of remuneration to contractual staff working under NPCB may brought at par with other contractual staff working in other programmes under NRHM.
- Rules regarding sanctioning of leave that is Casual leave, earned leave and Maternity leave, extra ordinary leave may also be framed .
- Transfer rules for the staff working on contractual basis may also be framed
- Need to frame rules for TA/DA to the contractual staff.
- Information regarding Sub-Speciality training of Eye surgeons may be sent in advance to the State Health Society (NPCB) through e-mail or fax so that the concerned Eye Surgeon may be relieved on time to join on due date.
- Increase in salary of Eye Surgeons to be recruited on contract basis.
- Sanction of Mobile unit dedicated to Ophthalmology.

- During 11th Plan State Government is considering for establishment of 1-2 Eye Banks in the Government Sector, Bhiwani / Panchkula. Grant-in-aid may be sanctioned for the same.
- Setting up of Diabetic, Glaucoma clinics & Retina units in District Hospitals for taking up initiatives of diseases like Diabetic Retinopathy (DR) and age related macular degeneration (ARMD) and training of Eye Surgeons in medical retina & VR surgeries.
- Only five eye banks are functional
- SSU Rohtak is not reporting
- Infrastructure at sub district level is poor

DPM from Bhiwani informed that fact that District hospital Bhiwani is performing comparatively much higher surgeries than Medical College Rohtak or any other NGO. He also stated that because of introduction of Phaco machine most of the patient demand for the surgery with lesser amount of trauma or stitch application. Is there any provision for foldable lens? In response ADG(O) informed the participants that providing foldable lens is not under purview of NPCB however they can prescribe it to the few patients which are provided free of cost with the machine.

State UttaraKhand:

- Due to scarcity of operating Eye Surgeon they should be exempted from emergency duty.
- Salary of Contractual Eye surgeon should be increased.
- Except operating microscope none of the District hospitals have advanced equipments.

- Despite of release of funds unable to purchase the equipment due to difficult procurement policy.
- Despite release of funds unable to implement Tele- ophthalmology unit.
- Pending liabilities of NGOs

State Punjab:

Dr. Randeep Randhawa represented the Punjab state as SPO Punjab was unable to attend the meeting.

- Medical colleges are underutilized.
- Honorarium to SPO should be increased from Rs. 2000 to Rs. 5000
- Purchase capacity should be increased up to Rs. 30,000 without quotation and with quotation Rs. 1,00000
- Salary increment for the Budget finance officer from Rs.10000 to Rs. 18,000, Rs.6500 for the peon
- Annual 5%-7% annual increment in the salary

State Rajasthan:

- Non functional eye Banks
- Non functional and non operating microscope needs to be changed
- Reimbursement for the Cataract surgeries should be increased from Rs. 750 to Rs. 1000.
- Salary of the Eye surgeon (Contractual) should be increased to Rs. 60,000/ month

UT Andaman & Nicobar Island

- Blindness survey should be conducted in A&N Islands

- Rehabilitation Centre for visually impaired and blind people should be established in Port Blair.
- Reduction of target for cataract surgery.

Day 2nd (20th May, 2011)

Meeting started sharp at 10 AM in the conference hall of the hotel. Dr. Rajshekhar, Eye Specialist from SafdarJung Hospital, briefed the attendees of the meeting about Monitoring and Information (MIS) system developed by the NPCB. He also gave a demonstration about how to operate it and emphasized the importance of usage of HMIS. However most of the participants were demanding for hands on training for MIS. Dr. Suman, T. Professional suggested that trainings for the trainers can be organized which later on can provide trainings to the data entry operators of their respective states and UTs.

After Dr. Rajshekhar's presentation, session on Trachoma started with presentation by Dr. Suman, T. Professional. She made a presentation on status of Trachoma in India and sensitized the participants about importance of monitoring of trachoma.

Ms. Sujaya Krishnan, Director NCD briefed the participants about WHO's strategy to eliminate Trachoma. She also emphasized that India is also endeavoring elimination of trachoma by 2020 and we are left with only nine years. She urged SPOs for to actively following trachoma cases so that India can move forward towards its elimination and certification. In continuation with this Dr. Rajshekhar also made a presentation on WHO's strategy and guidelines for Mass Drug administration (MDA) and necessary data a country should have prior to asking for elimination certification.

Dr. Anita Shah, SPO A&N Island also shared her experiences of Rapid assessment of Trachoma survey conducted in A& N Island during 2010.

Issues which emerged while discussion are:

- Deputing an oculoplastic surgeon from other states to A& N island for conduction of oculoplastic surgery
- Few DPMs were apprehensive about diagnosing a patient of trachoma on the basis of clinical ground only. They were demanding for its confirmation and introduction of kit in the programme. In response to this Dr. Rajshekhar suggested that any patient with follicles in the eye lid may be prescribed Azithromycin. But over usage of antibiotic has to be addressed.
- Other similar conditions which mimic trachoma have to be identified.

Issues which were discussed during open session are as follows:

- Most of the participants were demanding for increase in the reimbursement money from Rs. 750 to Rs. 1000.
- Increase in salary of contractual eye surgeon was also an issue.
- There should be clear procedures regarding reimbursement of money to NGOs.
- Only few formats should be there to complete the all necessary formalities.
- There should be frequent meeting between SPO and NGO for better coordination.
- Training institutes identified by the NPCB should be monitored for the quality of training provided and as per the protocols.

- A feedback mechanism should be adopted about improvement in the performance of an eye surgeon after getting training.
- Young professionals should be given preference for training over professional who are near retirement.

In her closing remarks JS (NPCB) appreciated Dr. Ramesh Dhankhar, DPM Bhiwani, Haryana for his dedication and work. She stated that this particular District hospital has set an example for other Govt. institutes working in providing eye care services. However NGO and Govt. institutes should play equal role in achieving the NPCB's goal of alleviation of avoidable blindness. She also emphasized that every school child should be screened for refractive error because a child suffers more blind years than an adult. NPCB is comprehensive programme encapsulating newer diseases like DR, Glaucoma, ROP along with older diseases like trachoma. Meeting ended with full satisfaction of the participants and thanks to the chair.

Presentations made by all the participants are annexed.

List of Participants

S. No.	Name	Designation
1.	Mrs. Shakuntala Gamlin	JS(NPCB), MOH&FW

2.	Ms. Sujaya Krishnan	Director (NCD), MOH&FW
3.	Dr. B. R. Meena	Addl. Director (Rural Health)
4.	Dr. A.S. Rathore	ADG (NPCB)
5.	Dr. G.S. Khatri	SPO Rajasthan
6.	Dr. B.C. Ramola	DPM Deharadun, Uttarakhand
7.	Dr. R.P. Badoni	SPO Uttarakhand
8.	Dr. Suresh Gera	DPM Alwar, Rajasthan
9.	Dr Vishans Gupta	Junior Specialist (Opth), Rajasthan
10.	Dr. Dinesh Parera	Junior Specialist (Opth), Rajasthan
11.	Mr. Rakesh Khatri	NGO, Bharatpur, Rajasthan
12.	Dr. V. Raj Shekhar	Eye Specialist, Delhi
13.	Dr. Purshotam Goyal	DPM Patiala
14.	Dr. Anita Shah	SPO Andaman & Nicobar Island
15.	Mr. K.K. Jhell	US (NCD)
16.	Dr. Suman	T. Professional, NPCB
17.	Dr. Suneera Mittal	MO, NPCB, Haryana
18.	Dr. M. Arif Sayed	Junior Specialist (Opth) Sat Hospital, Jaipur
19.	Dr. Ramesh Dhankhar	SMO Bhiwani, Haryana
20.	Dr. Anshu sahai	Secretary ERCS Jaipur (NGO)
21.	Mr. S.S. Tanwar	Sec. Lions club, Jaipur (NGO)
22.	Dr. Bela Mohan	Junior Specialist (Opth), Jaipur

23.	Dr. R.S. Randhawa	DPM Punjab
24.	J.M. Vestian	DPM Gujarat
25.	J.B. Tanwar	Consultant (BC)
26.	Mr. Saji Gopinath	Assistant (BC)