

National review meeting of State Programme Officers (SPOs) of the National Programme for Control of Blindness (NPCB) held on 28th and 29th June, 2011-

A report

A review meeting of the National Programme for Control of Blindness (NPCB) was held under the chairmanship of Sh. Keshav Desiraju, Addl. Secretary (H) on 28th & 29th June, 2011 in room no.249-A, Nirman Bhawan, New Delhi. All the states were represented at the national meeting except Uttar Pradesh, Himachal Pradesh, Maharashtra and the union territory of Lakshadweep. A list of participants is annexed.

Objectives of the meeting were:

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

Mrs. Shakuntala D. Gamlin, JS (NPCB) welcomed all delegates from different states of India. She referred to the NPCB as a jewel in the crown of the Ministry and said it is the one of the best implemented programme in the country. She also mentioned that NPCB has a history of 100% utilization of funds except during the year 2010-11. NPCB is doing 60 lakh surgeries annually and now it is the time to make efforts to make it a comprehensive programme. Along with cataract surgeries other new diseases like diabetic retinopathy, glaucoma, corneal blindness and availability of quality health services at grass root level also should be addressed. She expressed her concern about resurgence of trachoma in the country. This was followed by the inaugural address by Sh. Keshav Desiraju, Addl. Secretary (H). He also welcomed all the state representatives and urged for best utilization of this opportunity by bringing all issues related to the implementation of the programme to the forefront for the knowledge and benefit of the Ministry of Health and Family Welfare. As the 11th five year plan is ending and the Ministry is preparing for 12th five year plan new ideas, innovations or amendments can be suggested/proposed at the same time. He called the participants to explore the possibility of eye banks in every state. While supporting partnership with NGOs we should also strengthen Govt. infrastructure for better sustainability.

In his presentation Dr. N.K. Agarwal, DDG (O) emphasized the need for ensuring the quality and reach of the eye care services to the poor people residing in the remotest area of the country. The programme should reach every nook and corner of the country and no person should go blind for the want of the cataract surgeries. NPCB has more than 3000 functional vision centres

in the country and they will be the backbone of the programme in delivery of primary eye care services at the grass root level. He stressed that quality in the delivery of eye care services must be on high priority and there should be a standard design for operation theaters. He informed that this is the only programme which is being implemented in all districts of the country but still, there are some issues which need to be tackled. These include:

1. Availability of good Screening and diagnostic equipments
2. Dedicated Eye Wards/ Eye OT
3. Fully trained surgical team
4. Modern surgical tool and intra operative patient care
5. Full asepsis at all levels to prevent post operative infection
6. High quality pre-sterilized drugs and surgical consumables
7. High quality post operative eye and general eye care

The meeting thereafter convened under the chairpersonship of Director NCD and states presentations were taken up as per the annexed agenda. States made their presentations in which they highlighted their achievements and issues. Seventeen states on the first day and fourteen states on the 2nd day made their presentations. Some common issues and some state specific issues which were faced by all the state Programme officers while implementing the programme were discussed during the meeting. Presentations made by all the participants are annexed.

Day one (28th June, 2011)

RAJASTHAN first made its presentation.

Rajasthan is a major state with a population of more than 5 crore. It has 33 Districts, 376 CHCs and 1517 PHCs. As per survey conducted by MOHFW in the year 2006-07 state prevalence of blindness is 1%.

Infrastructure:

District hospitals with separate Eye OT/Ward	19
District Hospitals with shared Eye OT/Ward	15
No. of Hospitals without an Eye surgeon	02
No. of Eye banks in Govt. Medical Colleges	07*
No. of eye banks (Govt. + NGO)	4+3=7**
EDC (Govt. + NGO)	0+0
Total Existing Eye banks	23
Total Existing Eye Donation Centres	15
No. of Vision Centres	99
No. of PMOA (Govt+ Private)	4+2

*Total eye banks in Medical Coleges-7, as per NPCB definition-only 4

** As per NPCB definition (collection of > 50 corneas annually)

State Specific Issues:

1. State has reported 2872 cases of trachoma and 185 cases have been operated. **Being a trachoma endemic state the SPO was asked to be vigilant in detecting and treating trachoma cases on priority bases.**
2. There are 23 Existing Eye banks but as per NPCB definition (Collection of more than 50 corneas annually) **only seven (4 Govt+ 3 NGO) are working as Eye banks indicated poor status of Eye banking.**
3. Percentage of utilization of collected corneas is also a concern because it has been observed as 44.3% for the year 2010-11. Inability to hire Eye donation counselors further worsens the situation.
4. During the year of 2009-10 and 10-11 support to three district hospitals were provided. Process of procurement of specular microscope is under process.
5. There are seven Medical Colleges in the state having more than fifty eye surgeons. Cataract surgeries performed in comparison to manpower is very less. DDG (O) suggested that targets should be fixed for all Medical Colleges and it can be made mandatory for an eye surgeon to do at least 200 cataract surgeries in a year.
6. Due to low salary SPO is unable to hire ophthalmic surgeon on contract.
7. Delegate from Rajasthan requested that nominations for training under NPCB should be intimated at least 10 days ahead of training. While answering his query DDG (O) agreed to this and requested that **the state should also submit their request at least 40 days in advance so that NPCB has sufficient time for processing the request.**
8. There are 85 NGOs working with NPCB. Their pending liabilities are about Rs. 2.27 Crore. States were asked to clear the liabilities as money had already been provided to all states as per the PIPs.

PUNJAB:

Punjab is one of the prosperous states of India having a population of 2.43 lakh. It has 20 Districts, and 118 blocks. Prevalence of blindness in the state is 1%.

Infrastructure:

District hospitals with separate Eye OT/Ward	9
District Hospitals with shared Eye OT/Ward	11
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	03
No. of eye banks Govt.+ NGO	1+2=3*
EDC (Govt.+ NGO)	1+0=1
Total existing Eye Banks	09

Total existing EDC	01
No. of Vision Centres	201
No. of PMOA (Govt+ Private)	00
*As per NPCB definition	

State Specific issues

1. No trachoma cases have been reported from 2008 onwards. Still states specifically which were endemic for trachoma earlier were asked to be vigilant for this.
2. Though there are nine eye banks in the state only three are working as eye banks as per NPCB definition.
3. During the year 2010-11 percentage of utilization observed was 72.2%.
4. There are 201 vision centres; grant in aid was provided for three vision centres during the year 2010-11.
5. There are three Govt. Medical Colleges in the state and underutilization of all was observed in Punjab also e.g. Govt. Medical College Patiala, having 13 eye surgeons is performing only 1098 surgeries only.
6. Honorarium of SPO for major states must be minimum Rs. 5000/ month. Presently SPO (Punjab) is not getting honorarium. Director NCD clarified that no honorarium is provided to SPOs.
7. Purchase power for the State Health society (SHS) NPCB without quotation should be enhance to Rs. 30,000 & with quotation, it should be enhanced from Rs. 20,000/- to Rs. 1,00,000/.
8. The Honorarium/Salary per month of the Staff under SHS (NPCB) should be enhanced to Rs.18,000 for BFO, Rs. 10,000 for Admn. Asst. and DEO, Rs. 6500 for peon and with 5% to 7% annual increase of employees with satisfactory performance.
9. Clear cut guidelines for purchase policy of SHS (NPCB) should be issued. Ophthalmic Equipment/ consumables should be allowed to be purchased without calling tenders, at previous rate of purchase within 1 year to avoid delay in the procurement process.
10. There should be Clear-cut guidelines regarding ophthalmic assistants/optometry courses and recruitment of PMOAs. There is no recognized body for registration of PMOA courses in the state.
11. There are 231 NGOs working with NPCB. NGO liabilities are Rs 6 crore prior to year 2007. It was explained that to clear the NGO's pending liabilities is state's responsibility.

KARNATAKA

Karnataka is a state with a population of more than six crore. There are 30 Districts, 323 CHCs and 2195 PHCs.

Infrastructure:

District hospitals with separate Eye OT/Ward	19
District Hospitals with shared Eye OT/Ward	07
No. of Hospitals without an Eye surgeon	02
No. of Eye banks in Govt. Medical Colleges	02
No. of eye banks (Govt. + NGO)	2+9=11*
EDC (NGO)	10
Total Existing Eye Banks	37
Total Existing EDC	10
No. of Vision Centres	30
No. of PMOA (Govt+ Private)	4+2=6

*** As per NPCB definition**

1. There is nil reporting of trachoma in the state.
2. Eye banking is a concern for the state considering the percentage of utilization for the year 2010-11 (23.5%). Along with it out of total 37 eye banks only 11 are fulfilling the NPCB criteria of being an Eye bank. Salary of contractual staff is also a hurdle in better performance of eye banking as state could not hire eye donation counselors on meager salary of Rs. 10,000/ month.
3. Regarding other diseases childhood blindness trainings have been completed in Davangere base hospital, Chitradurga, Bellary, Dharwad, Haveri, Gadag hospitals.
4. There are 10 Govt. Medical Colleges in the state having 72 eye surgeons, performing only 4038 surgeries (almost 50% utilization).
5. Salary hike of contractual staff is a major issue in the better implementation of the programme. The state has two Secretaries, one for health and one for medical education. The State Programme Officer (SPO) stated that as the Medical Colleges are under Secretary Medical Education they do not cooperate with SPO. Many other states also accepted that they are also facing the same problem. In response of this it was suggested that they may follow the Maharashtra example by constituting a task group involving officers from both wings.
6. Because of shortage of funds state was not able to dispense spectacles to all below poverty line children. In response to this all participants were informed by the Director NCD that Sarva Shiksha Abhiyan is also distributing spectacles. Intersectoral coordination can be done for better implementation and to avoid duplication.

7. SPO requested that considering the scarcity of specialist man power specialist should be posted at block and District headquarters only.
8. There are 220 NGOs working with NPCB. Their pending liabilities are Rs. 5.11 crore.

ORISSA:

Orissa is a state with a population of more than 4 crore. There are 30 Districts, 377 CHCs, 1228 PHCs and 6622 Sub-centres.

Infrastructure:

District hospitals with separate Eye OT/Ward	30
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	03*
No. of eye banks (Govt. + NGO)	1+1=2**
EDC (Govt. + NGO)	0+0=0**
Total existing Eye banks	06
Total existing EDC	7
No. of Vision Centres	75
No. of PMOA (Govt+ Private)	0

*As per NPCB definition only one is working as EB.

** As per NPCB guidelines

State Specific Issues:

1. Trachoma cases are not being reported.
2. Out of total seven eye banks only two (one in Govt & one in private) are functioning as eye banks as per NPCB guidelines. Only 50.8% collected corneas are being utilized.
3. There are three Eye Banks in govt. Medical College and one in private. Two eye banks despite of being in Medical College are unable to fulfill the criteria of NPCB eye banking.
4. SPO Orissa enquired about release of pending grant in aid for Eye banks which was provided during the previous year. In reply it was informed that it must have been mentioned in the state PIP and it can be given to a good performing institution. It is totally in the SPO purview.
5. There are three Govt. Medical Colleges in the state and underutilization was also observed in the state. For example VSS Medical College, Burla having 10 eye specialists was performing only 235 cataract surgeries in a year. DDG(O) again emphasized that targets must be fixed for Medical Colleges for their appropriate utilization.

6. Orissa is state having Separate Eye OT /Ward in all the District Hospitals and there are no district Hospital without eye surgeon.
7. Approval was sought to purchase Motorized OT table instead of Hydraulic OT table. DDG (O) informed that this was permissible.
8. Allocation of special funds should be there for Eye Mishap in the NPCB scheme. Director NCD suggested that this is a state specific issue. NPCB responsibility is only reimbursement of Rs. 750 to the service provider.
9. SPO asked for approval of the proposal for conversion of Mobile Tele-Ophthalmology Network to fixed Tele-Ophthalmology Unit. House was of the opinion that by doing so it will lose its effectiveness because mobile units are meant to provide services in the far flung and remote areas.
10. Vehicle should be given to District Health society. It was suggested that SPO can hire the vehicle as per requirement.
11. Twenty NGOs are working with NPCB. Their pending liabilities are approximately Rs.1.04 crore. It was explained that the state should liquidate the same as funds have already been provided.

ANDHRA PRADESH

Andhra Pradesh is one of the largest states of India. It has a population of about 7.62 crore which is expected to increase up to 8 crore by the year 2011-12. State has 23 districts, 1125 blocks, 167 CHCs, 1570 PHCs and 12522 Sub-centres.

Infrastructure:

District hospitals with separate Eye OT/Ward	23
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	01
No. of eye banks (Govt. + NGO)	1+5=6*
EDC (Govt. + NGO)	12+10=22*
Total existing Eye banks	06
Total existing EDC	42
No. of Vision Centres	350
No. of PMOA (Govt+ Private)	4

* As per NPCB definition

State Specific Issues:

1. There are no reported cases of trachoma.
2. Out of total 42 EDCs only 22 are functional. Percentage of utilization (58%) for the year 2010-11 is also a concern.

3. Support to two EDCs during the year 2009-10 & 10-11 were provided.
4. There is Proposal for construction of separate (11) Operation Theaters (OTs) under National Programme for Control of Blindness at Sub-District Hospitals (Area Hospitals) as Ophthalmic Surgeons have been posted recently.
5. There are 14 Govt. Medical Colleges in the state having sufficient manpower. Performance of less cataract surgeries as compared to manpower is observed in AP also.
6. During the year 2008-09 the non- recurring Grant -in- Aid Rs.40.00 Lakh each has been released to Osamanai Medical College,Hyderabad , Gandhi Medical College ,Hyderabad and SVRR Medical College,Chittoor (UC's for which Grant -in- Aid released is received.
7. Sarojini Devi Eye Hospital, Hyderabad (RIO) needs Specular Microscope –OCT for DBR.
8. Argon Green Laser (5) is needed for Medical Colleges.
9. Doctors specialty Training proposed are pending.
10. Demand for Salary hike of the contractual staff.
11. Total 182 NGOs are working with NPCB having pending liabilities of Rs. 8 crore. Liabilities as on 01.04.2011 comes to 102001(cases), approximately Rs.8.00crores required for settlement of previous claims along with 2011-12 up to June 2011 the cataract operations are 85000 to be reimbursed. Liquidation is the state's responsibility.
12. The State Government (Andhra Pradesh Right to Sight Society), Hyderabad has sponsored, for giving training in **Diploma in Community Eye Health and Master Community Eye Health** for PMOAs. Number of trainings are as given below:

In 2008-09 DCH& MCH courses	10(6+4)
2009-10 DCHS & MCHs course	12(6+6)
2010-11 DCHs & MCHs Course	15(6+9)

TAMILNADU

Tamilnadu is the state having population of more than 6.70 crore. It is expected to increase up to 6.74 crore by 2010-11. There are 30 districts, 384 blocks, 1539 PHCs and 8706 sub-centres.

Infrastructure:

District hospitals with separate Eye OT/Ward	30
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	06+3 (private)
No. of eye banks (Govt. + NGO)	11+6=17*
EDC (Govt. + NGO)	00+78=78*

Total existing Eye banks	17
Total existing EDC	78
No. of Vision Centres	82+120
No. of PMOA (Govt+ Private)	0
* As per NPCB Guidelines	

State Specific Issues:

1. There is no reporting of Trachoma in the state.
2. Despite of having more than 10,000 corneal collection utilization rate is only 52%.
3. SPO requested for grant in aid for renovation of sub-district hospitals. It was suggested that funding can be sought from NRHM flexipool .
4. There are 18 Govt. Medical Colleges in the state performing surgeries appropriately.
5. **NRHM director is not releasing money.**
6. **Evaluation of Ophthalmic equipments is being done by NRHM without involving SPO NPCB. Director NRHM is not cooperating with SPO.**
7. There is shortage of IOL.
8. There should be well laid guidelines regarding procurement of equipments. Regarding procurement of equipments most states have different policy than NPCB. What is the role of SPO in that particular situation? Action suggested was that it is always better to follow states policy.
9. Unable to hire any contractual staff because of salary issue.
10. Total 78 NGOs are working with NPCB. Pending liabilities are of Rs. 92.42 lakh. State to liquidate the same as funds have been provided every year.

MADHYA PRADESH

State has a population of around 6 crore which is projected to rise up to 7.2 crore by the year 2010-11. It has 50 Districts, 313 blocks, 1156 PHCs, 333 CHCs and 8860 sub-centres.

Infrastructure:

District hospitals with separate Eye OT/Ward	47
District Hospitals with shared Eye OT/Ward	03
No. of Hospitals without an Eye surgeon	03
No. of Eye banks in Govt. Medical Colleges	01
No. of eye banks (Govt. + NGO)	1+5=6
EDC (Govt+NGO)	4+24=28
Total no. of existing eye banks	6
Total No. of EDCs	28

No. of Vision Centres	168
No. of PMOA (Govt+ Private)	5

1. **State Specific Issues:** There is no mention about active trachoma cases but state reported 500 cases of Trichiasis and 100 corrective surgeries. It was suggested that tribal district and other remote areas of the state should be screened for trachoma.
2. Support to one eye bank and three EDCs were provided during 2010-11. Status of utilization of funds has to be provided. State has good utilization rate for collected corneas.
3. There are five Govt. Medical Colleges in the state. SPO MP was the only SPO who provided complete details of cataract surgeries performed by each surgeon. Out of total 52 eye surgeons from all Medical Colleges only 12 eye surgeons performed more than 200 surgeries in a year.
4. State requested for POL and maintenance of vehicle for Medical College and district. It was suggested that POL & maintenance of vehicle may be arranged from funds available for management of State Health society.
5. SPO mentioned about discrepancy in the approved list of required equipment in two separate booklets published by NPCB (guidelines for state and District health societies and for NGOs/ voluntary organizations).
6. Because of salary issues state is not able to hire contractual staff.
7. Money has been released for up-gradation of vision centres but Vision centres could not be operationalized.
8. Vision centres should be provided with streak retinoscope.
9. There are about 150 NGOs working with NPCB. Their pending liabilities are approximately Rs. 4.82 crore to be liquidated soon.

GOA

Goa is small union territory having only two districts.

Infrastructure

No. of Govt. Medical College	1
No. of district hospitals	2
Total no. of PHCs	19
No. of Eye Banks	01
EDC	-
No. of NGO eye hospital	

State specific issues:

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1. There is no reporting of Trachoma in the UT.
2. Diabetic clinics are being run where examination of the fundus and florescent angiography is done. If needed treatment with laser is also being done.

3. There are no NGOs working with NPCB in UT.
4. Out of 7000 target allocated to the UT, 7437 cataract surgeries were performed.
5. There are no state specific issues.

CHANDIGARH

UT of India with a population of 10.5 lakh. It has only one district, one block, two CHCs and 17 sub-centres. There are no PHCs.

Infrastructure:

District hospitals with separate Eye OT/Ward	01
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	01
No. of eye banks (Govt. + NGO)	2+0=2
EDC	0
No. of Vision Centres	5
No. of PMOA (Govt+ Private)	0

State Specific Issues:

1. No reporting for trachoma. Still SPO was asked to be vigilant for it.
2. No reimbursement for other eye diseases were done so SPO is not aware about current status about no. of patients diagnosed and treated.
3. Despite of having very good infrastructure at PGIMS Chandigarh, less no. of cataract surgeries and corneal collection is being done. Utilization rate for the collected corneas are also less (56.8%).
4. Salary of contractual eye surgeon and other staff to be enhanced.
5. Fate of other contractual staff after 11th five year plan. It was assured that they can be continued.
6. SPO Chandigarh also requested that complete information regarding mishaps must be shared with all SPOs. It should include what was the reason and outcome.
7. SPO Chandigarh requested for the reduction in time period for the subspecialty training from 6 months to 3 months. However most of the SPOs were in favor of the current duration (6 months) of the training.
8. SPO Chandigarh inquired that in case of all diagnostic procedures and facilities provided to patients and no therapeutic facility provided or not needed, can a NGO claim for reimbursement? DDG(O) clarified their doubt that Rs. 1000 can be reimbursed only after providing treatment to the patient. It is not done for diagnostic procedures.

9. Some short term trainings (like Yag laser etc.) can be arranged by state locally. TA/DA to the participants can be provided from funds available for management of State Health society.
10. Six NGOs are working in the UT. There are no pending liabilities.

HARYANA

State Haryana has a population of 2.38 lakh. It has 21 district and 82 block. There are 441 PHCs, 111 CHCs and 2433 subcentres. Prevalance of Blindness in the state is 1.1%

Infrastructure:

District hospitals with separate Eye OT/Ward	16
District Hospitals with shared Eye OT/Ward	04
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	01
No. of eye banks (Govt. + NGO)	1+4=5*
EDC	20+1*
Existing Eye Banks	12
Existing EDCs	22
No. of Vision Centres	63
No. of PMOA (Govt+ Private)	5
Govt. Medical Colleges	3

1. **State Specific Issues: Approximately 200 cases of trachoma have been reported by the various health facilities during the year 2011. There is little information about the corrective surgeries done.**
2. There is nil reporting for other eye diseases.
3. Despite having 12 eye banks only five eye banks are fulfilling the criteria of being an eye bank.
4. During the 11th Plan State Government is considering to establish 1-2 Eye Banks in Government Sector, Bhiwani / Panchkula. Setting up of Diabetic, Glaucoma clinics & Retina units in District Hospitals for taking up initiatives of diseases like DR and ARMD and training of Eye Surgeons in medical retina & VR surgeries.
5. There is only one Govt. Medical College having 20 eye surgeons and performing 6430 cataract surgeries.
6. Requested that information regarding Sub-Speciality training of Eye surgeons may kindly 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.
7. SPO requested for sanction of Mobile unit dedicated to Ophthalmology.

8. Delegation of financial powers under NPCB in respect of Chairman, Vice Chairman and Member Secretary may be specified.
9. Salary of contractual eye surgeon and other staff should be increased at par with NRHM.
10. Annual increment of 5%-10% in salary of the contractual staff.
11. Rules regarding sanctioning of leave that is Casual leave, earned leave and Maternity leave, extra ordinary leave may also be framed.
12. Transfer rules for the staff working on contractual basis may also be framed.
13. Need to frame rules for TA/DA to the contractual staff
14. There are 204 NGOs are working with NPCB and their pending liabilities are approximately Rs.1.19crore to be liquidated soon.

KERALA

Kerala has a population of 3.18 crore. It has 14 districts and 152 blocks. Prevalence of blindness in the state is less than 1%

Infrastructure:

District hospitals with separate Eye OT/Ward	11
District Hospitals with shared Eye OT/Ward	03
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Medical Colleges (Govt.+ Private)	5+01=6
No. of eye banks (Govt. + NGO)	0+2=0*
EDC	3+1=4
Total no. of Existing Eye Banks	12
Total no. of Eye Donation Centres	04
No. of Vision Centres	39
No. of PMOA training Centres (Govt+ Private)	20
No. of Govt. Medical Colleges	05

***As per NPCB Definition**

State Specific Issues:

1. There is no Trachoma reporting in the state.
2. Though there are 12 Eye banks only six are fulfilling the criteria of being an eye bank as per NPCB guidelines.
3. SPO requested that since no funds have been sanctioned towards recurring GIA for Eye donation, for the procurement of medicine and maintenance of Ophthalmic equipment, for which Rs.14 Lakhs and Rs.111 Lakhs respectively have been sought for, may be considered.
4. State's 5 Govt. Medical Colleges are also underutilized in terms of cataract surgeries performed Vs. eye surgeons available.

5. Rs. 40 Lakhs each have been disbursed to all four Govt. Medical Colleges and one RIO in the state. The SPO requested that the possibility of sanctioning further GIA to RIOs and Medical Colleges may be considered. Director informed that funds have been sanctioned as per PIPs.
6. Kerala being a large state, is eligible for Rs. 14 lakhs for the management of State & District Offices whereas Rs. 7 Lakhs only has been sanction in the PIP. This is quite insufficient. The entire eligible amount of Rs.14 Lakhs may be sanctioned. It was informed that this was an inadvertent error and would be considered keeping the total outlay at the same level.
7. Ten PMOA are currently working with NPCB. During the current year PIP 15 more posts have been sanctioned. Process of recruitment of five additional PMOA is in the process.
8. Ophthalmic surgeons are reluctant to join duty at the Salary of Rs. 25000/ month. It was suggested that at least Rs. 40000/ month has to be offered if specialists are to come forward for the job.
9. NRHM (State H&FW Society) is not honoring the Cheques relating to the honorarium to SPO, DPOs & Accounts Clerks, despite repeated requests; on the pretext that state Govt has stopped the payment of project allowance sanctioned by NRHM. All financial transactions under NPCB state society are routed through the State Mission Director NRHM who is the Executive head of State Health & Family Welfare Society.

GUJARAT

Gujarat has a population of 5.31 crore. It has 25 districts and 265 blocks. Prevalence of blindness as per the survey conducted in 2006 is 0.95%.

Infrastructure:

Regional Institute of Ophthalmology	01
District hospitals with separate Eye OT/Ward	25
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	01
No. of eye banks (Govt. + NGO)	6+7=13*
EDC	6
No. of Vision Centres	550
No. of PMOA (Govt+ Private)	3
State Ophthalmic Cell	01
District Mobile Units	14
Central Mobile Units	02
Eye Banks Registered Under Transplantation of Human Organ Act	43
Eye donation Centres	42

Private Medical Colleges	03
Government + Corporation Medical Colleges	08
Sub district hospitals having eye care facility	23
District Blindness Control Societies	25
*As per NPCB Definition	

State Specific Issues:

1. Gujarat is the state which has successfully restricted the trachoma spread and able to convert endemic areas to non endemic areas. This has been made possible by the SAFE strategy which include
 - i. Safe water supply
 - ii. Improved personal hygiene
 - iii. Ensuring availability of drugs like tetracycline eye ointments, Sulphacetamid eye drops, Azithromycin eye drops and medicines to endemic areas
2. **Gujarat also shared its experience of having no pendency of NGO reimbursement. SPO Gujarat informed the participants that all District hospitals in Gujarat are NABH accredited. Information of each patient treated is being recorded via use of HMIS system. This has made easy payment of NGOs dues. There are total 221 NGO working in the state.**
Director NCD requested the other states to follow the good practice efficiently implemented by Gujarat in handling trachoma and in building partnership with NGOs
3. Gujarat is collecting more than 7000 corneas out of which only 19.6% is only utilized.
4. There are six Govt. Medical Colleges in the state, all are underutilized in terms of cataract surgeries performed.
5. Currently charge of District Programme Manager is held by District Ophthalmic Surgeon. District Ophthalmic Surgeon has to look after OPD & OT activities. So, Ophthalmic Surgeon cannot provide enough time to perform DPM activities. SPO recommend for re establishment of post of DPM at each DBCS. [Similar cases were also reported by other states also.]

CHHATISGARH

Chhattisgarh has a population of 2.55 crore. It has 18 districts and 146 blocks. There are 721 PHCs, 146 CHCs and 4776 sub-centres in the state. Prevalence of blindness as per the survey conducted in 2006 is 1.6%.

Infrastructure:

District hospitals with separate Eye OT/Ward	14
District Hospitals with shared Eye OT/Ward	4
No. of Hospitals without an Eye surgeon	02
No. of Eye banks in Govt. Medical Colleges	02
No. of eye banks (Govt. + NGO)	0+2=2*
EDC (Govt. + NGO)	1+1=2*
Total existing Eye Banks (Govt. + NGO)	2+2=4
Total Existing EDC (Govt. + NGO)	1+1=2
No. of Vision Centres	52
No. of PMOA (Govt+ Private)	3

As per NPCB Definition*State Specific Issues:**

1. There is no passive reporting about trachoma. State need to look actively for trachoma cases especially in tribal and remote districts.
2. Though there are total four eye banks and two eye donation centres working in the state but only two eye banks (private sector) are fulfilling the criteria of an eye bank (collection of more than 50 corneas annually) as per NPCB guidelines. Though their eye collection is less (173) but utilization rate is appreciable (74.6%).
3. State is also running special clinics for newer diseases as per the below given schedule:
Monday---- Glaucoma clinic
Thursday---Retina Clinic
Saturday---- Paediatric Ophthalmology clinic
4. The SPO informed that the state has nine tribal Districts which lack in facility, education and resources, hence the performance is subnormal. Special drive for IEC in the area was proposed but not sanctioned in ROP.
5. Target for cataract surgery is too high. DDG (O) assured the SPO that the reduction of the target would be looked into.
6. State expressed difficulty in procurement of IOL and suture material. SPO urged for establishment of rate contract at centre. Many other SPOs from other states also agreed upon the same point. Director NCD assured that this would be taken up in the 12th five year plan.
7. **State demanded for separate computers and printers at District level. Dr. A.S. Rathore informed the participants that while launching of HIMS system, computers were provided. Director NCD requested all states to ensure availability of DEOs and computers as directed by the centre through its letter of the year 2007.**

8. During the month of September state celebrated Netra Jyoti Mela, in which IEC about NPCB activities is done on mega scale.
9. There are 137 NGOs working with NPCB and their pending liabilities are of Rs. 95 lakh. States were asked to reimburse the amount for those cataract surgeries only for which they were asked to perform.
10. Funds for sentinel surveillance units have not been released. From first July onwards all reporting will be online.

UTTARAKHAND

Uttarakhand has a population of 1.1 crore. It has 13 districts and 95 blocks. There are 257 PHCs, 95 CHCs and 1848 sub-centres in the state. Prevalence of blindness as per the survey conducted in 2006 is 0.56%.

Infrastructure:

District hospitals with separate Eye OT/Ward	10
District Hospitals with shared Eye OT/Ward	03
No. of Hospitals without an Eye surgeon	03
No. of Eye banks in Govt. Medical Colleges	02
No. of eye banks (Govt. + NGO)	0+0=0*
EDC (Govt. + NGO)	1+1=2*
Total existing Eye Banks (Govt. + NGO)	0+0=0
Total Existing EDC (Govt. + NGO)	1+1=2
No. of Vision Centres	24
No. of PMOA (Govt+ Private)	1

*As per NPCB Definition

State Specific Issues:

1. State has reported significant number of (8090) of trachoma cases. Earlier also in the rapid assessment of trachoma done in 2006, Uttarakhand reported highest prevalence of it. **Hence it was suggested that they should conduct a survey to assess the current status of trachoma in the state.**
2. There was only one eye bank in the state but its license was cancelled due to its below normal functioning. State wants to renew the eye bank. Out of two Eye Donation centres only one is functioning.
3. Since there is one functional eye donation centre, collected corneas are transported to Venu eye hospital, Delhi for keratoplasty. SPO Uttarakhand asked for reimbursement procedure in such a case. Dr. S.K. Bansal (SPO Delhi) informed that SPO Uttarakhand may confirm it from Venu Eye Hospital. Venu Eye Hospital can claim Rs 1500 per eye collection out of which Rs. 1000/ collected eyes may be reimbursed to the Uttarakhand

cases. As state has no functional eye bank their collection of donated eyes and utilization rate is very low. There is good scope for improvement.

4. Three districts are without eye surgeons, unable to employ on contractual basis because of salary issue.
5. There are two Govt. Medical College in the state having 10 eye surgeons and performing only 559 cataract surgeries again highlighting the issue of underutilization of govt. Medical Colleges.
6. Because of recent joining of SPO, state is not able to procure equipments for tele-ophthalmology.
7. There are total Seven NGOs working with NPCB and their pending liabilities are about Rs. 40.75 lakh to be liquidated soon.

BIHAR

Bihar has a population of 10.4 crore. It has 38 Districts and 534 PHCs. Prevalence of blindness as per the survey conducted in 2006 is 0.78%.

Infrastructure:

District hospitals with separate Eye OT/Ward	7
District Hospitals with shared Eye OT/Ward	11
No. of Hospitals without an Eye surgeon	06
No. of Eye banks in Govt. Medical Colleges	02
No. of eye banks (Govt. + NGO)	0+0=0*
EDC (Govt. + NGO)	0+0=0*
Total existing Eye Banks (Govt. + NGO)	2+1=3
Total Existing EDC (Govt. + NGO)	0+0=0
No. of Vision Centres	05
No. of PMOA (Govt+ Private)	07

***As per NPCB Definition**

State Specific Issues

1. There is no reporting of trachoma. State was asked to actively look for cases in view of the fact that India has to endeavour for trachoma elimination by 2020.
2. There are total three eye banks in the state but unfortunately none of Eye bank is functioning as Eye bank as per NPCB definition. The poor status of eye banking has been reflected in zero eye collection during the last three years.
3. DDG(O) pointed out that screening of school children for refractive error is less as compared to other states.
4. There is lack of infrastructure in the state. Only seven districts have separate eye OT and six districts are without eye surgeons.

5. **Grant in aid provided for up-gradation of 150 vision centres has not been utilized.**
6. There are 7 Govt. Medical Colleges, all are underutilized in term of cataract surgeries performed and eye surgeon ratio e.g. JLNMCCH, Medical College Bhjagalpur having six eye surgeons and performing only 168 cataract surgeries in a year.
7. Poor salary package of contractual staff is a hurdle in better implementation of the programme. Out of total eight eye surgeons appointed only three joined and two resigned later on. Enhancement in salary of contractual staff may be done through NRHM flexi pool.
8. **State is not able to utilize money allocated. There is approximately Rs seven crore unspent balance with the State.**
9. There are 104 NGOs working with NPCB and their pending liabilities are of Rs. 6.25 crore, which the state has to liquidate.

WEST BENGAL

West Bengal has a population of 8.01 crore. It has 19 districts and 348 blocks. There are 924 PHCs and 10356 sub-centres in the state. Prevalence of blindness as per the survey conducted in 2006 is <1%.

Infrastructure:

District hospitals with separate Eye OT/Ward	15
District Hospitals with shared Eye OT/Ward	01
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	02
No. of eye banks (Govt. + NGO)	2+4=6*
EDC (Govt. + NGO)	0+4=4*
Total existing Eye Banks (Govt. + NGO)	17
Total Existing EDC (Govt. + NGO)	10
No. of Vision Centres	153
No. of PMOA (Govt+ Private)	4

*As per NPCB Definition

State Specific Issues:

1. There is no reporting of trachoma. Now onwards state has promised to look actively for trachoma cases.
2. West Bengal reimbursed Rs. 83000 to NGOs for treatment of other eye diseases.

3. Out of total 17 existing eye banks and ten EDCs only six eye banks and four EDCs are fulfilling the NPCB criteria of being eye bank and EDC. There is approximately 50% utilization rate of the collected eyes.
4. There are 13 Govt. Medical Colleges out of which 4 are newly constructed, all are underutilized.
5. No fresh recruitments have been done for eye surgeons since last three years. Currently there are 18 vacancies in the state. There is only one contractual eye surgeon in the state. Not able to hire more because of poor salary package.
6. Interview for engagement of 20 optometrist has been done. Process for employment of 58 contractual MT (Optometry) has been already started.
7. SPO requested for at least 30 slots for trainings.
8. SPO inquired about the number of foldable lenses, can be procured by the State. DDG (O) informed that provision for procurement of foldable lenses is not covered by the programme guidelines.
9. NGO pending liabilities with the state is about Rs. four crore to be liquidated by the state.

JHARKHAND

Jharkhand has a population of 2.70 crore. It has 24 districts and 212 blocks. There are 330 PHCs, 194 CHCs and 3958 sub-centres. Prevalence of blindness as per the survey conducted in 2006 is 1.4%.

Infrastructure:

District hospitals with separate Eye OT/Ward	11
District Hospitals with shared Eye OT/Ward	01
No. of Hospitals without an Eye surgeon	01
No. of eye banks in Govt. Medical Colleges	02
No. of eye banks (Govt. + NGO)	3+2=5*
EDC (Govt. + NGO)	0+1=1*
Total existing Eye Banks (Govt. + NGO)	5
Total Existing EDC (Govt. + NGO)	01
No. of Vision Centres	85
No. of PMOA (Govt+ Private)	4

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting of trachoma cases. Considering the fact that it is a newly established state and poor infrastructure, state was advised to do active search for trachoma cases.

2. Despite having five eye banks out of which three are in Govt. Medical Colleges, donated eye collection of the state was just 38 during the year 2010-11.
3. Provision of treatment of other eye diseases was not taken up by the state. This has been reflected by zero reimbursement for treatment of other eye diseases.
4. There are three govt. Medical Colleges in the state; all are underutilized.
5. Enhancement in the reimbursement amount of Rs. 750 for cataract surgery and Rs. 1000 for treatment of other diseases was asked for.
6. Issue of salary of contractual staff was raised by the SPO as done by others. Because of it, SPO complained about poor human resource in the state.
7. In the state more than 80% of work has been done by NGO. DDG (O) NPCB said that it is better to have a NGO in a controlled manner.
8. There are 106 NGO working with NPCB. Their pending liabilities are Rs. 1.2 lakh only. They had zero pending liabilities during the previous two years.

DAY-2 (29.6.2011)

ARUNACHAL PRADESH

Arunachal Pradesh has a population of 10.97 lakh. It has 16 districts and 110 blocks. There are 119 PHCs, 50 CHCs and 523 sub-centres. Prevalence of blindness in the state as per the sample survey done in 2003 is 2.28%.

Infrastructure:

District hospitals with separate Eye OT/Ward	3+2
District Hospitals with shared Eye OT/Ward	04
No. of Hospitals without an Eye surgeon	05
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0
EDC (Govt. + NGO)	0+0=0*
Total existing Eye Banks (Govt. + NGO)	0
Total Existing EDC (Govt. + NGO)	04
No. of Vision Centres	41
No. of PMOA (Govt+ Private)	0

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting of trachoma cases. Now state has started tracking of trachoma cases.

2. There are three district hospitals having separate eye OT, one is under construction, to be completed very soon. Money has been released for construction of another two separate eye wards/OT.
3. There are no eye banks in the state. Though there are four eye donation centres but number of collected eyes during last three years is zero.
4. Target for cataract surgery provided by the centre is too high.
5. SPO is finding it difficult to procure spectacles @ Rs. 200 and is providing cash assistance to the students who were detected with refractive error. In response other states quoted their example where they are able to procure spectacles even at a rate less than Rs. 200. Dr. A.S. Rathore quoted the example of Paurigarwal, where SPO was able to dispense spectacles and suggested that SPO can identify 2-3 vendors on the main road from where students could take their spectacles.
6. Issue of salary of contractual staff was raised by the SPO. However state has managed to deploy its surgeons & PMOAs optimally.
7. Despite of having facility of fundus camera absence of laser facility make treatment of the patients with diabetic Retinopathy difficult.
8. Recurring grant in aid of Rs. 1000 for treatment of other diseases is a meager amount, needs to be revised.

SIKKIM

Sikkim has a population of lakh. It has 4 districts, 24 PHCs, and 4 CHCs in the state.

Infrastructure:

District hospitals with separate Eye OT/Ward	1
District Hospitals with shared Eye OT/Ward	03
No. of Hospitals without an Eye surgeon	01
No. of eye banks (Govt. + NGO)	0
EDC (Govt. + NGO)	0*
Total existing Eye Banks (Govt. + NGO)	0
Total Existing EDC (Govt. + NGO)	04
No. of Vision Centres	20
No. of PMOA (Govt+ Private)	0

***As per NPCB Definition**

State Specific Issues:

1. There is nil reporting of trachoma in the state.
2. There are no Eye banks and Medical College in the state.

3. Construction of dedicated eye ward/OT is near completion (approved in 2008-09). Dedicated eye wing for district hospital (south) approved in 2009-10 is also near completion.
4. Patients screened for other diseases are referred to AIIMS and other empanelled hospitals.
5. Distribution of spectacles to the children is also less. DDG(O) suggested that the SPO must remember the schools and areas which were covered under school eye screening programme during previous year to avoid duplication. SPO must try to cover those areas first which were left during the last year.
6. State is not able to perform as per their targets allocated because of monsoon, difficult terrain and preoccupation of medical officers in other health programmes.
7. Salary of Existing Manpower under NPCB is not approved in ROP 2011-12. Utilization certificate was not submitted.
8. Requirement of driver for Mobile Ophthalmic Unit Purchased under approved ROP 2009-10 NPCB has to be done.
9. Unlike other National Programmes, Provision for enhancement in salary (annual increment) for contractual Staff is not under NPCB.
10. Mobile ophthalmic unit has been procured. Requirement of following manpower for Mobile Ophthalmic Unit is as follows:

a. Ophthalmologist/M.O	---1
b. Nurses	---2
c. PMOAs	---2
d. Driver	---1
11. Salary of contractual staff should be increased with provision of 10% annual increment.

JAMMU AND KASHMIR

Jammu divisions of State J& K has a population of 51 lakh which is expected to increase up to 55 lakh by 2011-12. State has 10 districts and 40 blocks. There are 967 sub-centres, 178 PHCs and 30 CHCs. Prevalence of blindness in the state is 1.1%.

There was representation from Jammu division. The analysis of data pertains to Jammu division only. **Kashmir division was not represented.**

Infrastructure:

District hospitals with separate Eye OT/Ward	05
District Hospitals with shared Eye OT/Ward	05
No. of Hospitals without an Eye surgeon	00

No. of eye banks (Govt. + NGO)	0
EDC (Govt. + NGO)	0*
Total existing Eye Banks (Govt. + NGO)	0
Total Existing EDC (Govt. + NGO)	0
No. of Vision Centres	04
No. of PMOA (Govt+ Private)	07

***As per NPCB Definition**

State Specific Issues:

1. There is nil reporting of trachoma. IEC is being done in the Jammu division through seminars conducted in Schools and Village Panchyat Ghars regarding the trachoma and its sequels. Distribution of handbills and display of hoardings related to the disease was carried out in rural as well as urban areas.
2. There are no Eye banks in the state and hence zero eye collection.
3. There is one Govt. Medical College, 15 eye surgeons performing only 1862 cataract surgeries in a year, indicating underutilization.
4. There is lack of infrastructure in the district hospitals. There are no green argon laser, fundus camera and lacking of basic eye equipments. DDG suggested that a survey should be conducted and a list of equipments which are needed made. Quality of equipments must be a priority.
5. Divisional programme officer informed that target for cataract surgeries is too high. He also requested that because of hilly & difficult topographic conditions and also the militancy related problems there should be special considerations for J&K State regarding the fixation of targets and release of funds.
6. No. of spectacles distributed to the school children are very less (only 24) for the year 2010-11. Delegate from Jammu division informed that because of lack of funds they could not achieve their targets.
7. Jammu was not requesting for any trainings because of lack of funds. He was informed that NPCB provide grant in aid to the training institute and there is no state's responsibility.
8. **There are two different directors for two divisions i.e. Jammu and Kashmir. The approved PIP reflects PIP for Jammu division only. Programme divisional officer from Jammu informed that both the divisions prepared separate PIPs and submitted to respective directors. Now the approved PIP is reflection of only one division the approved grant has to be divided in to two halves.**
9. **He also demanded the constitution of separate division level societies for Jammu & Srinagar divisions of J&K and funds should directly be released to division level.**

10. Regular grant-in-aid should be reimbursed for various activities of NPCB in J&K. In the years 2008-09, 2009-10 & 2010-11 no funds were released to health departments of J&K. Director NCD informed the Jammu divisional officer that non submission of utilization certification since last three-four years and state's non participation in programme meetings/ workshops, led to the non release of grant in aids to the state.
11. There are no contractual staff under NPCB. In the Action Plan year 2011 -12 Jammu have proposed the requirement for the following contractual staff:-
- | | | |
|---|---|----|
| ○ Ophthalmic Surgeons | – | 05 |
| ○ Ophthalmic Assistants | – | 05 |
| ○ Budget and Finance Officer | – | 01 |
| ○ Administrative Asstt/Statistical Asstt. | – | 01 |
| ○ Data Entry Operator/Steno/LDC | – | 01 |
| ○ Peon | – | 01 |
12. There is huge amount of money left with Medical College. Immediate provision should be made so that money can be utilized for NPCB activities.
13. A zone wise meeting can be arranged to sort out the problems.
14. There are 12 NGOs working with NPCB and their pending liabilities are approximately Rs. 30 lakhs to be liquidated by the state

TRIPURA

Tripura has a population of 32 lakh. It has 4 districts and 40 blocks. There are 79 PHCs, 11 CHCs and 627 sub-centres in the state. Prevalence of blindness in the state is 1%.

Infrastructure:

District hospitals with separate Eye OT/Ward	04
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	01
No. of eye banks (Govt. + NGO)	1
EDC (Govt. + NGO)	0+0=0*
No. of Vision Centres	06
No. of PMOA (Govt+ Private)	0
Govt. Medical College	
01	

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting of trachoma cases.
2. Though there is one eye bank in Govt. Medical College, no. of cornea collected during the year 2010-11 is only 10 out of which seven were utilized for keratoplasty.

3. Only 120 patients of other diseases were screened and treated during the year 2010-11.
4. One district hospital and two vision centres were upgraded during the year 2010-11.
5. There is only one Govt. Medical College having 5 eye surgeons performing only 620 cataract surgeries in a year.
6. There are total 40 tele-ophthalmology units in the state. Total 1.07 lakh patients were examined during last three years. SPO requested for more funds for better implementation.
7. Funds required for maintenance of all costly equipments procured under NPCB is too less. It should be increased from five lakh to 25 lakh.
8. No trainings were done during previous year but for the current year three request has been sent to NPCB.
9. Contractual manpower salary should be enhanced up to 50% of current salary.
10. One NGO (P.C. Chatterjee Memorial Hospital) was supported with Rs.25 lakh in the year 2006-2007. There are no pending liabilities.

ASSAM

Assam has a population of approximately 3.16 crore. It has 27 districts. There are 149 PHCs and 100 CHCs. Prevalence of blindness in the state is 0.58%.

Infrastructure:

District hospitals with separate Eye OT/Ward	07
District Hospitals with shared Eye OT/Ward	05
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	03
No. of eye banks (Govt. + NGO)	0+ 2*
EDC (Govt. + NGO)	0+1=1*
Total existing Eye Banks (Govt. + NGO)	05
Total Existing EDC (Govt. + NGO)	02
No. of Vision Centres	75
No. of PMOA (Govt+ Private)	2
Govt. Medical College in the state	04

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting of trachoma cases.
2. Regarding treatment of other diseases facility for laser is available in the state. As reimbursement regarding the same is pending, SPO is not aware of current status of other diseases.

3. State managed to buy spectacles @ Rs. 250 per spectacles as compared to approved rate Rs. 200 per spectacle.
4. Though there are five eye banks in the state only three are working as eye bank as per NPCB guidelines. Similar situation is with EDCs. Out of total 2 EDC only one is functioning.
5. Eight Designated Eye OTs & Eye Wards were completed in different districts during the year 2007-08 and six designated Eye OTs at district hospital of Kokrajhar, Dhemaji & Nalbari are under process of construction during the year 2009-10.
6. Four Designated Eye OTs at the following institutions are approved in PIP 2010-2011 and files are in the process for construction & funds have been released to NRHM construction cell.
 - I. Cachar district.
 - II. Jakhlabandha FRU, Nagaon district.
 - III. Titabar FRU, Jorhat district.
 - IV. Sonari FRU, Sivasagar district.
 - V. N.C.Hills district.
 - VI. Bongaigaon district.
7. No trainings were done during previous year but for the current year three requests have been sent to NPCB.
8. 36 NGOs are working with NPCB. There are no pending liabilities.

MEGHALAYA

Meghalaya has a population of approximately 23.18 lakh. It has 7 districts and 39 blocks. There are 106 PHCs, 31CHCs and 406 sub-centres. Prevalence of blindness in the state is 0.74%.

Infrastructure:

District hospitals with separate Eye OT/Ward	01
District Hospitals with shared Eye OT/Ward	06
No. of Hospitals without an Eye surgeon	02
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0*
EDC (Govt. + NGO)	0*
No. of Vision Centres	30
No. of PMOA (Govt+ Private)	-
Govt. Medical College in the state	01

***As per NPCB Definition**

State Specific Issues:

1. Reporting for trachoma and other eye diseases is zero.

2. There are no eye banks and eye donation centres in the state.
3. There is one district hospital having separate eye OT. Grant in aid was provided for construction of two more separate eye OTs at Ialong Jowai and Nongpoh respectively, during the year 2009-10 and 2010-11. **By the end of December Eye OT at Ialong Jowai will be completed. Work order was released only on 1st June, 2011 for Nongpoh.**
4. There is lack of trained health personnels in the state.
5. No NGO is working with NPCB.
6. Vehicle for each District & One for the Central Mobile Unit are required as the cost of hiring is very high and sometimes it is not available also especially in remote areas.

MANIPUR

Manipur has a population of approximately 23 lakh. It has 9 districts and 25 blocks. There are 73 PHCs, 16 CHCs and 370 sub-centres. Prevalence of blindness in the state is 0.78%.

Infrastructure:

District hospitals with separate Eye OT/Ward	03
District Hospitals with shared Eye OT/Ward	07
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0*
EDC (Govt. + NGO)	0*
No. of Vision Centres	10
No. of PMOA (Govt+ Private)	-
Govt. Medical College in the state	02

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting for trachoma and other eye diseases.
2. Though there is one eye bank, at least two more are required in the state. Development of one eye bank is under process. Opening up of Eye Donation Centres at suitable institution is required.
3. Three district hospitals were supported during the earlier plan, seven more are required to be upgraded. Up-gradation of District Hospital by increasing manpower and infrastructure for better eye care services is needed to be done.
4. No dedicated eye wings or OTs in the state, three are required to develop. Total five shared eye OTs are in the state out of which three are funded by state and two by central Govt.
5. Installation of Mobile Ophthalmic Unit with Tele- network is under process. Only Rs. 40 lakh was received out of Rs. 60 lakh.

6. During 11th five year plan development of 10 vision centres and up-gradation of one Medical College was done.
7. More training slots are required for Training of Medical Officers (of Govt.sector,Private Hospital), Ophthalmic Nurse and PMOAs in Eye related matters to improve eye care services.
8. Procurement of Ophthalmic instrument/equipments for the use of Thoubal Hospital, Bishnupur Hospital, Chandel Hospital, Tamenglong Hospital, Senapati Hospital, and Ukhrul Hospital and for 3(three) NGOs(Viz: 1. Shija Hospital, Langol Imphal. 2. Imphal Eye Clinic RIMS Road, Imphal. 3. The Lion Club, Sangaiprou, Imphal). during the year 2011-12
9. Setting up of District Mobile Ophthalmic Unit for effective implementation of NPCB Programmes.
10. Procurement of Xerox Machine, Laptop, Fax machine, Computer and Genset with full accessories for effectifve functioning of State Ophthalmic Cell & all the DBCSs.
11. There should be provision of vehicle for State Programme Officer (NPCB) & all the DPMs (DBCS) for monitoring and supervision of various programme activities throughout the State.
12. One Medical College in the state was supported during 2010-11. Support for two more is required. States find it difficult to have trained manpower for the state because of high turnover.
13. Seven NGOs are working with NPCB in the state.

MIZORAM

Assam has a population of approximately 10.19 lakh. It has 8 districts and 25 blocks. There are 57 PHCs, 12 CHCs and 370 sub-centres. Prevalence of blindness in the state is 0.78%.

Infrastructure:

District hospitals with separate Eye OT/Ward	01**
District Hospitals with shared Eye OT/Ward	04
No. of Hospitals without an Eye surgeon	04
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0+ 0*
EDC (Govt. + NGO)	1+0=1*
Total existing Eye Banks (Govt. + NGO)	1+0=01
Total Existing EDC (Govt. + NGO)	01
No. of Vision Centres	27
No. of PMOA (Govt+ Private)	2
Govt. Medical College in the state	00

***As per NPCB Definition**

**** Four under construction**

State Specific Issues:

1. There is no reporting of trachoma and other eye diseases.
2. Though there is one eye bank in the state, it is not functioning as per NPCB guidelines. Similar situation is with EDC. No. of Eye collected during 2010-11 is only 10 and there is no information regarding their utilization too.
3. There are four Eye OTs under construction. Grant in aid has been provided to state for construction of two more separate eye OTs during the current financial year.
4. Along with 27 vision centres there are three tele-ophthalmology centres.
5. There is only one Medical College in the state, having eight consultants performing 868 cataract surgeries annually. **There is insufficient infrastructure in the state and four district hospitals are without eye surgeons.**
6. Regarding tele-ophthalmology units, state has procured five vehicles. But there are other issues like driver, maintenance etc.
7. Salary of the contractual staff is too less. SPO requested for enhancement in the salary of contractual staff.
8. There is only one NGOs working with NPCB. State's pending liabilities are fifteen lakh only to be liquidated by the state.

NAGALAND

Nagaland has a population of approximately 19.80 lakh. It has 11 districts and 52 blocks. There are 126 PHCs, 21 CHCs and 396 sub-centres. Prevalence of blindness in the state is 1.05% (rapid assessment of blindness done in 2003).

Infrastructure:

District hospitals with separate Eye OT/Ward	03
District Hospitals with shared Eye OT/Ward	06
No. of Hospitals without an Eye surgeon	02
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0*
EDC (Govt. + NGO)	0*
Total existing Eye Banks (Govt. + NGO)	00
Total Existing EDC (Govt. + NGO)	00
No. of Vision Centres	26
No. of PMOA (Govt+ Private)	0
Govt. Medical College in the state	00

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting for trachoma and other diseases included during 11th five year plan as a new initiative.
2. There is no eye banking activity in the state.
3. There is no state funded eye OT. Total existing eye OT s are three (all are supported by NPCB).
4. Funds provided during the year 2008-09 were utilized in construction of an eye OT at District Hospital Phek, which was completed on 25.1.2011. State NPCB is planning to construct another eye OT at District hospital Tuensang.
5. During the year 2008-09 and 2010- grant in aid was provided for establishment of tele-ophthalmology unit. But state was not able to implement and money was utilized for construction of Eye ward and OT.
6. There are 12 regular eye surgeon and 41 (29 regular+12 contractual) PMOAs. Five more PMOAs more are required.
7. No NGO is working with NPCB. Only one camp was done for which reimbursement has been done.
8. Except salary of contractual staff no other issue mentioned by the SPO.



PUDUCHHERY

Puduchhery has a population of approximately 11 lakh. It has 4 districts. Prevalence of blindness in the state is 0.38%.

Infrastructure:

District hospitals with separate Eye OT/Ward	03
District Hospitals with shared Eye OT/Ward	01
No. of Hospitals without an Eye surgeon	01
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	1+ 2=3*
EDC (Govt. + NGO)	1+0=1*
No. of Vision Centres	31
No. of PMOA (Govt+ Private)	0
Govt. Medical College in the state	08

*As per NPCB Definition

State Specific Issues:

1. There is no reporting for trachoma and other diseases included during 11th five year plan as a new initiative.

2. There are three eye banks and one eye donation centre in the state. The utilization rate for collected corneas is only 38.2 %.
3. Four vision centres were upgraded during the year 2010-11.
4. Two Govt Medical Colleges in the state also showed underutilization.
5. Except salary of contractual staff no other issue mentioned by the SPO.
6. SPO quoted the example of Arvind Eye hospital where they screened the patient from Puducherry but treatment and payments were made in Tamilnadu. SPO desired clarification in terms of NPCB guidelines in such a case.
7. SPO also requested that there should be provision of appointment of staff nurse under NPCB in 12th five year plan. Salary can be made as per NRHM guidelines.
8. Two NGOs are working with NPCB. No pending liabilities are there.

DELHI

Has a population of approximately 1.60 crore. It has 9 districts. Prevalence of blindness in the state is 0.38%.

Infrastructure:

District hospitals with separate Eye OT/Ward	18
District Hospitals with shared Eye OT/Ward	09
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	03
No. of eye banks (Govt. + NGO)	2+ 4=6*
EDC (Govt. + NGO)	0+0=0*
Total no. of existing Eye Banks	9
EDC	0
No. of Vision Centres	0
No. of PMOA (Govt+ Private)	No information

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting for trachoma. Regarding other eye diseases which were included during 11th five year plan as a new initiative, all 27 hospitals have facility for screening and treatment.
2. There are total 9 existing eye banks, five have been upgraded till 2010-11. Three eye banks are not fulfilling the criteria of being an eye bank as per NPCB guidelines.
3. The RPCentre, Shroff, Sewa, Venu and Ganga Ram Hospital eye banks have been provided the non recurring grant of Rs 10 lakhs and 8 eye banks excluding GGSIEB are being given the recurring assistance of Rs 750 per eye collected.

4. All five Govt. Medical Colleges, despite having very good infrastructure and manpower observed underperformance in term of cataract surgeries performed.
5. Equipments and consumables were provided to 21 district hospitals in the process of their up-gradation.
6. Funds have been released to IDHS for up- gradation of two vision centres during the year of 2009-10 and for twelve during the year of 2010-11.
7. There are no PMOAs in the state although funds for hiring 14 of them have been released to IDHS in last 2 years.
8. There are procurement issues. **SPO cannot procure without permission from NRHM director in the state.** Limit of procurement of equipments/ consumables should be enhanced.
9. There should be flexibility within recurring grants.
10. Out of ten eye donation counselors, only two are currently working, rest has left the job due to salary issue.
11. There is no integration in the programmes under NRHM.
12. Fourteen NGOs are working with NPCB. No pending liabilities are there.

ANDAMAN & NICOBAR ISLAND

Andaman & Nicobar Island has a population of approximately 4.94 lakh. It has 3 districts 8 blocks. There are 19 PHCs, 4 CHCs and 114 Sub-centres. Prevalence of blindness in the state is not known as no survey has been done till now.

Infrastructure:

District hospitals with separate Eye OT/Ward	01
District Hospitals with shared Eye OT/Ward	02
No. of Hospitals without an Eye surgeon	02
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0
EDC (Govt. + NGO)	0*
No. of Vision Centres	23
No. of PMOA (Govt+ Private)	0

***As per NPCB Definition**

State Specific Issues:

1. Trachoma survey was done in 2010-11 in A& N Island. Trachoma infection rate observed was 50.8 % among children aged less than 10 years. A round of mass drug administration has been done in September, 2010. The 2nd round of MDA has been planned by last week of September, 2011.

2. SPO requested for posting of one oculo-plastic surgeon to do surgeries for trichiasis patients which were identified during the trachoma survey.
3. Information about treatment of other eye diseases is not available.
4. Two CHCs (Diglipur, Bambooflat) have been upgraded during 2010-11. Equipments like Snellen's Vision Box , Streak Retinoscope , Punctum Dilator , Foreign Body Spud & Epilation Forceps were procured. Same equipments were procured for PHC Tushnabad, Wimberlygunj Campbell Bay, Billiground during the year 2008-09.
5. During the FY 09-10, budget approved for Strengthening of District Hospital & Vision Centres have been approved, which was not utilized and the same was again approved during the FY 10-11
6. **Staff trained during Mass Drug Administration (MDA) in 2010 have been transferred. Now 2nd round of MDA is due in September, but unable to do because of non availability of trained staff.**
7. **Eye Donation counselors and other trained technicians have been transferred. Money approved for eye donation centre is lying unspent with NPCB as there is no staff to implement the same.**
8. District administration is not allowing procuring operating microscope as it is too costly. Since there is no ophthalmologist it will be of less use. It was suggested that SPO can procure portable sets so that whenever needed can be moved.
9. Grant in aid is needed for maintenance of equipments of Tele-ophthalmology unit established by telemedicine division.
10. As per the training norms, honorarium to in house faculty is Rs.200/-. SPO requested for clarification regarding the amount paid is for one session/lecture or per day and whether the norms have been revised or not.
11. As per the guidelines, monthly honorarium is permissible for SPOs, DPM & Member Secretary of the programme. During this year, the same was projected in PIP, which was not approved.
12. Traveling expenses for training in Mainland should be relaxed in a way, that the traveling expenses of officials from A&N Islands may be reimbursed as per entitlement considering the expenses involved in training at Mainland.
13. No NGO is working in State Health society, A& N Island.

DAMAN & DIU

Daman & Diu has a population of approximately 2.50 lakh. It has two Districts, 3PHCs, 2 CHCs and 26 sub-centres. Prevalence of blindness is less than 0%.

Infrastructure:

District hospitals with separate Eye OT/Ward

District Hospitals with shared Eye OT/Ward	01
No. of Hospitals without an Eye surgeon	01
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0*
EDC (Govt. + NGO)	0*
No. of Vision Centres	3
No. of PMOA (Govt+ Private)	0
Govt. Medical College in the state	0

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting for trachoma and other diseases included during 11th five year plan as a new initiative.
2. Only one NGOs is working having no pending liabilities.
3. No state specific issues.

DADAR & NAGAR HAVELI

Dadar & Nagar Haveli has a population of approximately 3.42 lakh. It has one block, one CHC and 6 PHCs. There are 50 sub-centres. Prevalence of blindness is less than 1%.

Infrastructure:

District hospitals with separate Eye OT/Ward	01
District Hospitals with shared Eye OT/Ward	00
No. of Hospitals without an Eye surgeon	00
No. of Eye banks in Govt. Medical Colleges	00
No. of eye banks (Govt. + NGO)	0*
EDC (Govt. + NGO)	0*
No. of Vision Centres	0
No. of PMOA (Govt+ Private)	0
Govt. Medical College in the state	0

***As per NPCB Definition**

State Specific Issues:

1. There is no reporting for trachoma and other diseases included during 11th five year plan as a new initiative.
2. From April 2011 Red-Cross(NGO) has opened 1 Eye Bank.
3. Only one NGO is working with NPCB. Pending liability of NGO is approximately Rs.3.27 Lakh to be liquidated by the state.
4. Like other states & UTs also complained about less salary package.

HMIS

Dr. Rajshekhar, Eye specialist, Safdar Jung hospital, Delhi made a introductory presentation of the Health Management and Information System developed by NPCB. He informed participants of the objectives of introduction of MIS in NPCB. He also briefed the participants about its applications and advantages. Dr. Rajshekhar gave web based presentation and demonstrated the working of MIS system online. He informed that it will hasten the reimbursement procedure to the NGOs. Along with it there are certain quality checks incorporated in the system which will help in transparency and monitoring and evaluation. In response to SPO query about a NGO having two base hospitals at two separate places, Dr. Rajshekhar informed that particular NGO can register at two places. State specific IDs and passwords were provided to the SPOs and they were informed that MIS workshops have been scheduled and participants from all the states will be provided training to implement the same.

Some Common issues which were discussed during open session:

1. Enhancement in salary of contractual staff
Action: it was assured that this will be taken care of in 12th five year plan. Till then they can manage it through NRHM funds.
2. Most of the SPOs demanded for enhancement of the reimbursement rates for cataract surgery and other eye diseases.
Action: There is proposal for increase of the same in 12th five year plan.
3. Mostly Medical Colleges are underutilized. They are not performing surgeries as per their strength.
Action: DDG(O) suggested that targets should be fixed for all Medical Colleges. It was also suggested that each eye surgeon will perform atleast 200 cataract surgeries in a year. Director suggested a linking up/ networking of RIOs, Medical Colleges and District Hospitals.
4. Most of the SPOs are finding it difficult to implement NPCB under NRHM umbrella. It was demanded that NPCB should be separated from NRHM as a distinct programme.
Action: This will be discussed with concerned authorities.
5. There is almost nil reporting for trachoma and other diseases.
Action: SPOs has to find out the hurdles in its implementation and do the needful.
6. SPO requested for establishment of rate contract for easy procurement.
Action: Director NCD assured that this would be taken up in the 12th five year plan.
7. SPO requested for providing standard guidelines for construction of eye ward/ and operation theater.
Action: Health Education officer Dr. V.K. Tiwari was instructed to upload the material on NPCB website as material is already available with NPCB.



Meeting ended with thanks to the chair and satisfaction of all the participants.

List of Participants

1. Shri Keshav Desiraju, Additional Secretary (Health), Ministry of H&FW
2. Ms. Shakuntala D. Gamlin, Joint Secretary (Admn.), Ministry of H&FW
3. Ms. Sujaya Krishnan, Director (NCD), Ministry of H&FW.
4. Dr. N.K. Agarwal, DDG(O), Dte.GHS.
5. Dr. A.S. Rathore, ADG (O), Dte.GHS.
6. Dr. V. Rajashekhar, Eye Specialist, Safdarjung Hospital, New Delhi.
7. Dr. C. Sankaraiah, Joint Director & SPO (NPCB), Andhra Pradesh
8. Dr. M. S. Rajarathnam, State Programme Officer, Tamil Nadu
9. Dr. S.K. Bansal, SPO (NPCB), Delhi
10. Dr. P.C. Hazarika, Addl. DHS(G) cum SPO, NPCB, Assam
11. Dr. B. Khongsit, SPO (NPCB), Meghalaya
12. Dr. Pranabendu Barman, SPO (NPCB), Tripura
13. Dr. Pramila Giri, SPO (NPCB), Sikkim
14. Dr. K.K. Deb, SPO(NPCB), Arunachal Pradesh
15. Dr. K.S. Rana, SPO(NPCB), Chandigarh
16. Dr. Rajnikanta Singh, State Programme Officer (NPCB), Manipur
17. Dr. F. Lalhminthanga, SPO(NPCB), Mizoram
18. Dr. M. Takonuksung Lemtor, Jt. Director & SPO(NPCB), Nagaland
19. Dr. Anita Shah, Dy. Director (Ophth), A&N Islands
20. Dr. Devesh Tripathi, DPM, Daman & Diu
21. Dr. D. Sendhamizhan Rene, State Programme Officer (NPCB), Pondicherry
22. Dr. Manish Kumar, SPM, Dadar Nagar Haveli
23. Dr. J.K. Gakhar, Deputy Director, Madhya Pradesh
24. Dr. Dinesh Pareek, JS (Ophth.), Jaipur Rajasthan
25. Dr. Pina Soni, I/C State Programme Officer (NPCB), Gujarat.
26. Dr. V.V. Sherly, State Programme Officer (NPCB), Kerala.
27. Dr. R.P. Badoni, State Programme Officer (NPCB), Uttrakhand
28. Dr. Subhash Mishra, SPO (NPCB), Chhatisgarh
29. Dr. V.B. Devari, Directorate of Health Services, Campal Panaji, Goa
30. Dr. Raj Mohan, SPO (NPCB), Jharkhand
31. Dr. Anjani Kumar, SPO (NPCB), Vikas Bhawan, Naya Sachiwale, Patna, Bihar.
32. Dr. Sunil Kr. Bhaumir, ADHS (Pph.) & SPO (NPCB), West Bengal.
33. Dr. V. Raju, State Programme Officer, Joint Director (Ophth.), Karnataka.
34. Dr. Radharani Nanda, Jt. Director (Ophth.) & SPO (NPCB), Orissa.
35. Dr. Rakesh K. Gupta, SPO (NPCB), Chandigarh, Punjab.
36. Dr. Deepak Kapoor, Divisional Programme Officer (NPCB), Jammu division
37. Dr. Pradeep Gupta, MO, Haryana
38. Dr. Brando Khongsit, SPO (NPCB), Meghalaya
39. Shri K.K. Jhell, Under Secretary (NCD)
40. Dr. V.K. Tiwari, HEO (NPCB)
41. Shri P. Lal, Section Officer (NCD)
42. Shri Sunil Kumar, Account Officer (BC)
43. Ms. Sabiha Rahman, SI Gr.I, Dte.GHS.
44. Dr. Suman, Temporar y Professional, M/oH&FW.
45. Shri Jai Bhagwan Tanwar, Consultant(BC), M/o H&FW

