

Minutes of the annual review meeting of the National Programme for Control of Blindness (NPCB) held on 25th and 26th September, 2013 at Nirman Bhawan, New Delhi

A review meeting of the National Programme for Control of Blindness (NPCB) was held under the chairpersonship of Ms. Sujaya Krishnan, Joint Secretary (NPCB) on 25th & 26th September, 2013 at Room No.155/A, Nirman Bhawan, New Delhi. The review meeting was attended by all the State Programme Officers (NPCB) of States/UTs except the States of Andhra Pradesh, Himachal Pradesh, Sikkim, Delhi and Lakshadweep. The list of participants of the meeting is given at **Annexure-I**.

The agenda of the meeting, in nutshell, was to review the progress of the following activities:-

1. Status of the utilization of grant-in-aid released to State Health Societies during 2012-13.
2. Physical performance during 2012-13: Cataract operation, School Eye Screening, Eye Domination, Training etc.
3. Proposed development of Eye Care infrastructure during the 12th Five Year Plan.
4. Progress of Management Information System (MIS) in States/UTs.

Dr N.K.Agarwal, Deputy Director General (O) welcomed the Chief Guest, Shri C.K.Mishra Addl. Secretary (H), Ms. Sujaya Krishnan, Joint Secretary (NPCB), Ministry of Health and FW, State Programme Officers (NPCB) and other participants of the meeting. In his welcome address, DDG(O) explained that the primary purpose of the review meeting was to ensure that activities for which NPCB has been providing funds, are being undertaken in true letter and spirit and that the eye-care services are reaching every nook and corner of the country for the benefit of the poor and needy population. He emphasized upon up gradation of eye-care infrastructure as planned and funded during the 11th Five Year Plan so as to ensure availability of eye-care services within the reach of needy population. He also emphasized that it has to be ensured that school surveys are conducted religiously and those children requiring spectacles, given the same, for timely tackling of refractive errors and thereby restricting further complications. He also impressed upon the State Programme Officers to depute Eye Surgeons for in-service training as per slots allotted to them for skill development to ensure delivery of quality eye-care services. He also emphasized upon celebration of all major events like, Glaucoma Day, Eye donation Fortnight and World Sight Day under the programme with fervor to spread awareness among masses to maximize the benefits of the eye-care services.

Shri C.K.Mishra, Additional Secretary (H) emphasized upon delivery of quality eye-care services to all needy population. He stated that numbers are important only for release of funds; instead, there should be impact of eye care services on the needy population. He expressed his concern over the disconnect amongst the eye-care delivery partners, like District Hospitals, Medical Colleges, NGO Eye Hospitals etc. He was of the view that 'standalone basis' is not the solution for implementing a programme successfully. He, therefore, advised for integration of eye-care service partners for smooth service delivery. He suggested that the State Programme Officers, being nodal officers and representatives of NPCB in States, should work towards integration of eye care delivery system in the respective States. He expected that NPCB, which was cataract centric earlier, will work harder to become a successful comprehensive eye-care programme by taking care of other eye diseases like, glaucoma, diabetic retinopathy, childhood blindness and other emerging eye diseases through innovative methods and by creating awareness for health seeking behavior among masses including eye health care. In his concluding remarks, he stated that Blindness Control Programme should not be treated like any

other routine Health Programme, as eye is the most vital organ of our life system. He assured the State Programme Officers of all help and guidance as and when required for smooth running of the programme.

Ms.Sujaya Krishnan, Joint Secretary (NPCB), in her opening remarks, gave an overview of NPCB during the 12th Five Year Plan. She gave a brief about the schemes/activities approved by the Empowered Programme Committee (EPC) for implementation under NPCB during the 12th Five Year Plan. She informed that the programme budget has been enhanced from 1200 crore during 11th Five Year Plan to 2800 crore during the 12th Five Year Plan. Thought, she assured the State Programme Officers of availability of sufficient funds for implementing the programme, she strongly stressed upon improvement in quality and quantity of eye care services by utilizing the allotted funds judiciously as per the approved norms. She also directed the State Programme Officers to utilize 25% state share to supplement the efforts of this Ministry in providing eye care services.

She was very particular of States adherence to the revised norms and strategies during the 12th Five Year Plan. She emphasized that no reimbursement for cataract operations will be made to NGOs who have not entered data in MIS. For this it is important that DPM play a lead role in the processing of claim and in ensuring that payment is made within 3 months after the mandatory 5% checking/verification of the reported cases. Regarding Eye Banking, she reminded that no funds are to be released by States directly to any Eye Donation Centre for cornea collection. Instead, EDCs will claim the eligible amount of Rs.1000 per donated eye from the associated Eye Bank. As regards strengthening of Eye Bank, it was clarified that during the 12th Five Year Plan, NPCB will support Eye Banks in Government Sector only, i.e. Eye Banks in RIOs, Medical Colleges and District Hospitals. She also directed the SPOs to utilize the services of Eye Surgeons for the surgical purposes for which they have obtained in-service training under NPCB.

This was followed by a PowerPoint presentation by the State Programme Officers reporting availability of eye-care infrastructure in the State, status of utilization of funds, physical performance with regard to cataract operations, school eye screening, Eye Banking and eye donation etc. during the earlier years. A summary of information provided by the States with regard to major performance indicators is given at **Annexure-II**.

A summary of the State specific issues, as given in the presentations by States is as under:

Bihar

- Lack of Human Resources
- Ophthalmic Surgeon needs training
- NGOs liabilities to be cleared .
- Lack of Infrastructure & equipment.
- Fund for state management has not been released, so for.

Chhattisgarh

- There is decrease in the number of cataract operations in the state due to some mishaps. It is highly desirable to insure the patients and government eye surgeons against any mishap, for restoring the faith of people and surgeon. Proposal is sent for this, requiring Rs. 88 Lacs under NCD/NRHM flexi pool.
- One darkroom is required for 384 vision centres in primary health centres. All old PHC with darkroom (made under world Bank project) have become community health centres and New PHC, do not have dark room. Approximately Rs. 1.5 lacs will be needed for one dark room. Proposal for making dark room in 3 phases have been sent to NCD/NRHM flexi pool.

Goa

- 2 recently appointed Ophthalmic Surgeons needs training in Pediatrics Ophthalmology.
- Training in Medical Retina
- Training in contact lenses

Gujarat

- MIS software is not supporting, whether to pay claims to NGOs or not ?
- Extra funds required under recurring Grant-in-aid to NGOs @ Rs.1,000/-
 - Funds approved Rs.3,60,25,000/-
 - Last year expenditure Rs.6,79,84,084/-
 - Extra funds required Rs.5,39,75,000/-
- Division of recurring grant – in – aid of Rs.1,000/- to NGOs. Conditionality no.5 says that payment only when used all facilities of their own.
- Creating a technical post (Ophthalmic Surgeon) and a clerical post (Administrative Officer) at State level for better planning and monitoring of the programme
- Rs.40.00 lakhs Non – Recurring grant – in – aid for strengthening of District hospitals sanctioned to be transferred to recurring grant – in – aid
- Extra funds required for maintenance of Ophthalmic equipments
 - Funds approved Rs.5,00,000/-
 - Last year expenditure Rs.12,36,151
 - Extra funds required Rs.7,00,000/-

Haryana

- Sanction and grant for management of State Health Society (Salary, Review meeting, hiring of vehicle and other activities and contingency) Medical Colleges and RIO for the year 2013-14 for Haryana is awaited from GOI.
- Sanction and approved budget for SHS/ DHS NPCB, Haryana to be sent timely for smooth functioning of SHS/ DHS NPCB.
- Delegation of financial powers under NPCB in respect of Chairman, Vice Chairman and Member Secretary may be specified. Revised Guideline for State/ District Health Societies NPCB to be framed.
- Uniform rules regarding recruitment/ transfer of contractual manpower/ maximum age limit, sanctioning of leave that is Casual leave, earned leave and Maternity leave, Medical leave should be applicable as per NRHM/ GOI guidelines.
- Technical support by GOI is required to conduct MIS training of NGOs to be organized at Panchkula by SHS NPCB, Haryana.
- Need to frame rules for TA/DA to the contractual staff.
- Budget of Rs. 450/- for cataract surgeries in Government Sector is insufficient.
- During this financial year no TA/ DA paid to any eye surgeons by training institutes due to non availability of budget as intimated by trainees.

Jammu Division

- Regular and In time release of funds
- Permission for clearing NGOs liability prior to 2010

Kashmir Division

- Increase the Salary of Contractual Staff as the same designated posts under other centrally sponsored schemes are getting more salaries.
- The grant in aid for cataract surgeries should be enhanced to Rs 1000/=
- Equipments and IOL should be of high quality in order to yield good results
- A survey needs to be done to find prevalence of cataract blindness in the Kashmir division as our reported cataract prevalence by ophthalmic surgeon is less
- Training programme should be conducted regularly.

Jharkhand

- Fund for District Management society with remuneration of DPM and part time Accountant.
- Fund for state management society with salary of contractual staff.
- Vehicle for S.P.O
- Post creation of Driver.
- Computer set, printer & Internet facility for all district.

Karnataka

- Break up of NGOs reimbursement for Cataract Surgery.
- Few NGOs are coming forward to take up school eye screening and do follow up in Government Schools. Is it permissible?
- Procurement of Ophthalmic Equipment - Funds not approved in PIP.
- Release of Grant in Aid to Management of State Health Society, RIO & Medical College.

Kerala

- At least Rs.275 Lakhs required to release GIA to NGOs @ Rs. 1000 per Case. But Rs. 100 Lakhs only has been provided. This is quite insufficient.
- It is mentioned that state share of 25% can be utilized for shortages in non recurring GIA.
- An amount of Rs. 380 has been provided in the state budget for:-
 1. Purchase of ophthalmic equipments Rs. 315 Lakhs.
 2. Construction of two ophthalmic operation theater Rs. 65 Lakhs.
- Since the state legislature has already approved the state budget, no deviation is feasible hence additional funds may be provided for GIA for cataract surgery.
- Request has been forwarded in **Dec-2010 & Nov-2012** duly recommended by the SPO for recognizing the RIO, Thiruvananthapuram as a training center under NPCB or SICS & Phaco Emulsification. Early favorable decision is solicited.

Maharashtra

- Funds requirement for training of Eye Donation counselor/ DEO/ Medical officer
- For NGO payment additional budget required.
- Assistance for cataract surgery to be increased up to Rs. 1000/- for Govt Sector Hospitals.
- Most of the machinery is old and needs replacement.
- Funds requirement for the Management of State & District Health Society separately
- Vehicle Requirement for patients transport & Surgeon team for camp (mini bus)

Odisha

- NGOs are not allowed to use the OT of Govt. hospital for cataract surgery.
- Disadvantages:- Inconvenience to the patients, Hectic journey for 8-10 hours
Inconvenience to the NGOs, Transportation problem, improper follow-up,
Diet problem.
- Problems of the districts (an example of two districts):- Keonjhar– Tribal district Cuttack-Coastal district having leading NGOs, District-Keonjhar 250 Kms.NGO, Cuttack does the cataract surgery
Payment made by DPM, Cuttack

Punjab

- Need for latest guidelines for implementation of NPCB.
- Timely guidelines and Uniform IEC material.
- To Circulate details of equip/Consumables procured by all the states and procurement may be allowed at these rates.
- Approval of utilization of funds from NRHM flexi pool for eye wing Ferozepur
- There is no demand from NGOs for re-imburement for other eye diseases. Medical colleges may be allowed re-imburement/procurement of consumables.

Uttar Pradesh

- NGO Payment Clarification defining territorial boundaries.
- District Ophthalmic Board- Scarcity of super Specialist Eye Surgeons in Districts.

Uttarakhand

- Scarcity of HR in hill Districts
- MIS upload
 - NGO to be/ not to be paid for cases of Harayana and HP done at NGO facility Rishikesh

West Bengal

- MIS Software
 - The some District Authorities are entering data and also proceeding the records as per payment made by them. But at the state head quarter when logging in the MIS software are not able to view the details of the districts for further verification and process.
 - The matter has been brought to the notice of the concerned authorities of GOI over mail.
 - Still the problem has not been resolved.
- Provision for sanction of grant in respect of RIO, Medical Colleges & Hospitals and Management of State & District Health Society has not been incorporated in the PIP of 2013 – 14.
- Fund could not be released to the district due to non receipt of fund from GOI.

Arunachal Pradesh

- Urgent GIA to districts (DBCS).
- Provide at least 3 MDMUs to increase outreach activities esp. multi-purpose camps through Mobile Units.
- Mobility Support for Outreach activities esp. School Screening.
- Strengthen DHs & selected CHCs- dedicated & equipped OT.

Assam

- MIS – One day MIS training programme has given to all DPMs of NPCB and some NGOs which are working under NPCB, Assam during the FY 2012-13. But one more training is required for this.

Manipur

- Less man power. (a) 2(Two) Ophth. Surgeons in 2(Two) Dist. Only (CC pur & Bishnupur).
- Less No. of PMOAs.
- Less Infrastructure; there is only 1(one) dedicated Eye O.T. in the state and 1(one) is under Construction.
- Late Release of fund by GOI. It is requested that approved fund as per programme may kindly be released in full and in time by GOI.

Meghalaya

- Request to include ` Rs.250 lakhs in the PIP so that the State may be able to procure the latest ophthalmic equipment for the DEOT's in Jaintia Hills and Garo Hills which is 80% complete.

Mizoram

- Need for construction of eye ward OT at Lawngtlai District
- New eye donation Centres at 2 other districts.(Lunglei & Champhai)
- New ophthalmic nurses for 9 districts.
- Drivers for 7 mobile units.
- Operating microscope for all Districts.
- Need for State Hospital. Phacoemulsification machine, B-Scan Ultrasound, Carl Zeiss Yak Laser, Carl Zeiss operating microscope with visual attachment and camera.

Tripura

- Fund for maintenance of ophthalmic equipments may kindly be increased from 5 lakhs to 25 lakhs.
- The existing vehicle from NPCB is old enough and needs to be replaced immediately for the interest of the programme.
- Monthly remuneration of contractual staff i.e. Administrative Assistant & Data Entry Operator of State Health & Family Welfare Society (Blindness) may be increased.

Chandigarh

- Requirement of Data Entry Operator at State Level.

Dadar & Nagar Haveli

- NGO- Bhojraj Eye Hospital closed
- Rotary Eye Hospital, Navsari has been invited. He started Eye screening camp and cataract surgery and ready to establish Eye Hospital.
- Group D Salary is also very low as compared to other UT Staff of group D.

Daman & Diu

- There is no full time Ophthalmic Surgeon in Diu District
- RR for filling of 2 vacant posts of Ophthalmic Surgeon is still pending with UPSC

Puducherry

- The revised salary for Budget Officer , DEO, Administrative Asst., and Peon.
- MIS training

After detailed discussions/deliberations during the meeting of the States, the following common issues emerged for necessary follow up action: -

1. Implementation of MIS Online Data – Though, NPCB MIS Website has been functioning Smoothly, it was observed that some of the States are facing difficulties in registration of NGOs/Government Institutions in MIS website. Some of States, who have started registration, are facing problems like frequent blocking of pass words, delay in getting new pass word, internet connectivity etc.

Follow up action: Joint Secretary (NPCB) pointed out that necessary training has already been provided to key functionaries (like, DPM, Data Entry Operators etc.) in States) by the Programme Division. Therefore, it was made clear that no money would be released unless the NGOs are registered under NPCB-MIS and the money will be released only for the data entered under MIS. DPMs have to ensure that no duplicate entry is made by the NGOs.

In order to clarify the queries of the State Programme Officers and other participants of States regarding functioning of MIS, Shri Ringe, Director (NIC) and Dr. V. Rajshekhar, Eye Specialist, S.J. Hospital gave a demonstration on the functioning of the MIS software. Guidance on the basic functional issues, like, creating password, obtaining a new password, entering data, forwarding the information through MIS software was given to the participants of the States. The participants appeared convinced with regard to the guidance provided to them for operating the NPCB MIS website.

2. Utilization of funds: It was observed that most of the States had large amount of unspent balances with them from the earlier years. Some of the States are not even regular in submitting utilization certificates timely. Most of the States reported that they have been facing delay in release of funds from National Rural Health Mission authorities in States, resulting in delayed utilization of funds and also delay in submission of UCs.

Follow up action: States were advised to expedite utilization of funds for implementation of the programme. Joint Secretary assured that the matter would be taken up with the concerned NRHM authorities at the central level. States were also suggested to take up the matter with the Principal Secretary (Health) and Mission Director to sort out the issue at the State level. They were also directed to ensure submission of UCs and other documents timely for release of funds in future.

3. Payment to NGOs and ASHA workers for cataract surgery: Most of the SPOs sought clarification regarding payment to NGOs and ASHA workers for cataract surgery.

Follow up action: Joint Secretary (NPCB) clarified that NGOs are eligible for a payment of Rs.1000/- per cataract operation as per the provision in the 12th Five Year Plan subject to entry of the data in MIS. There is no separate breakup for the amount of Rs.1000/- for the purpose of payment to NGOs for cataract Operations. In this regard, it was also clarified that ASHA workers and other voluntary organizations like panchayat, mahila mandals etc. are entitled for a payment of Rs.250/- per case for

motivating and transporting the patient from the NGO out of Rs.1000/- received by them from NPCB. In case, the patients are brought by the ASHA workers etc. to a Govt. Hospital, payment of Rs.250/- shall be made by the concerned DPM after certification of the case by the operating surgeon at the concerned Govt. Hospital.

4. IEC funds: Along with other component, NPCB has been providing funds to States for IEC to create awareness about eye-care and also to celebrate events like, World Sight Day, Eye Donation Fortnight etc. Most of the States including A&N Islands informed IEC funds are not released to the NPCB Division in States. Instead, these funds are utilized by NRHM State authorities as per their action plan.

Follow up action: State Programme Officers were suggested to take up the matter with the State Health Secretary/Mission Director to look into the matter for transfer of IEC funds in NPCB account so that same can be utilized for eye-care awareness. It was also suggested that posters and other IEC material may be prepared and printed by the State in local and regional languages for publicity in the State.

5. Eye Banking and Eye Donation: NPCB has been providing funds to Eye Banks for cornea collection @ Rs.2000 per donated eye. It was, however, observed that cornea collection and keratoplasty rate of the states is very low. At the same time, it was not clear whether the donated corneas are also being utilized for keratoplasty in the poor needy people, particularly in Eye Banks in NGO Sector.

Follow up action: The issue was discussed in length and it was directed to ensure that the donated corneas are utilized judiciously and due priority is given to the poor patients, who are in need of corneal transplantation. It was also directed that the Eye Banks collecting less than 50 eye balls/year may be renamed as Eye Donation Centers for the purpose of assistance under NPCB. Joint Secretary (NPCB) stressed upon promoting hospital cornea retrieval programme. She opined that efforts should be made to make eye donation a family tradition. Regarding Eye Banking, she reminded that no funds are to be released by States directly to any Eye Donation Centre for cornea collection. Instead, EDCs will claim the eligible amount of Rs.1000 per donated eye from the associated Eye Bank.

6. Training of Manpower: It was observed that some of the States, special NE States, have not been fully utilizing the training slots of Eye Surgeons for their States. It was also observed that there are still a large number of non-surgical eye surgeons in some of the States under NPCB.

Follow up action: She stressed that the States should utilize training slots allotted to them to ensure availability of skilled manpower and strengthening of District Hospitals. It was directed that the State Programme Officers should ensure that the services of Eye Surgeons, who have obtained training under NPCB, are utilized for the purpose for which he has been trained under the programme. The output of the Eye Surgeons in Medical Colleges should also be monitored for success of the programme in the

State. At the same time, the States should organize trainings of paramedics, specially, PMOAs, who are the backbone of the programme.

DDG (NPCB) further clarified that since NPCB has been imparting in-service training to eye surgeons to improve quality of services, the training period shall not be treated, by any SPO, as leave period for the trainees. SPO shall, however, obtain a performance report from the trainees for the training obtained by them and shall use their services for the purpose for which they were trained under the programme

6. Contractual Manpower and mobility support: Most of the States reported about low salary of contractual manpower and absence of mobility support.

Follow up action: Joint Secretary (NPCB) assured that the salary support with enhanced rates will be released shortly after approval of tertiary level activities in EFC of 12th Five Year Plan. She, however, clarified that mobility support including vehicles is not a part of NPCB during 12th Five Year Plan. She suggested that the States may seek funds for the same through NRHM flexi pool.

7. Expedite procurement process- States are finding difficulty in procurement of equipments due to difficult procurement policies and requested for central procurement or establishment of rate contract.

Follow up action: In this regard, it was suggested that SPOs may share the technical specifications/price or rate contract of equipments finalized with each other. For smooth communication, it was also suggested to make a directory of NPCB Programme Officers in States for their regular interaction and sharing of knowledge and guidance in the interest of the programme.

8. Detailed guidelines for setting up of Multipurpose District Mobile Ophthalmic Units: Most of states are finding difficulty in establishment of Multipurpose District Mobile Ophthalmic Units and requested for providing necessary guidelines.

Follow up action: Formulation for detailed guidelines for State/District Health Societies under NPCB during the 12th Five Year Plan are under process. DDG(O) assured that the guidelines for setting up of Multipurpose District Mobile Ophthalmic Units in States will be provided shortly.

9. School Eye Screening Programme: At present, NPCB has been providing around six lakh free spectacles to School Children all over the country. It was, however, observed that the monitoring of the School Eye Screening Programme is not satisfactory.

Follow up action: DDG (O) suggested to all State Programme Officers to visit schools randomly on monthly basis in different districts to ensure actual distribution of free spectacles to needy school children. They were also suggested to interact with the school children to confirm about free distribution of spectacles under NPCB so that the purpose of the scheme is fulfilled. It was also decided to cover school children from class 6 to 10 under School Eye Screening Programme, which is the most affected age group for refractive errors amongst school children.,

10. Regional Institutes for Ophthalmology/Medical Colleges- Most of the State Programme Officers reported about the poor performance of Eye surgeons in the Government Medical Colleges resulting in low performance of the States.

Follow up action: Joint Secretary (NPCB) pointed out that since NPCB has been providing funds for up gradation of RIOs and Medical Colleges in States, they cannot ignore their responsibility of working for the programme. At the same time, she emphasized that RIOs/Medical Colleges should have super specialty eye care services since NPCB has been providing modern ophthalmic equipments to them. It was also decided to include RIOs- Thiruvananthapuram & Ahmadabad as training centers for eye surgeons.

11. Trachoma- It was noticed that barring a few pockets in some of the States, prevalence of Trachoma in the country is less than 5%.

Follow up action: Dr. Praveen Vashist, Dr. R.P. Centre for Ophthalmic Sciences, New Delhi gave a presentation on their recent survey on trachoma at Andaman & Nicobar. While appreciating the survey team and SPO, A&N Island, Joint Secretary (NPCB) suggested that states especially where trachoma is prevalent/endemic should be vigilant and eye surgeons may be sensitized regarding the same to avoid any recurrence. The States were directed to provide district wise data on prevalence of trachoma in their State to find out the present status of prevalence of the disease.

12. Appointment of Eye Surgeons in difficult and inaccessible areas in NE Region- Some of the NE States mentioned that they are facing difficulties in appointing Eye Surgeons, particularly in difficult and inaccessible areas on the existing salary.

Follow up action: It was informed that the salary of contractual Eye Surgeons has been proposed for increase from Rs.25, 000/- to Rs.60, 000/- per month during the 12th Five Year Plan. It was also proposed that the few States that have difficulties in appointing contractual eye Surgeons, on salaries approved provision under NPCB could meet the excess amount of the salary from NRHM flexi-pool or State share under NPCB after seeking approval of the competent authority.

13. Monitoring of Court Cases under NPCB – It may be mentioned that some of the Drivers appointed on contractual basis during 9th Five Year Plan in District Blindness Control Societies under World Bank Project of NPCB in Karnataka have filed writ petitions in the High Court of Karnataka against the Officer Orders of the State Government for discontinuation of their services. Union of India through Ministry of Health and FW is also a party in these cases. Further, SPO, Assam informed that non-medical DPMs are still functioning in some of the Districts of the State under NPCB.

Follow up action: Since appointment of manpower under NPCB is entirely the responsibility of the State, Govt. of Karnataka has been requested repeatedly to delete the name of the Union of India, Ministry of Health and Family Welfare from the list of respondents in the Writ Petition. It should also be made clear that the post of driver has been discontinued with the ending of the project. Since no action taken report in this regard has been received, Joint Secretary (NPCB) directed the SPO, Karnataka to take immediate action in this regard and furnish a report to this Ministry. As regards the functioning of

non-medical DPMs in some of the districts of Assam, SPO, Assam was directed to take immediate necessary action to appoint Officer of the level of Deputy CMO as District Programme Manager as per the existing norms of NPCB. The continuance of these Officers after the project ended in the IX Plan is not warranted and their salaries cannot be met out of NPCB. As a follow up action, fresh reminders are being issued to the concerned State Governments for taking immediate necessary action in the above matters under intimation to this Ministry.

14. Shortage of manpower:- It was also observed that some of the state, particularly NE states have been facing shortage of eye surgeons and PMOAs at district hospitals and PHCs respectively.

Follow up Action:- Joint Secretary (NPCB)/DDG(O) advised the SPOs to initiate action for appointment of Eye Surgeons and PMOAs as per the enhanced salary norms which will be released shortly after approval of EFC. In this regard, it was agreed upon by all that in the event of availability of vacant Eye OTs at District Hospitals, due to non-availability of Eye Surgeons, the NGOs of the region may be permitted to utilize the vacant eye Operation Theatre for eye surgeries by their doctors subject to signing of an MoU with the concerned DPM. They shall bring in and utilize their equipments, drugs, material etc. for this purpose. However, the onus of making such eye OTs fully sterile will lie with the NGO's surgical team. SPOs may seek necessary guidance in this regard from the Central Cell NPCB and also talk to SPOs of States of Bihar and Orissa where such projects are running under PPP mode.

The meeting ended with vote of thanks to the chair.

List of participants

1. Shri C.K.Mishra, Addl. Secretary (Health), Ministry of H&FW, - Chief Guest
2. Ms.Sujaya Krishnan, Joint Secretary (NPCB), Ministry of H&FW – Chairperson
3. Dr. N.K. Agarwal, Deputy Director General (NPCB), Dte.GHS
4. Sh. Ringe, Director (National Informatics Centre), New Delhi
5. Ms.Valsamma K.Daniel, Deputy Secretary (NPCB), Ministry of H&FW
6. Dr. V. Rajshekhar, Eye Specialist Safdarjung Hospital, New Delhi
7. Dr. V. K. Tiwari, Health Education Officer, NPCB
8. Dr. Praveen Vashisth, Professor, Dr.R.P.Centre for Ophthalmic Sciences
9. Dr. (Mrs) Anita Shah, State Programme Officer (NPCB), A&N islands
10. Dr. Taba Khanna, State Programme Officer (NPCB), Arunachal Pradesh
11. Dr. N. Mudoi, State Programme Officer (NPCB), Assam
12. Dr. Anjani Kumar, State Programme Officer (NPCB), Bihar
13. Dr. Sanjay Singla, State Programme Officer (NPCB), UT, Chandigarh
14. Dr.Subhash Mishra, State Programme Officer (NPCB), Chhattisgarh
15. Dr. S. Kumar, State Programme Officer (NPCB), Dadra & Nagar Haveli
16. State Programme Officer (NPCB), Daman & Diu
17. Dr. Albert D'souza, State Programme Officer (NPCB), Goa
18. Dr. S. C. Vashishtha, State Programme Officer (NPCB), Gujarat
19. - Dr. Rakesh Sehl, State Programme Officer (NPCB), Haryana
20. Dr. Deepak Kapoor, State Programme Officer (NPCB), Jammu Division, J&K
21. Dr Gurjeet Singh, State Programme Officer (NPCB), Kashmir Division, J&K
22. Dr. M.E. Ashraf, State Programme Officer (NPCB), Jharkhand
23. Dr.Moola Anuradha, State Programme Officer (NPCB), Karnataka
24. Dr. Sherly.V.V, State Programme Officer (NPCB), Kerala
25. Dr.Tara Saxena, State Programme Officer (NPCB), Madhya Pradesh
26. Dr. Archana V. Patil, State Programme Officer (NPCB), Maharashtra
27. Dr. Kh. Kaminibabu Singh, State Programme Officer (NPCB), Manipur
28. Dr.M.S.Nonghuloo, State Programme Officer (NPCB), Meghalaya
29. DR.H. LALCHUNGUNGA, State Programme Officer (NPCB), Mizoram
30. Dr. NAROLA, State Programme Officer (NPCB), Nagaland
31. Dr. Jitendra Ku. Das, State Programme Officer (NPCB), Orissa
32. Dr.D.Sendhamizhan Rene, State Programme Officer (NPCB), Puducherry
33. - Dr. Rakesh Gupta, State Programme Officer (NPCB), Punjab
34. Dr. M.I. Bharti, State Programme Officer (NPCB), Rajasthan
35. State Programme Officer (NPCB), Tamil Nadu
36. Dr. Pranabendu Barman, State Programme Officer (NPCB), Tripura
37. Dr. S.C.Sundriyal, State Programme Officer (NPCB), Uttar Pradesh
38. Dr. R.P. Badoni, State Programme Officer (NPCB), Uttarakhand
39. Dr. Siddhartha Niyogi, State Programme Officer (NPCB), West Bengal

40. Sh. Sanjay Pant, US (NCD), Ministry of H&FW
41. Sh. Puttu Lal, SO(NCD), Ministry of H&FW
42. Ms. Sabiha Rehman, Sr. Statistical Officer, Dte.GHS
43. Shri S.S.Chauhan, Statistical Officer, Dte.GHS
44. Sh. Jai Bhagwan Tanwar, Consultant (BC) Ministry of H&FW
45. Ms. Sonia Tanwar, Technical Assistant, Ministry of H&FW
46. Sh. Shashi Bhushan , Technical Assistant, Ministry of H&FW
47. Shri Om Prakash Technical Assistant, Ministry of H&FW

States	No of District hospitals with Separate Eye OT			No of DH with shared OT			No. of DH without eye surgeons			No of Vision centres			No of PMOA training schools			No of Sub District Hospitals supported		
	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
Major States																		
Andhra Pradesh	23	23	23	0	0	0	0	0	0	350	350	350	4	4	4	20	20	20
Bihar	7	7	7	10	10	11	7	7	7	10	24	24	7	7	7	0	0	0
Chhatisgarh	16	16	16	2	11	11	4	4	8	71	83	87	4	4	4	0	1	1
Goa	2	2	2							16	16	16	0	0	0	0	0	0
Gujarat	25	25	25							550	550	550	3	3	3			
Haryana	13	13	13	4	4	4	0	0	0	83	83	83	0	0	0	12	12	12
Himachal Prd.																		
Jammu Division	1	1	1	9	9	9	1	1	1	0	1	5	5	5	5	0	0	0
Kashmir Division	10	10	10	0	0	0	1	1	1	67	74	76	0	0	0	49	49	49
Jharkhand	2	0	0	11	9	9	7	7	7	85	85	85	3	3	3	0	0	0
Karnataka	19	19	19	7	7	7	1	1	1	30	30	30	4	4	4	0	2	4
Kerala	13	13	14	1	1	0	0	0	0	22	42	52	21	23	23	0	0	0
Madhya Pradesh	47	47	47	3	3	3	4	4	4	168	190	190	5	5	5	0	0	0
Maharashtra	20	20	20	3	3	3	0	0	0	853	973	1053	1	1	1	0	5	5
Orissa	30	30	30	0	0	0	0	0	7	75	75	83	0	15	13			
Punjab	22	22	22	0	0	0	0	0	0	188	188	188	0	0	0	36	36	0
Rajasthan	25	25	25	9	9	9	5	5	5	107	107	107	2	2	2	0	0	0
Tamilnadu																		
Uttar Pradesh	47	47	47	44	44	44	6	6	4	50	100	50	97	99	106	0	0	0
Uttaranchal	10	10	11	2	2	1	3	3	3	34	34	34	1	1	1	3	4	0
West Bengal	12	12	12	0	0	0	0	0	0	145	145	201	4	4	4	0	1	0
NEStates																		
Arunachal Pradesh	3	3	5	11	9	9	10	11	11	6	6	6	0	0	0	0	1	0
Assam	20	20	20	3	3	3	0	0	0	54	64	0	2	2	2	1	0	0
Manipur	0	0	0	3	3	3	7	7	7	16	16	16	0	0	0	0	0	0
Meghalaya	1	2	1	3	3	3	2	3	4	21	21	21	1	1	1	27	27	27
Mizoram	2	5	7	6	3	1	5	5	4	27	31	31	1	1	1			
Nagaland	3	4	4	6	6	6	2	2	2	31	31	31	0	0	0	0	0	0
Sikkim																		
Tripura	4	4	4	0	0	0	0	0	0	10	5	0	1	1	1	0	5	0
UTs																		
A & N Nicobar	1	1	1	2	2	2	2	2	2	23	23	23	0	0	0	0	0	0
Chandigarh	1	1	1	0	0	0	0	0	0	5	5	5	0	0	0	0	0	0
D&N Haveli	1	1	1							1	2	2				0	0	1
Daman & Diu																		
Delhi																		
Lakshadweep																		
Pondicherry	3	3	3	1	1	1	1	1	1	30	30	30	0	0	0	0	2	1
Grant Total																		

States	POPULATION	No of Distt	Cataract Surgery Report											
			2011-12				2012-13				2013-14*			
<i>Major States</i>			Govt.	NGO	Private	Total	Govt.	NGO	Private	Total	Govt.	NGO	Private	Total
Andhra Pradesh	8,46,65,533	23	90529	275638	281665	647832	83555	244575	198718	526848	19001	54302	45341	118644
Bihar	10,38,04,637	38	7594	93606	180120	281320	9514	132568	139509	281591	2230	11703	14289	28222
Chhattisgarh	2,55,40,196	18	40297	17603	31069	88969	20463	17286	26557	64306	4498	5296	9944	19738
Goa	14,57,723	2	3239		4309	7548	3629		4870	8499	1509		2430	3939
Gujarat	6,03,83,628	26	62646	324336	419414	806396	62231	307150	421320	790701	17444	102944	17444	137832
Haryana	2,53,53,081	21	38280	33218	63986	135484	41041	37399	63880	142320	13632	8580	16813	39025
Himachal Prd	68,56,509	12				0				0				0
Kashmir			7633	0	3518	11151	8432	0	3610	12042	4233		1202	5435
Jammu Division	1,25,48,926	22	5633	711	1683	8027	7215	979	1789	9983	1621	217	1112	2950
Jharkhand	3,11,69,272	24	4244	66389	14113	84746	3861	50544	27169	81574	678	5929	5353	11960
Karnataka	6,11,30,704	30	20385	205047	187763	413195	44669	178318	161525	384512	20647	67038	63917	151602
Kerala	3,33,87,677	14	27593	48401	45440	121434	28279	51213	48952	128444	12857	18835	18232	49924
Madhya Pradesh	7,25,97,565	50	80022	200538	173108	453668	612246	215149	188334	1015729	6553	23294	33349	63196
Maharashtra	11,23,72,972	35	123472	207864	404299	735635	141219	242165	418882	802266	46360	87726	164117	298203
Orissa	4,19,47,358	30	26247	65617	15931	107795	27614	73397	15584	116595	4326	11453	1889	17668
Punjab	2,77,04,236	20	50991	49143	111020	211154	54537	50898	100748	206183	15827	15332	31441	62600
Rajasthan	6,86,21,012	33	48790	139193	93780	281763	47434	110151	101541	259126	13672	22163	26816	62651
Tamil Nadu	7,21,38,958	32				0				0				0
Uttar Pradesh	19,95,81,477	72	158752	223045	285207	667004	166348	234798	353524	754670	32552	34116	72862	139530
Uttaranchal	1,01,16,752	13	15118	24764	13014	52896	15538	18233	20340	54111	4093	5900	6613	16606
West Bengal	9,13,47,736	19	59249	179936	106167	345352	54284	157762	134599	346645	14672	29365	25330	69367
<i>NE States</i>						0				0				0
Arunachal Prd.	13,82,611	16	488	571		1059	607	707	25	1339	338	264	5	607
Assam	3,11,69,272	27	27685	24300	11570	63555	28830	29666	13799	72295	10141	7400	4239	21780
Manipur	27,21,756	9	1448			1448	2584	1675	136	4395	939	458	21	1418
Meghalaya	29,64,007	7	671	1841		2512	644	1370		2014	279	329		608
Mizoram	10,91,014	8	945	922		1867	1563	525		2088	792	313	62	1167
Nagaland	19,80,602	11	1008			1008	905			905	217			217
Sikkim	6,07,688	4				0	0			0				0
Tripura	36,71,032	4	3069	1555	2807	7431	2065	1954	2724	6743	1045	1016	1464	3525
<i>UTs</i>						0				0				0
A & N Nicobar	3,79,944	3	592			592	504			504	223			223
Chandigarh	10,54,686	1	6865		3600	10465	6622	29	3600	10251	2954		1900	4854
D&N Haveli	3,42,853	1	394	4508		4902	470	3837		4307	467	28		495
Daman & Diu	2,42,911	2				0	204	299		503				0
Delhi	1,67,53,235	9				0				0				0
Lakshadweep	64,429	1				0				0				0
Pondicherry	12,44,464	4	6958	2900	5558	15416	5371	2979	5016	13366	3943	1420	1519	6882
Grant Total	1,21,01,93,422	641	920837	2191646	2459141	5571624	1482478	2165626	2456751	6104855	257743	515421	567704	1340868

SCHOOL EYE SCREENING

Sr. no	States	No. of children screened			No. of spectacles distributed		
		2011-12	2012-13	2013-14	2011-12	2012-13	2013-14
	Major States						
1	Andhra Pradesh	1912985	3763844	48256	50889	119880	1865
2	Bihar						
3	Chhatisgarh	1659113	1080086	238283	15019	15686	1007
4	Goa	28796	24150	13616	113	286	119
5	Gujarat	77,28,176	77,57,119	5,74,193	1,84,839	1,81,954	18,462
6	Haryana	731674	694117	156435	13427	10756	1633
7	Himachal Pradesh						
8	Jammu Division	99349	232018	48654	329	1388	375
8	Kashmir Division	47959	28423	19188	1299	3472	2034
9	Jharkhand	958755	786925	303972	7664	6394	2826
10	Karnataka	191166	4123108	587743	12336	23921	1183
11	Kerala	9,94,253	13,98,980	3,84,529	14212	17788	2429
12	Madhya Pradesh	3211264	3615953	273098	45531	63445	630
13	Maharashtra	40,23,496	34,71,988	8,88,898	48803	50155	1132
14	Orissa	19705	28889	1788	11787	17586	1484
15	Punjab	11,25,960	15,80,971	6,02,422	57964	52979	11496
16	Rajasthan	308113	279611	60275	12934	14914	947
17	Tamilnadu						
18	Uttar Pradesh	1903606	1712018	708012	35509	50315	6586
19	Uttaranchal	129316	123703	31115	2199	3658	648
20	West Bengal	1296315	1042945	456199	38761	22810	10030
	North Eastern States						
21	Arunachal Pradesh	7640	17468	11408	482	83	73
22	Assam	4,22,302	4,24,324		14166	32800	
23	Manipur	7077	14280	2167	455	416	33
24	Meghalaya	83796	91578	55331	7972	5486	3055
25	Mizoram	46858	48273	15358	1580	1199	253
26	Nagaland	21382	11379	7485	499	411	
27	Sikkim						
28	Tripura	52948	68821	18779	2113	1821	841
	UTs						
29	A &N Nicobar	37198	32093	6507	613	563	71
30	Chandigarh	144641	106190	35043	2425	1891	980
31	D&N Haveli	67685	69414	2780	103	150	---
32	Daman & Diu						
33	Delhi						
34	Lakshdeep						
35	Pondicherry	86030	54662	7280	4268	2930	475
	Grant Total						

