

**Record of Proceedings of the National Programme Coordination Committee (NPCC) meeting for Rajasthan PIP 2007-08 held on 19/6/07 under the chairpersonship of Secretary(H&FW).**

1. The meeting of the NPCC to appraise the PIP of Rajasthan was held under the chairpersonship of Secretary (H&FW). The list of members is annexed at **Annexure-I**. A detailed discussion was earlier held in the Sub-Group meeting of Rajasthan PIP 2007-08 on 13.6.2007 which was chaired by Joint Secretary (AS). The proceedings of NPCC held on 19.6.2007 recorded as under:

Rajasthan has modified the PIP incorporating the comments of the Programme Divisions that had emerged during the discussions held in the Meeting of the Sub-Group for Rajasthan and same presented in the NPCC. The overall budget of the PIP has been scaled down to some extent. Thus, the PIP presented to day is a holistic one except a few modifications still needed to be done.

The PIP has incorporated the component of the State share in the budget of 2007-08 PIP and has taken into account the amount of the last year's unspent amount available with the State while presenting the component wise budget for the current year's budget before the NPCC. In the planning side the quarterly Planning which was not correctly presented in the first draft PIP of the State has been modified. The components of the disease control program which were not included earlier have been incorporated with their budget etc. The issue regarding the common account for all programmes has been done away with and the concept of maintaining the separate accounts for individual programs has been indicated. The outcome indicators have been incorporated. While the budget presented for JSY activity is much higher the budget for the other RCH component is very low and need to be scaled up. The budget for the Child health component is also on the lower side. The new born care restricted to a few districts need to be expanded for the entire state. The quality of new born care also needs to improve as per the prescribed norm. An indication in the PIP about the full immunization information indicated as 5%, which appeared not realistic and need to look into, if there is any possible mistakes in printing or other-wise. In the State a voluntary worker known as ASHA Sahayogini has been appointed in line with ASHA to whom again no salary is being paid and she depends totally on the incentives being paid to her for the services rendered by her. Sahayogini gets her payments from ICDS. The possible interpersonal relationship between ASHA & AWW and between ASHA & ANM needs to be handled carefully and also to sort out amicably through mutual talks.

The Village Health & Sanitation Committee (VHSC) work to be allotted to ASHA where she has to work like a secretary to VHSC. some suggestions were made that an Accountant need to be

appointed for maintaining the accounts of all the various kinds of payments being made to ASHA as well as to others, which is presently being maintained by ANM, considering the fact that the work load of ANM for maintaining such huge task will be difficult. It was informed that some Block level Accountant is available, who can be trained for the purpose and his services can be utilized for this work. Since the sphere of kinds of payments needed to be paid from the untied funds are too many, some revised guidelines for utilizations of Untied funds need to be prepared. It was also emphasized the need to prepare a compendium volume containing all the circulars/guidelines issued by the Ministry which can be utilized by the field staff as a ready reference material. The PIP do not reflect about the appointment of Entomologists for IDSP programme in the State. Some of the key activities under this programme have also not been included in the PIP as per the prescribed norm.

Under JSY programme sometimes the husband of the woman comes for delivery also undergoes sterilisation, in such case, the compensation money for loss of wages also need to be given to him. In case the women who undergo delivery in the health institution accepts the sterilisation operation, the desired compensation money to be given to her and also if she undergoes limiting method through IUD insertion, the money is also to be given to her as per the prescribed guidelines. The innovative scheme run by the Chief Minister of Rajasthan known as Balika Samridhi Yojana in which a girl who takes birth in the family under BPL category will get Rs. 10,000/- and the same money will be given to her after 20 years amounting to Rs. 1.00 lakh, such type of scheme for promoting the birth of girl child in order to have a reasonable good sex ratio need to be encouraged in other States as well. In the State of Rajasthan under JSY out of 18.00 lakh beneficiaries, only 7.00 lakh are from institutional delivery group and the remaining is home delivery.

The appointment of second ANM in the Sub-Centre will be the liability of the State Government for payment of her salary since, the second ANM is in the place of MPW. The training load under all the activities need to be assessed and implemented in such a way so as to have equitable with the availability of training institutions in the state. The requirement of Laboratory Technicians under different programmes need to be assessed in totality and accordingly the post maybe filled up on priority basis and in case regular appointments cannot be done in such situation contractual appointment may be made and even payments can be made on case to case basis. In order to finalise the modus operandi for operationalisation of JSY scheme, this Ministry has proposed a meeting of all the States on 25<sup>th</sup> June, 2007.

2. The NPCC noted that the Rajasthan PIP had been proposed for a total of Rs.91960.67 lakhs including Rs. 58611.67 lakhs for 2007-08 activities under NRHM and an unspent balance of Rs. 33349.00 lakhs. Under RCH and Mission Flexipool against an allocation of Rs. 28636.00 lakhs by the Gol and the State contribution would be Rs.10347.67 lakhs. The observations of the NPCC are as follows:

| S. No. | Name of Activity      | Allocation ( in lakhs) by Gol | Proposed in PIP | Unspent Balance as on 1.4.07 | Observations of NPCC  |
|--------|-----------------------|-------------------------------|-----------------|------------------------------|---|
| A      | RCH                   | 11182.00                      | 30554.48        | 12592.00                     | (i) The proposal is approved in principle for the financial envelopes of Rs. 22424.00 lakhs for the year 2007-08 and presently the budget of Rs. 9362.00 lakhs (excluding JSY, Compensation for Sterilisation and NSV Camps). The activity-wise approval of the budget is at <b>Annex-II</b> .<br>(ii) NPCC also approves the unspent amount of Rs.12592.00lakhs. |
| B      | Mission Flexible Pool | 17454.00                      | 34352.00        | 20757.00                     | The proposal is approved for an amount of Rs. 34352.00 lakhs for the activities proposed for 2007-08 and the unspent balance of Rs. 20757.00 lakhs subject to observations at <b>Annexure III</b> .   |
| C      | Immunization          | 2455.00                       | 1277.87         |                              | The proposal is approved subject to observations at <b>Annexure IV</b> .  |
| D      | RNTCP                 | 1269.88                       | 1214.54         |                              | The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.   |
|        | NLEP                  | 125.41                        | N.A.            |                              | The Programme Division is authorized to communicate activity wise approvals with defined budget line.   |
|        | IDSP                  | 325.00                        | 249.20          |                              | The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.   |
|        | IDD                   | 13.00                         | 7.00            |                              | The proposal is approved in principle subject to authorization to the Programme Division to communicate activity wise approvals with defined budget line.   |
|        | NPCB                  | 629.50                        | N.A.            |                              | The proposal is approved subject to   |

|  |                    |          |                  |          |   |
|--|--------------------|----------|------------------|----------|---|
|  |                    |          |                  |          | observations at <b>Annexure V</b>                                     |
|  | NVBDCP             | 1896.29  | 1329.39          |          | The proposal is approved subject to observations at <b>Annexure V</b> |
|  | Total (2007-08)    | 54818.48 | 68984.48         | 34247.57 |   |
|  | State Contribution |          | 10347.67         |          |   |
|  | <b>Total PIP</b>   |          | <b>113579.72</b> |          |   |

3. **The NPCC also notes the following for consideration of the State:**

- The fund on infrastructure strengthening, not exceeding 25%, is to be used on the basis of facility survey reports.
- Contractual ANMs to be engaged on local criteria are not to be transferred from their place of posting.
- Multi-skilled manpower are not to be transferred for at least a year after training.
- The proposed pilots in districts of Jaipur and Jodhpur have been approved, however, duplication of activities with approved RCH & NRHM activities should be avoided.
- Telemedicine can also be introduced especially to serve the need of mobile medical health units like the one set up in Tripura for telemedicine eye care.
- The vacancies of ANMs, MPW(M), doctors, Lab technicians etc. needs to be filled up immediately
- Drug procurement under RCH-II is to be subject to the procedures applicable as per agreement between Gol and World Bank. However procurement for drugs under the Mission Flexible pool is to be through the decentralized mechanism of State procurement through TNMSC like organizations. However States are to ensure that there is no duplication in the procurement of drugs or in activities.
- In the interest of providing uninterrupted health services to the state the transfer posting policy for the staff, the system of providing incentives to doctors & paramedics also needs to be examined.
- As the State has not given PIPs for Disease control Programmes, therefore, it is suggested that the State may get necessary approvals from concerned Divisions, before any expenditure could be made from allocated amounts during the current year.
- The incentives for posting in hard area should be link with performance. Accordingly, parameters for performance should be finalized and notified. These may be based on proportional improvement.

## Annexure-I

**Attendance Sheet for the Meeting of NPCC for discussions of State PIP, 2007-08, on 19/6/2007**

| Sl. No. | Name & Designation                             | Address                           | E-mail address         | Telephone No./Fax No. |
|---------|--|-----------------------------------|------------------------|-----------------------|
|         | Secretary (H&FW), in chair                     |                                   |                        |                       |
| 1       | Sh. Deepak Gupta, AS (DG)                      | MOHFW                             |                        |                       |
| 2       | Sh. K. Ramamoorthy, JS (KR)                    | MOHFW                             |                        |                       |
| 3       | Smt. Aradhana Jhorhi, JS (AJ)                  | MOHFW                             |                        |                       |
| 4       | Sh. B.K. Prasad, JS (BKP)                      | MOHFW                             |                        | 23061723              |
| 5       | Sh. Amarjeet Sinha, JS (AS)                    | MOHFW                             |                        |                       |
| 6       | Sh. Pravir Krishna, JS (PK)                    | MOHFW                             |                        |                       |
| 7       | Sh. Debashish Panda, JS (DP)                   | MOHFW                             |                        |                       |
| 8       | Dr. P.L. Joshi, DDG (L)                        | Central Leprosy Division, Dte.GHS |                        |                       |
| 9       | Dr. R. Jose, DDG (Oph)                         | BC Division, DGHS                 |                        | 23061594 telefax      |
| 10      | Dr. I.P. Kaur, DC (MH)                         | MOHFW                             |                        | 23061540              |
| 11      | Dr. N. Namshum, DC (Trg.)                      | MOHFW                             | n-namshum@yahoo.com    | 23062791              |
| 12      | Dr. M.S. Jayalakshmi, DC (RSS)                 | MOHFW                             | Jaya.ms@nic.in         |                       |
| 13      | Dr. P. Biswal, AC (Imm.)                       | HOHFW                             |                        | 23062126              |
| 14      | Dr. Naresh Goel, AC (UIP)                      | MOHFW                             |                        | 23062993              |
| 15      | Dr. Himanshu Bhushan, AC (MH)                  | MOHFW                             |                        | 23062930              |
| 16      | Sh. P.K. Aggarwal, Dir. Finance (NRHM)         | MOHFW                             |                        | 23062205              |
| 17      | Sh. Arun Baroka, Dir. (NVBDCP)                 | MOHFW                             | arunbaroka@yahoo.co.in | 23061033              |
| 18      | Sh. Chaitanya Prasad, Dir.(IEC)                | MOHFW                             |                        | 23061333              |
| 19      | Sh. Tarun Seem, Dir. (NRHM)                    | MOHFW                             |                        | 23061360              |
| 20      | Sh. P. Srivastava, Dir. (Stat.)                | MOHFW                             |                        |                       |
| 21      | Ms. Astha S. Khatwani, Dir. (Internal Finance) | MOHFW                             |                        |                       |
| 22      | Sh. A.P. Singh, Director (RCH)                 | MOHFW                             | Ap.singh@nic.in        | 23061642              |

|    |   |  |  |             |
|----|---|--|--|-------------|
| 23 | Sh. Amardeep S Bhatia, DS (NE)                | MOHFW  |  |             |
| 24 | Smt. Archana Varma, DS (NRHM/UH)              | MOHFW  |  |             |
| 25 | Sh. K.D. Maiti, Advisor (WHO)                 | MOHFW  |  |             |
| 26 | Sh. Sanjeev Kr. Gupta, DD (RCH)               | MOHFW  | Rajesh.gupta@nic.in  | 23061960    |
| 27 | Smt. Sushma Rath, US (ID)                     | MOHFW  | Sushma2764@yahoo.com   | 23061141    |
| 28 | Dr. B.K. Tiwari, Advisor, Nutrition           | D.G.H.S., MOHFW                                  |  | 23062113    |
| 29 | Dr. P. K. Srivastava, Joint Director (NVBDCP) | NVBDCP, 22, Sham Nath Marg, Delhi-54             | pkmalria@yahoo.co.in   | 9891494568  |
| 30 | Dr. A. Raghu, Asstt. Advisor (AYUSH)          | Deppt. Of AYUSH, IRCS Building, New Delhi        | a.raghu@nic.in   | 9911319095  |
| 31 | Sh. R. K. Meena, Principle Secretary (H&FW)   | H&FW, Secretariat, Jaipur                        |  |             |
| 32 | Ms. Neel Kamal Darbari, Mission Director      | Govt. Of Rajasthan, Secretariat, Jaipur          |  |             |
| 33 | Dr. S. P. Yadav, Director                     | Dtc. Of Med. , H&FW, Swasthya Bhavan, Jaipur     |  |             |
| 34 | Dr. K. Kolanda, Deputy Dir.                   | SPMU, Chennai-600006                             |  | 99406-10125 |
| 35 | Dr. M.S. Raja Rathnam, Project Director I/C   | T.N. State Blindness Control Programme, Chennai. | <a href="mailto:tnsbcs@ediffmail.com">tnsbcs@ediffmail.com</a> | 9381051661  |
| 36 | Dr. E. Subburam, State TB Officer             | DMS office, Chennai, Tamil Nadu                  | stotn@tbcmmedia.org.   | 9443436310  |

|    |  |  |  |                                 |
|----|--|--|--|---------------------------------|
| 37 | Dr. M. Senthamizhan, JD (Imm.)                       | Deptt. Of DPH, Chennai   |  | 9444368463                      |
| 38 | Sh. K.P. Ramaiah, Mission Director (NRHM)            | SHSB- Parivar Kalyan Bhawan, Shaikpura-Patna   | cd.shsb@yahoo.in   | 06122290328<br>Fax-0612-2290322 |
| 39 | Ms. Mona Gupta, Consultant                           | SHSB, Bihar  | Mona.grd@gmail.com   | 9334367346<br>0612-2290321      |
| 40 | Dr. Rajesh Rajora, Health Commissioner-com-Secretary | Govt. of Madhya Pradesh, Satpuda Bhawan, Bhopal  | Rajrajora@rediffmail.com   | 09425082796                     |
| 41 | Dr. Y.R. Sharma, Director P.H&FW                     | Govt. of M.P. Satpuda Bhawan, Bhopal   | Yogiraj_dph@indiffmail.com   | 9425006526                      |
| 42 | Sh. V.S. Bhaskar, Commissioner & Secretary H&FW      | Govt. of Assam   |  | 03612260269<br>09435140381      |
| 43 | Dr. J.B. Ekka, Mission Director, NRHM                | Govt. of Assam, Guwahati, Assam  | Mdnrhm.assam@gmail.com   | 0361(2363062)<br>0361(2363058)  |
| 44 | Dr. G.P.S. Dhillon, Director                         | Dte. Of NVBDCP   |  | 23918576                        |
| 45 | Dr. Geetanjali Sharma, Consultant                    | RNTCP  |  |                                 |
| 46 | Sh. Atul Kulshreshtha, SPM                           | 4 <sup>th</sup> Floor Satpoora Bhawan, Bhopal  | <a href="mailto:spmrch@yahoo.com">spmrch@yahoo.com</a> & <a href="mailto:spmubho:mp@nic.in">spmubho:mp@nic.in</a>                      | 0755-2573840                    |
| 47 | Sh. V.R. Raman, Director                             | SHRC, 1 <sup>st</sup> Floor, Health Resource Centre Building, Kalibadi, Raipur, Chhattisgarh | <a href="mailto:director.shrc@gmail.com">director.shrc@gmail.com</a><br><a href="mailto:weareraman@gmail.com">weareraman@gmail.com</a> | 0771-2236175                    |
| 48 | Dr. Pramod Singh, Director                           | Directorate of   | dr_psing   | 0771-2221621                    |

|    |   |   |   |              |
|----|---|---|---|--------------|
|    |   | Health Services,<br>Old Nurses Hostel,<br>Raipur                  | h@yahoo<br>.co.in                         |              |
| 49 | Sh. K. Kolainavi<br>Nodal Officer, NRHM-RCH                 | NIHFW, New Delhi  |   | 26165959     |
| 50 | Sh. R. Sridharan, Finance<br>Consultant                     | Tamil Nadu,<br>Chennai  | rchpcm@<br>tn.nic.in                      | 24321310     |
| 51 | Dr. A.K. Rajendran, Joint<br>Director                       | Tamil Nadu  | a.k.rajen<br>dran@ya<br>hoo.com           | 044-22450535 |
| 52 | Dr. S. Elanago, Joint Director                              | Directorate of<br>Public Health, 389,<br>Annasalai, Chennai-<br>6 | sdvbdc@<br>yahoo.co<br>.in                | 044-24321569 |
| 53 | Dr. T. Sundararaman,<br>Executive Director, NIHFW           | 48, NIHFW,<br>Munirka, New Delhi                                  | nhsrc.indi<br>a@gmail.<br>com             | 99714-15558  |
| 54 | Dr. Ravish Behal, Consultant                                | PMSG  | msg@ms<br>g.net.in                        | 4132-7343    |
| 55 | Sh. S. Basavaraj, Consultant<br>RCH                         |   | msg@ms<br>g.net.in                        | 41327343     |
| 56 | Sh. P. Ramesh Kumar,<br>Secretary; Medical & Health         | Govt. of<br>Chattisgarh, Raipur                                   | Peyyala-<br>ramesh<br>@yahoo.<br>com      |              |
| 57 | Sh. Sanjay Samaddar, State<br>Programme Manager (NRHM)      | Directorate of<br>Health Services<br>Raipur                       | Sanjay_s<br>amaddar<br>@coolgo<br>ose.com | 0771-2234832 |
| 58 | Sh. V.K. Subburaj, Secretary to<br>the Govt. of Health & FW | Govt. of Tamil<br>Nadu, Chennai-9                                 | hpsec@t<br>n.gov.in                       | 044-25671875 |
| 59 | Sh. Apoorva, Mission Director<br>Govt. of Tamil Nadu        | DMS Building,<br>Chennai-6  | rchpcni@<br>nic.in                        | 044-24320563 |



**Comments on RCH II chapter of State PIP of Rajasthan**

1. Rajasthan has revised the budget for RCH base flexible pool to Rs. 13104.48 lakhs (excluding JSY, sterilisation compensation and NSV camps) which is even higher than its earlier proposed budget of Rs. 11602 lakhs, and also way above the GOI allocation of Rs. 9834 lakhs. In addition Rajasthan has budgeted for JSY: Rs 14250 lakhs, for Sterilisation compensation: Rs. 2880 lakhs and for NSV camps: Rs 320 lakhs. However, NPCC has approved the financial envelope for RCH-II (excluding JSY, Sterilization and NSV) as Rs. 224.24 crore (by including the unspent balance of Rs. 125.92 crores for the year 2006-07). The summarized responses on the comments is at Annex-IIa.

2. Following are the observations on the revised PIP.

- Procurements under the budget items, which are not permissible under RCH-II and need to be removed before the budget could be approved are at (Annex-IIb).
- After incorporating above comments in the budget and also taking into account the financial envelopes available for the state for RCH II for the year 2007-08, the following budget may be approved.

| Sr. No       | Budget head                        | Allocation            |
|--------------|------------------------------------|-----------------------|
|              |                                    | Amount<br>(Rs. Lakhs) |
| 1            | Maternal health                    | 369.78                |
| 2            | Child health                       | 15.88                 |
| 3            | Family planning                    | 405.70                |
| 4            | ARSH                               | 182.00                |
| 5            | Urban RCH                          | 544.10                |
| 6            | Tribal RCH                         | 196.43                |
| 7            | Vulnerable groups                  | 10.00                 |
| 8            | Innovations/PPP/NGO                | 537.10                |
| 9            | Infrastructure and human resources | 2694.34               |
| 10           | Institutional strengthening        | 1700.88               |
| 11           | Training                           | 1591.99               |
| 12           | BCC/IEC                            | 539.50                |
| 13           | Programme management               | 574.30                |
| <b>TOTAL</b> |                                    | <b>9362.00</b>        |

*(The above recommended amount is arrived at after considering Rajasthan's proposed flexi-pool budget, less non-permissible items as well as reduction in some other items which have not been found accurate budgeted. The state may, however, be allowed to re-allocate the items specific recommended budget (taking advantage of flexipool concept) with prior approval of this Ministry.*

3. In addition the state needs to:
  - Prepare RCH II budget as approved above. Also give detailed budget with quarterly break up in the current year.
  - Budget item 10.3.1.2, which is provision of equipment at state and districts (Rs. 1.58 crores), should be shifted to Programme management, and it should be ensured that Programme management costs are within 6% of flexi pool allocations.
  - Provide targets for all outcome indicators including Maternal health and Child health, as overall and SC/ST.
  - Provide current status and targets for all intermediate indicators.
  - Formulate strategies for addressing pro poor and gender concerns under RCH II.
  - Formulate strategies for IMEP in the state.
4. The state while implementing RCH II Programme may see that the expenditure on following cannot be incurred :
  - On purchase of vehicles,
  - Constructions of new buildings and
  - Payment of salaries to Government of employees.
  - Also expenditure on procurement of goods and services is discouraged and if any expenditure is to be incurred on approved activities, it must be done following World Bank procedures otherwise it will be disallowed.
5. State need to forward the revised Work Plan as per recommended budget in the format prescribed in Operational Manual.

### **Conclusion**

- (a) State is requested to forward a letter of confirmation that above suggestions will be considered while implementing RCH II PIP for 2007-08 and these comments will be read alongwith final PIP submitted by the state.
- (b) The revised PIP (RCH II Chapter) may please be processed for approval in accordance with the above recommendations and suggestions after seeking confirmation from the state for adhering to the suggestions.
- (c) It is requested that a copy of the final PIP alongwith a copy of proceedings of the NPCC approval for the state PIP of Rajasthan may please be sent to this Division for reference and records.

## REVISED PIP VIS-À-VIS APPRAISAL COMMENTS

| PREVIOUS COMMENTS   | STATUS   | REMARKS   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Set targets for outcome indicators for maternal health and child health (both overall and for SC/ST), as well as provide targeted achievement for various intermediate indicators. Annex ii of state PIP should be filled up- it's currently far from complete)</li> </ul>   | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>                        | <ul style="list-style-type: none"> <li>Targets need to be provided</li> </ul>   |
| <ul style="list-style-type: none"> <li>Provide a more realistic quarterly budget rather than just dividing the annual budget equally across the 4 quarters.</li> </ul>  | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>                        | <ul style="list-style-type: none"> <li>More realistic quarterly targets need to be provided</li> </ul>  |
| <ul style="list-style-type: none"> <li>Propose plan and targets matching with input provision especially manpower planning; e.g. for operationalizing FRUs the state has given year wise plan indicating 137 FRUs for operationalization in the year 2007-08, whereas every year recruitment of only 48 trained anesthetists have been projected</li> </ul> | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>                        | <ul style="list-style-type: none"> <li>Targets should be matched with proposed inputs</li> </ul>  |
| <ul style="list-style-type: none"> <li>Develop a more rationalised training plan: training load for majority of training along with work plan has been projected in the PIP, but the load appears too ambitious. Training load needs to be calculated as per the availability of the Training Institutes and faculty.</li> </ul>                            | <ul style="list-style-type: none"> <li>The training load is still ambitious</li> </ul> | <ul style="list-style-type: none"> <li>More realistic training plan needs to be provided along with a plan for deployment of trained manpower to facilities to be operationalised.</li> </ul> |
| <ul style="list-style-type: none"> <li>Provide detailed plan for up scaling of services; 5000 camps are proposed to be organised each year for increasing access to sterilisations, but the periodicity, numbers, venue etc. is not specified.</li> </ul>   | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>                        | <ul style="list-style-type: none"> <li>Detailed plan for up scaling of services needs to be provided</li> </ul>   |

| PREVIOUS COMMENTS  | STATUS  | REMARKS  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Provide a more detailed plan for IMEP, including provision for equipments, operationalisation of IMEP in facilities, identification of health centres with existing IMEP facilities and linkages to the health centre with biomedical waste disposal capacity.</li> </ul>   | <ul style="list-style-type: none"> <li>Though budget for dissemination of IMEP guidelines and IMEP trainings has been proposed, but no strategy for IMEP operationalisation in the facilities has been given</li> </ul> | <ul style="list-style-type: none"> <li>A detailed IMEP operationalisation plan for identified facilities in the state needs to be provided</li> </ul>                        |
| <ul style="list-style-type: none"> <li>Provide clear time frame for completion of DHAPs for all districts (presently 18 DHAPs prepared) and proposed approach to incorporating priorities from the DHAPs into the SPIP. Provide information on allocation of funds to districts (using format provided in Annex 3f of the Operating Manual) and specify the resource allocation criteria.</li> </ul> | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>   | <ul style="list-style-type: none"> <li>Approach to incorporating DHAPs into state plan as well as resource allocation criteria for districts need to be provided.</li> </ul> |
| <ul style="list-style-type: none"> <li>Provide approach to mainstreaming gender strategies into RCH activities, steps planned for collection and reporting of disaggregated data, and mechanisms for encouraging staff to work in less developed districts, in order to address pro poor and gender concerns.</li> </ul>   | <ul style="list-style-type: none"> <li>Disaggregated data being collected through revision of repoting formats.</li> </ul>  | <ul style="list-style-type: none"> <li>Mainstreaming pro poor and gender strategies need to be reflected in the plan.</li> </ul>   |
| <ul style="list-style-type: none"> <li>Review the PIP and provide more detail in terms of the situation analysis, identification of strategies and the “ how to” based on experience in the last 2 years. For details refer to the main appraisal report.</li> </ul>   | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>   | <ul style="list-style-type: none"> <li>Detailed situation analysis and identification of strategies based on situation analysis needs to be done.</li> </ul>                 |
| <ul style="list-style-type: none"> <li>Indicate, for each strategy the progress in 2006-07 including in terms of funds spent, committed and balance amount available for 07-08.</li> </ul>   | <ul style="list-style-type: none"> <li>Not addressed</li> </ul>   | <ul style="list-style-type: none"> <li>Reporting on unspent balance across the various components needs to be provided</li> </ul>  |

| PREVIOUS COMMENTS   | STATUS  | REMARKS  |
|---|---|--|
| <ul style="list-style-type: none"> <li>Comprehensively fill up the formats given in the Operational Manual along with matching all its strategies with the proposed activities and budget. In Annex 3 b of the Operating Manual, introduce two columns to show the status as at April 1, 2005 and April 1, 2006.</li> </ul> | <ul style="list-style-type: none"> <li>Formats still to be completely filled</li> </ul> | <ul style="list-style-type: none"> <li>Complete all the formats</li> </ul> |

## Procurement

| SI No | ITEM  | Budget<br>(Rs lakhs) |
|-------|---|----------------------|
| 1     | Procurement of equipment for Maternal Health  | 50.00                |
| 2     | Procurement of equipment for Maternal Health  | 50.00                |
| 3     | Procurement of MVA/EVA equipment for health facilities                                  | 20.00                |
| 4     | Procurement of RTI/STI equipment & drugs for health facilities                          | 148.50               |
| 5     | Procurement of equipment for IMNCI  | 29.25                |
| 6     | Procurement of equipment for facility based newborn care                                | 160.00               |
| 7     | Procurement of equipment for care of sick children and severe malnutrition              | 9.00                 |
| 8     | Procurement of equipment for Family Planning  | 500.00               |
| 9     | Procurement / repair of Laparoscopes / Laproscators                                     | 70.00                |
| 10    | Procurement of drugs and supplies for maternal health (FRU)                             | 48.00                |
| 11    | Procurement of 205 sonography machines at Blocks (Except DH)                            | 1025.00              |
| 12    | Procurement of drugs and supplies for maternal health                                   | 10.50                |
| 13    | Equipments and supplies for model sub-centre  | 350.00               |
| 14    | Procurement of equipment for setting up MTCs at District Hospitals                      | 17.00                |
| 15    | Procurement of equipment for school health programme                                    | 16.50                |
| 16    | Procurement of equipment for ARI, Diarrhoea & IYCF Program                              | 105.00               |
| 17    | Procurement of drugs & supplies for IMNCI   | 41.40                |
| 18    | Procurement of drugs & supplies for MTCs  | 17.00                |
| 19    | Procurement of drugs & supplies for FBNC  | 16.00                |
| 20    | Procurement of drugs & supplies for care of sick children & severe malnutrition at FRUs | 18.00                |
| 21    | Procurement of drugs & supplies for School Health Program                               | 490.00               |
| 22    | Procurement of drug for ARI, Diarrhoea & IYCF Program                                   | 66.00                |
| 23    | IFA tablets for adolescent girls  | 180.00               |
| 24    | Procurement of Vitamin 'A'  | 250.00               |
|       | <b>TOTAL</b>  | <b>3687.15</b>       |

## Comments on Mission Flexible pool chapter of State PIP of Rajasthan

**RCH Flexible Pool:****1. Fund Release and Utilization in previous 2 years (i.e. 2005-06 & 2006-07)**

| <b>Year</b>    | <b>RCH Flexible Pool</b>                              | <b>Rs in Crores</b> |
|----------------|---|---------------------|
| <b>2005-06</b> | Funds Released  | 40.01               |
|                | Expenditure as per Audit Report                       | 19.31               |
|                | Unspent Balance Available with State as on 01/04/2006 | <b>20.70</b>        |
|                | % Utilization   | <b>48%</b>          |
| <b>2006-07</b> | PIP   | 105.76              |
|                | Funds Released  | 105.22              |
|                | Utilization by March 2007                             | 74.25               |
|                | <b>Unspent Balance (for 2006-07)</b>                  | 30.97               |
|                | <b>Total Unspent Balance as on 01/04/07</b>           | 51.67               |
|                | <b>% Utilization of PIP</b>                           | <b>70%</b>          |
|                | <b>Financial Envelope for 2007-08</b>                 | <b>111.82</b>       |
|                | <b>Funds Already Released</b>                         | <b>19.84</b>        |

2. **Utilization Trend:** Although Rajasthan shows the utilization of 70% of its PIP but this has been largely because of very high expenditure under JSY. Out of Rs 74.25 Crores spent during 2006-07, expenditure under JSY was Rs 30.56 Crores, which is 41% of total expenditure under RCH. Clearly, other activities under RCH have not taken off that well as it appears from the utilization level of 70%. Its performance under Training, Procurement of drugs, Urban RCH and Tribal RCH has been far below the indicated targets in 2006-07 PIP.

3. **Demand by State:** Budget demanded under RCH Flexi pool by Rajasthan is as under:

|                                       |                  |
|---------------------------------------|------------------|
| Janani Suraksha Yojana:               | Rs 142.50 Crores |
| Compensation for Sterilization & NSV: | Rs 32.00 Crores  |
| All other RCH activities:             | Rs 116.03 Crores |

**TOTAL for RCH Flexipool: Rs. 290.53 Crores**

As can be seen from above, the financial envelope of RCH flexipool is not large enough to take care of the requirements of JSY only. Against the total financial envelope of Rs 111.82 Crores, the demand for JSY alone is Rs 142.50 Crores.

4. Rajasthan has prepared its PIP exactly as per the format of operational manual of RCH Flexible pool. This is one of a few States, which has read and understood the guidelines for preparation of budget for RCH.

**Rajasthan - NRHM Additionalities (Mission Flexible Pool):**

**1. Fund Release and Utilization in previous 2 years (i.e. 2005-06 & 2006-07)**

| S.No    |   | 8             |
|---------|---|---------------|
| Year    | Mission Flexible Pool                                 | Rajasthan     |
| 2005-06 | Funds Released  | 70.56         |
|         | Expenditure (as per Audit Report)                     | 1.05          |
|         | Unspent Balance as on 01/04/2006                      | <b>69.51</b>  |
|         | %Utilization (of Releases)                            | 1.48%         |
| 2006-07 | PIP approved  | 99.84         |
|         | Funds Released  | 138.06        |
|         | Exp up to March 2007                                  | 51.80         |
|         | <b>%Utilization (of Releases as Release &gt; PIP)</b> | <b>37.52%</b> |
|         | Unspent Balance of 2006-07                            | 86.26         |
|         | <b>Total Unspent Balance as on 01/04/2007</b>         | <b>155.77</b> |
|         | <b>Financial Envelope for 2007- 08</b>                | <b>174.54</b> |

1. **Utilization Trend during past 2 years:** From the analysis of its FMR till March 2007, it is seen that Gujarat has not been able to utilize the funds under following activities of NRHM (***NIL utilization***):
- Strengthening of Districts and Sub-district hospitals
  - Procurement of Drugs,
  - Mobile Medical Units,
  - Untied Grant to PHCs.
2. **Demand by State:** Against the Financial Envelope of Rs 174.54 Crores, Rajasthan has demanded Rs 343.52 Crores. Keeping in view the unspent balance of Rs 155.77 Crores, the envelope should be able to meet the demand projected in the SPIP of Rajasthan.
3. **States Contribution:** State has not indicated its contribution of 15% of the total Health & Family welfare budget. Instead, they have indicated 15% contribution only for RCH flexible pool fund. State has also not indicated its budget and utilization for the last 2 years, and also its allocation



for 2007-08. Therefore, it is not possible to assess whether they have proposed for the minimum increase of 10% in their budget.

4. **Difference between the budget shown in Narrative part and Budget Sheet:** There is difference between the budgets worked out in the narrative portion of PIP and the budget demanded in the Budget Summary (Pg 196 of PIP). Following items have varying budgets:

*(Rs in Crores)*

| S. NO. in Budget Sheet on Pg 196 of PIP (1) | Activity (2)                              | Budget as works out in Narrative part of PIP (3) | Budget Demanded in Budget summary on Pg 196 of PIP (4) | Difference (5) = (4) – (3) |
|---|---|--|--|----------------------------|
| 3   | Remuneration of additional ANM/GNM        | 22.27  | 37.50  | 15.23                      |
| 4   | Remuneration to Staff Nurses at PHC level | 21.08  | 22.62  | 1.54                       |
| 5   | Remuneration of Staff Nurses at CHC level | 2.20   | 4.72   | 2.52                       |
| 6   | Additional allowances to MOs              | 6.26   | 4.60   | (-) 1.68                   |
| 7   | Remuneration to Specialists at CHC level  | 9.78   | 5.49   | (-) 4.29                   |
| 20  | Improving physical infrastructure         | 125  | 120  | (-) 5.00                   |

**Budget for these activities need to be firmed up in consultation with the State.**

- 6 **Cost of Construction > 33%:** Cost of Construction (Civil Work) in the State is 36.44% of the PIP submitted for. As per NRHM guidelines, this needs to be restricted to 33% limit of PIP.
- 7 **Feasibility of Recruitment of Medicos and Paramedics:** State has proposed engagement of 7500 ANMs, 2800 Staff nurses and 326 Specialists in CHCs in the PIP on contract basis. It would be worthwhile pointing out whether such a qualified manpower is available in the State? Has State drawn out a comprehensive plan as to how to fill such shortages in the public health facilities? Whether they are willing to get posted in those areas?

- 8 Filling up MPW (Male) posts by State Budget:** Multi-purpose Worker (Male) are very short in number in the State. State has sanctioned 3968 against the requirement of 10512 sub-centers. Of these only 2528 are in position at present. Similarly, in 326 CHCs, against the requirement of 1304 specialists, only 811 have been sanctioned and only 581 are in position. The provision of 2<sup>nd</sup> ANM in Sub-center under NRHM in conditional only if State provides the posts of MPW (Male) at the Sub-center as per the Cabinet approval under NRHM. State has to meet the cost of MPW (Male) and Specialists doctors as per the present scheme. Any additionality on this account has to be met by 15% State share during XI plan.
- 9 Feasibility of Training Plan:** Rajasthan has projected lots of training activity in its PIP. It is not clear whether adequate training facility, institution, faculty etc are available to that extent. The planning for achievement must be mapped against the availability of resources.
- 10 Performance Related Benchmarking of Incentives/Allowances rather than blanket Allowances:** Rajasthan has projected for Hard Area allowances and rural area allowances in its PIP for Medical officers, ANMs and Staff nurses. A blanket **distribution** of allowances may not improve the utilization of public health facilities. These allowances must be distributed against certain performance benchmarks. State is requested to come out with certain performance related benchmarks for distribution of incentive (allowances) rather than giving it for granted as routine payment.

| S. No. | Activity Description  | RAJASTHAN                      |                         | NPCC Approval   |
|--------|---|--------------------------------|-------------------------|---|
|        |   | Proposed (Rs. in Lakh)<br>Cost | Amount<br>(Rs. in lakh) |   |
| 1.     | Visioning workshops for National, State, District and Block level Mission Teams | 25                             | 25                      | Approved. The rates of TA/DA as per norms of State Govt.  |
| 2.     | Selection and training of ASHA-Sahyoginis                                       | 1910                           | 1910                    | Approved, as per norms.   |
| 3.     | Remuneration and allowances for 7500 additional ANM/ GNMs. at Sub Centres       | 4471                           | 4471                    | Approved. Hard duty & rural area allowance should be linked to performance The maximum amount could be considered for significant |

|     |   |      |      |   |
|-----|---|------|------|---|
| 4.  | Remuneration of 2998 Staff Nurses (Nurse Grade-II) at PHC level.  | 1404 | 1404 | improvement.<br>Approved. Hard duty & rural area allowance should be linked to performance. The maximum amount could be considered for significant improvement. |
| 5.  | Remuneration of 674 Staff Nurses (Nurse Grade-II) at CHC level.   | 364  | 364  | Approved. Hard duty & rural area allowance should be linked to performance. The maximum amount could be considered for significant improvement.                 |
| 6.  | Additional allowances to Medical Officers at PHCs   | 480  | 480  | Approved. Additional allowance should be linked to performance. The maximum amount could be considered for significant improvement.                             |
| 7.  | Remuneration of 338 Specialists at CHC level.   | 486  | 486  | Approved. Hard duty & rural area allowance should be linked to performance. The maximum amount could be considered for significant improvement.                 |
| 8.  | Ayush Integration<br>Remuneration of 750 Ayush doctors and 750 Nursing Staff                                      | 950  | 950  | Approved. However, the funds and other facilities available from Deptt. of AYUSH should first be utilized. The remaining amount may be taken from NRHM.         |
| 9.  | Construction and maintenance of physical infrastructure<br>Annual Maintenance Grant for PHCs (Only for 1403 PHCs) | 702  | 702  | Approved  |
| 10. | Untied grants to SHCs, PHCs,  | 2087 | 2087 | Approved  |

| CHCs and District Hospitals and Sub District Hospitals |   |              |              |   |
|--|---|--------------|--------------|---|
| 11.  | Support to Mobile Medical Units/ Health Camps   | 1            | 1            | Approved  |
| 12.  | Support for IEC activities Swasthya Cetana Yatra  | 800          | 800          | Approved  |
| 13.  | Medicines for Swasthya Chetna Yatra   | 600          | 600          | Approved  |
| 14.  | Grants in aid to NGOs (Telemedicine Project)  | 20           | --           | Not approved. The funds may be requested from telemedicine project separately.  |
| 15.  | Monitoring and Evaluation Costs & Support for Central Server Room   | 50           | 35           | Approved. The cost of consultants may be taken from Management cost.  |
| 16.  | Management Costs  | 1300         | 1300         | Approved as per norm.   |
| 17.  | Establishment of five new schools.  | 200          | 200          | Approved. The selection of trainees could be done on locally basis through involvement of Panchayats.                         |
| 18.  | Improving physical infrastructure of SHC/PHC/ CHC/Taluk/District Hospital including construction of new Sub-Centres | 7500         | 5000         | Approved. The remaining amount may be budgeted in the next year PIP, as full amount may not be spent during the current year. |
| 19.  | Preparation of District/ Block/ Village Health Action Plans   | 1            | 1            | Approved.   |
| 20.  | Procurement for IPHS friendly institutions (CHC/PHC/SC) Sonography Machines Other equipments as per facility survey | 1500         | 1200         | Approved, the procurement of equipments as per need based on facility survey.   |
|  | <b>Total</b>  | <b>24851</b> | <b>22016</b> |   |

**Comments on Immunization chapter of State PIP of Rajasthan**

**Strength**

1. Conducting holistic Village Health and nutrition day
2. Setting up an External monitoring cell with partners support.

**Comments/ Gaps in PIP**

1. Concerns regarding FI status 26.5 (NRHM III). The state has the potential for increasing it to well over 60% in the next year, a plan of action needs to be developed and submitted to Gol. State may explore reaching the hard to reach areas, migrant/mobile population & urban slums
2. There are no component wise SOE details reflecting expenditure in the previous years PIP. Details of the activities conducted using the funds made available by Gol under various components (e.g. Sessions where alternate vaccinators were hired, sessions where vaccines were delivered at session sites, review meetings conducted at state level) and the achievements in the previous year should be submitted.
3. Vaccine requirement for the 07-08 and 08-09 to be projected.
4. Although RI data is being entered in Healing – RIMS, but since data is not uploaded and therefore not available at the National level to monitor and provide feedback to States.
5. Panch Amrit week's data demonstrating progress in terms of RI coverage as a proportion of the annual target needs to be analyzed and shared with Gol.
6. Process and timeline for filling of vacant cold chain mechanic positions should be included in the PIP
7. Financial / activity support by partner agencies should be spelt out in the PIP
8. Waste disposal plan needs to be projected component wise like status of pits, sodium hypochlorite, solution etc. Plan needs to be made to strengthen the injection safety and waste disposal in the state
9. No IEC plan for RI. State should consider developing an annual IEC plan on RI. Budgetary support for IEC is provided through IEC bureau.
10. Accountant asked in PIP for fund management at district level is already available as part of district PMU.

**Other activities that may be considered by the State**

1. Uploading of data in RIMS and periodic reviews in review meetings. Need based training for RIMS

2. Develop Standardize Monitoring & supervision formats in State. A mechanism could be made to collate these formats from the field for analysis and then sharing the outcomes with the Districts and sub district level to take timely action.
3. Review meetings at the PHC level (for ANM & other health functionaries) may be clubbed with the regular monthly meetings held at the PHC
4. Linking all the activities & funding with performance
5. Provision for AEFI and VPD outbreaks under the surveillance program like IDSP.
6. Six monthly RI reviews of MOs in the district can be considered.
7. Specify plans for disposal of immunization waste in urban areas.
8. Develop State specific detailed guidelines (in local language/English) and disseminate to the Districts regarding PIP fund and other component wise details so that all the officials are well versed and fully oriented on the specifics of the expenditure to be incurred in various activities under part C component. The expenditure should be linked to the performance outputs and outcomes.

#### Budget Activities/ comments

|  |   |
|--|---|
| <p><b>Activities that may be approved (As per norms)</b></p> | <ol style="list-style-type: none"> <li>1. Mobility Support for monitoring &amp; supervision by State and District RCHOs: Mobility for State level officers is approved @Rs 1 Lac per annum but then if the requirement need is more then the same can be forwarded with the SOEs with justification for approval. The budget for district mobility for the 20 districts is approved @ Rs 50,000/distt/year. <b>(Funds of Rs 900/day for 7 days in a week/month for 13 district may be agreed as these districts have difficult geographic terrain).</b></li> <li>2. Mobility support for alternate vaccine delivery approved as per PIP (approved Rs 25417800)</li> <li>3. Mobilization of children in Urban slums/ underserved areas as per PIP: An urban mobilization is approved as per plan. It has to be based as per sessions conducted in urban areas ( micro-plan) (approved 76,86,000)</li> <li>4.2 Review meetings at state level approved as per PIP (approved Rs 20,000/year) The reflected budget is however less than the GoI norm</li> <li>5. Mobilization of children by ASHA for session sites is approved as per PIP (approved Rs 63,59,4720) The projected sessions in rural/ other areas need to be mentioned.</li> <li>6.34 Computer assistants. For district (33) and for state (1) approved @ Rs 4500 / month as per PIP. (Total amount approved Rs 18,36000) the GOI norm for CA however is more than the State norm</li> <li>7. The budget for polythene bags is approved as per PIP (approved Rs 34,9771)</li> <li>8. Printing of reporting, monitoring formats, Micro-planning etc approved as per PIP (approved Rs 33,49,500) The GoI norm for printing is however @ Rs 3 per beneficiary.</li> </ol> |
|--|---|

|   |  |
|---|--|
|   | <p>9. Cold chain maintenance is approved as per PIP (approved Rs. 12,24,000)</p> <p>10. Running cost of WIC/WIF approved</p> <p>11. POL and maintenance of Vaccine delivery van at State and district is approved as per norms reflected in the PIP. (approved Rs 58,41,264)</p> <p>12. Cold chain handlers training approved as per PIP (Rs 229600) The funds are being approved each year but component wise expenditure and other details need to be provided.</p> <p>13. Red bags for waste disposal may be approved as per PIP (Rs 6,0000)</p> <p>14. 1000 thermometers for ILR/DF may be approved ( Rs 1,40,000)</p> <p>15. Training of HW and MOs: For HW and TOTs of HWs --- budget is as per norms and for MOs the norms/budget as per RCH.</p> |
| <b>Additional Activities that may be considered under NRHM flexi pool</b> | <p>1. Zonal level review meetings can be clubbed/held with the review meetings under NRHM</p> <p>2. Communication charges for internet for RI data upload in healing / RIMS</p> <p>3. Hiring of vaccinators/ ANMs in the urban slums and underserved areas @ Rs 5000/ month for 12 months. There is provision of strengthening urban health sector under NRHM RCH II, so state must explore the possibility of hiring/engaging vaccinators from this pool</p>  |
| <b>Activities not approved</b>  | <p>1. Provision of 3 lac ice packs for vaccine carriers @ Rs 12 per ice pack. The basis of ice pack requirement needs to be justified -- This is procured centrally</p> <p>2. Installation charges for the WIC and WIF are borne by supplier</p> <p>3. Strengthening model immunization clinics --- this concept is not clear</p>  |

### PIP on Trainings (Page 98 – 103)

- Quarter-wise training load for majority of training along with work plan has been projected in the PIP, but the load appears too ambitious. Training load needs to be calculated as per the availability of the Training Institutes and faculty.
- Training load for Dai Training is 6000, duration of training is not given. Training load for SBA is only 1000. If institutional deliveries have to increase more SBA need to be trained rather than Dais. Blood Storage Units has not been given.
- LTs training for RTI/STI & blood storage are given separately. Integration of this training could be looked into.
- Duration of training for RTI / STI has not been given.
- At state level one Consultant (Training) along with Data Assistant will help the Programme Support Units for RCH to boost up the training.

**A total budget of Rs. 15.09 crores has been projected for trainings, which is 5.20% of RCH flexipool.**

### 2. Strengthening of Training Institutions (Page 172)

- HFWTC Jaipur @ 50 lakhs and HFWTC Ajmer @ Rs. 25 lakhs will be used for renovation in 2007 – 08.
- 33 DTC / DH will be provided equipment and training aids @ Rs. 2 lakhs each in 2007 – 08, hence the total cost will be Rs. 66 lakhs.
- Payment for contractual staff will be Rs. 3.6 lakhs
- Proposal for 5 new ANMTCs is given in PIP ..

**A total budget of Rs. 144.60 lakhs is given for strengthening of training institutes.**

### **3. ASHA**

- Total number of ASHA Sahyoginis to be selected and trained is 46862 numbers NRHM.
- 35466 selected till reach 2007.
- 90% selection will be once in 2007 – 08 and total 60% will be trained in all 4 modules by 2008.
- Total training (100%) will be completed by 2009 – 10.
- Drug kits have been provided to these ASHA Sahyoginis who have completed their induction training.
- Technical support is by ASHA resource centre, also quarterly meetings with ASHA mentoring group at State level.
- In 2007 – 08 Mentoring group at District level will be put in place in all districts.

**A total budget of Rs. 25.39 crores has been projected for 2007 – 08.**



**Comments on DISEASE CONTROL PROGRAMMES chapter of State PIP of Rajasthan****NPCB**

1. Under NPCB, budget allocation of Rs.7.20 crore has been made for Rajasthan to meet expenditure on the various approved activities like Catops, School Eye Screening, Eye Donation, Eye Banks IEC, Training, remuneration of SBCS, Ophthalmic Equipments, Contingency etc.
2. Rajasthan has been facing shortage of Eye Surgeons and PMOAs as a result the blindness control programme has been suffering adversely. It is proposed that appointment of Eye Surgeons and PMOAs in the state may be made on contractual basis under NRHM budget.
3. There is inadequate coverage of Vitamin A supplement in the state. It is proposed that the same may be provided under NRHM budget.

**Major physical targets during 2007-08**

|                            |          |
|----------------------------|----------|
| Cataract                   | 3,25,000 |
| Free Spec to poor children | 8400     |
| Eye donation               | 1500     |
| Vision Centres             | 50       |
| Eye Banks                  | 2        |
| Eye Donation Centre        | 2        |
| Non-recurring GIA to NGOs  | 2        |

**NVBDCP**

The state of Rajasthan has tribal areas which is Pf predominant. The malaria outbreaks are also reported from these areas of the state. During 2006, the state has reported 99529 malaria cases, 9481 Pf cases (9.53%) and nil deaths. Drug resistance has been declared in 1 PHC each of Dungarpur and Banswara districts. The strengthening of the surveillance and ensuring complete treatment of malaria cases are recommended. DDT is still effective in some part of Rajasthan whereas in some parts the Synthetic Pyrethroid is effective. The insecticides are supplied accordingly by Government of India as kind assistance under domestic budget support or externally aided component. The state was included under Enhanced Malaria Control Project and under retroactive financing the state is being supported through EAC for implementation of NVBDCP activities. The cash assistance has also been provisioned for prevention and control of Dengue & Chikungunya. The details are as below:

| Name of activity | Allocation in B.E. 2007-08 | Cash assistance | Commodity assistance |
|------------------|----------------------------|-----------------|----------------------|
| Malaria DBS      | 676.29                     | 0               | 676.29               |

|                         |                |            |                |
|-------------------------|----------------|------------|----------------|
| GFATM                   | 0              | 0          | 0              |
| Malaria -EAC            | 1155           | 430        | 725            |
| Kala-azar               | 0              | 0          | 0              |
| Filaria                 | 0              | 0          | 0              |
| J.E.                    | 0              | 0          | 0              |
| Dengue &<br>Chikungunya | 4              | 4          | 0              |
| IEC                     | 45             | 45         | 0              |
| Training                | 16             | 16         | 0              |
| <b>Total</b>            | <b>1896.29</b> | <b>495</b> | <b>1401.29</b> |

As there was no mention of RNTCP or any other disease control programme budget/activities except NPCB, NVBDCP in the original NRHM PIP, the comments are not available. These need to be incorporated as per the format provided by the programme division for submission of State Annual Action Plan with the details of the activities and the budget.

As such the State is requested that the activities to be undertaken during 2007-08 may be got approved from the concerned Divisions of this Ministry, before undertaking any expenditure on these components.