Statement of Outlays and Outcomes/Targets: Annual Plan 2005-06

HEALTH

(Rs. in crores)

Sl. No.	Name of Scheme/ Programme	Objective/ Outcome	Outlay 2005-06			Quantifiable Deliverables	Processes/Timelines	Remarks/ Risk Factors
I.	***National Vector Borne Disease Control Programme***		GOI share 348.45	EAC 154.08	State share			
1.	**Malaria**	To reduce the incidence of Malaria	265.075	129.565	Please see Note below.	• Annual Blood Examination Rate (ABER) – 10% of population covered under the programme. • Establishment of at least one Drug Distribution Centre(DDC)/ Fever Treatment Depot (FTD) in each village in high risk areas.	• Fortnightly visits of households by health workers • Distribution of bed nets after treatment with insecticide to BPL population in endemic areas. • Involvement of Stake holders like PRIs, NGOs, Public sector, Private practitioners & Military organizations.	1. Filling up of vacant posts of health workers. 2. Timely release of funds by States for programme implementation

Note: Programme is 100% centrally funded in North-Eastern states and selected 1045 PHCs in 100 districts of eight States namely Andhra Pradesh, Maharastra, Chhatisgarh, M P, Gujarat, Rajasthan, Jharkhand and Orissa covered under the World Bank Assisted Enhanced Malaria Control Programme. In the remaining areas/states the programme is on 50% sharing basis with states bearing operational cost and centre provides commodities/insecticides.

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			GOI share	EAC	State share			
2.	**Elimination of Lymphatic Filariasis**	Reduce micro-filarial rate in endemic districts	23.05	23.05	Nil	Mass Drug Administra-tion (MDA) in 259 endemic districts in 20 states.	• State level Steering Committee meeting to be convened. • District Co-ordination Committee meeting to be in all endemic districts. • Behaviour change communication campaign to be implemented before MDA in all 20 endemic States. • Training of drug distributors for each village. • Supply of DEC Tablets to all Drug Distribution Centres at least 15 days before MDA. • Post MDA assessment for evaluation of coverage.	Timely planning and action by State Governments

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			GOI share	EAC	State share			
3.	**Kala-azar**	To reduce incidence of kala-azar in four endemic States: Bihar, U.P., Jharkhand and West Bengal.	60.26	1.40	Nil	• Coverage of targeted population by indoor residual spray with DDT • Providing diagnosis and treatment facilities in all block PHC and district hospitals in 48 affected districts in 4 states.	• At least one Kala-azar fortnight observed by each State to intensify Kala-azar case detection. • Intensification of positive surveillance for Kala-azar by training health workers. • Making Kala-azar a notifiable disease. • Formation of District Coordination Committees in all endemic districts for public private partnership.	• Release of funds by State to district for programme implementation. • Maintaining regular supply of anti Kala-azar drugs at the periphery. • Involvement of NGOs/FBOs/ PRIs and private practitioners in the Kala-azar elimination.

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			GOI share	EAC	State share			
4.	**Japanese Encephalitis(JE)**	To reduce frequency of outbreaks of Case Fatality Rate (CFR)	0.039	0.039	Nil	25% health workers of district and block level PHCs to be trained in prevention and control of JE in endemic areas.	• Behaviour change communication campaign organized in all endemic districts. • Training of Medical Officers in management of JE Cases. • Availability of necessary infrastructure for management of JE Cases in district hospitals.	• Timely case reporting. • Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures

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			GOI share	EAC	State share			
5.	**Dengue**	To reduce frequency of Outbreaks of Dengue & case fatality rates.	0.026	0.026	Nil	• Regular entomological surveillance in endemic districts for vector species (*Aedes aegypti)* • Regular fever surveillance in endemic districts to detect an unusual trend. • Adequate infrastructure for management of Dengue cases in district hospitals in endemic States.	Focussed strategy in endemic districts in terms of: • Training medical and para-medical workers in prevention & control of Dengue. • Behaviour change communication campaign on prevention and control of Dengue. • Developing facilities for diagnosis of Dengue in 25% of endemic districts.	• States to put in place entomological teams for vector surveillance. • Early case reporting • Analysis of epidemiological and entomological data for prediction of epidemic outbreak and timely remedial measures.

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			GOI share	EAC	State share			
II.	**Integrated Disease Surveillance Project**	Set up disease surveillance network to identify epidemics early for timely interventions Outcomes expected are establishment of regular periodic surveillance mechanism, widening the surveillance network and advancing epidemic response	88.00	86.50	Nil	-Setting up State Surveillance CHCs/ Units- 14 - Setting up District Surveillance CHCs/ Surveillance Units- 184 -Supply of Lab. equipments to Central/State/Distt & Peripheral Lab- 390 - IT equipment to Central/ State/ District Surveillance Units- 390 -Orientation workshop for District Surveillance Officers – 14 -Training for District Surveillance Teams- 390	Regular Surveillance Sentinel Surveillance Regular Periodic Surveys	Preparedness of the State

Sl. No	Name of Scheme/ Programme	Objective/ Outcome	Outlay 2005-06			Quantifiable Deliverables	Processes/ Timelines	Remarks/ Risk Factors
			GOI share	EAC	State share			
III.	**National Programme for Control of Blindness**	Reduction in the prevalence of blindness to 0.8% by end of the 10th Plan.	89.00	Nil	Nil	**Cataract Surgery** – 44 lakhs **School Eye Screening Programme targets**: Children to be screened – 350 lakhs -Children to be detected with refractive errors - 24.5 lakhs -Free spectacles to be provided -7.35 lakhs **Eye Banking targets:** -Eyes to be collected - 30,000 **Strengthening of infrastructure** RIO – 4 Medical Colleges-10 Distt. Hospital-20 Sub Distt Hosps- 25 PHCs & Vision Centres -1000 Trg. of Eye surgeons/Nurses -950	Strengthen Services for other causes of blindness like corneal blindness, Refractive errors in School going children. Shift from eye camp to a fixed facility surgical approach Strengthen capacities of eye care infrastructure Strengthen participation of Voluntary Organization	

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			GOI share	EAC	State share			
IV.	**Assistance for Capacity Building.**	Upgradation and strengthening of Emergency facilities of State Hospitals of towns/cities located on National Highways with a view to ensure that trauma victims get the required medical treatment at the earliest.	35.00 (Rs.3.00 crore for North-Eastern states and Rs.32.00 crore for other states/UTs)	Nil	Nil	To release assistance to a maximum limit of Rs.1.50 crore to about 25 State Government Hospitals located on National Highways.	The proposals received through State Government are examined technically with reference to the parameters of the scheme and proposals found eligible are considered for release of funds.	Release of funds depends on receipt of complete proposals from the State Governments.

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			GOI share	EAC	State share			
V.	**National AIDS Control Programme**	To reduce the growth of HIV infection. Strengthen India's capacity to respond to HIV / AIDS. Keeping HIV prevalence rates < 3% in high prevalence (HP) States < 1% in other States.	533.50	510.50	Nil	Available infrastructure will be maintained and additional centres will be created: (VCTCs) – 197 Modernisation of district level blood banks-200 STD clinics – 169 New sentinel sites -80 TI -200 CCC-10 DIC-38 PPTCT – 656 Sub district VCTC under HIV / TB project – 187 ART – 75 in addition to 25 base line Training Staff – 1 lac New schools to be covered under SAEP-20000	Targets allocated to the state will be established over the years. Progress would be monitored every month	Delay in release of funds or non-release of funds from GOI and State AIDS Control Societies may lead to non-achievement of the target. Delay in providing infrastructure and staff for blood bank may lead to non-achievement of the target as NACO provides support for equipment and recurring grant.

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			GOI share	EAC	State share			
VI.	**National Leprosy Eradication Programme**	Reduce the prevalence level of leprosy	41.75	8.00	Nil	Reach a level of national elimination i.e. less than 1/10000 by end Dec.'05	• Intensive Programme in the highly endemic districts/ blocks • Strengthening of IEC activity • Focus on urban slums.	

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			GOI share	EAC	State share			
VII	**Revised National TB Control Programme (RNTCP)**	a) To cover the entire population of the country under the Revised National TB Control Programme. b) To achieve global target of cure rate of 85% of new sputum positive cases. c) To detect atleast 70% of new sputum positive cases.	186.00	185.80	Nil	a) Detection of new TB cases:- 13,70,000 approx. (out of these, around 5,30,000 cases would be new sputum positive cases). b) Number of TB cases to be put on treatment:- 13,70,000	• To refer all suspected TB cases to TB care facilities for diagnosis and treatment, if required. • To provide treatment and monitor outcome • To retrieve defaulted cases.	Strengthening supervision and monitoring so that quality services are provided and objectives achieved.

Sl. No.	Name of Scheme/ Programme	Objective / Outcome	Outlay 2005-06			Quantifiable Deliverables	Processes/ Timelines	Remarks/ Risk Factors
			GOI share	EAC	State share			
VIII	**National Mental Health Programme**	a) To ensure availability of minimum mental health care for all in the foreseeable future, particularly the most vulnerable and under privileged sections of the population. b) To encourage application of mental health knowledge in general health care and social development. c) To promote community participation in developing mental health services, and to stimulate efforts towards self-help in the community.	40.00	Nil	Nil	During the year 2005-06 the proposal is to extend District Mental Health Programme in 25 new / old districts, modernization of 13 mental hospitals and up-gradation of psychiatric wings in 28 medical colleges.	The proposals have been initially assessed by the working group and recommended by the Steering Committee subject to evaluation by the Appraisal Team. The cases are under process. It is proposed to cover the deliverables indicated within the financial year at an equal pace.	Since the progress of events in this scheme depends on the active cooperation of State Governments also, the timely achievement of goals could be made only if all the stakeholders join efforts.

Sl. No.	Name of Scheme / Programme	Objective / Outcome	Outlay 2005-06			Quantifiable Deliverables	Processes / Timelines	Remarks / Risk Factors
			GOI share	EAC	State share			
X	**Medical Education, Training & Research**	Funding of the Central Medical Tertiary Health Care Institutions	770.66	Nil	770.66	1. Delivery of specialized health care services 2. Imparting of Graduate and Post Graduate level education 3. Imparting Training to Para-Medical and Auxiliary staff	Nil, as all the programmes are regular activities in nature.	Nil.
XI	**Hospitals & dispensaries**	Funding of the institutions for providing secondary and tertiary health care services	210.49	Nil	210.49	1. Providing referral services 2. Delivery of secondary and tertiary health care services.	Nil as all the programmes are regular activities in nature.	Nil.
XII	**Other programmes**	Funding of the institutions engaged in research	472.51	Nil	Nil	Monitorable targets cannot be set	Nil	Nil
	Grand Total		**2908.00**	**1030.38**				

FAMILY WELFARE

S. No	Name of scheme/ Programme	Objective/Outcome	Outlay 2005-06 (Rs. in crore)				Quantifiable Deliverables	Processes/ Timelines	Remarks/ Risk Factors
			IEBR/ DBS	EAP	State counter part funding	Total			
I	**National Rural Health Mission**	Strengthening integrated Primary Health Care Services in Rural Areas **Objective to be achieved:** 1. Infant Mortality Rate reduced to 30/1000 live births by 2010. 2. Maternal Mortality Ratio reduced to 100/100,000 by 2010. 3. Total Fertility Rate reduced to 2.1 by 2010. 4. Malaria mortality reduction rate –50% upto 2010, additional 10% by 2012. 5. Kala Azar mortality reduction rate to 100% by 2010 and sustaining. 6.Filaria/Microfilaria reduction rate to 70% by 2010, 80% by 2012 and elimination by 2015 7. Dengue mortality reduction rate to 50% by 2010 and sustaining at that level until 2012 8. Japanese Encephalitis mortality reduction rate to 50% by 2010 and sustaining at that level until 2012	3654.03	2266.93	NIL	5920.96 (Plus Rs.765.20 crore from outlay of health sector and 45.00 crore from Deptt. of AYUSH)	1. Setting up of the State and District Rural Health Missions- All States. 2.Merger of Health and Family Welfare Departments- All States. 3. Merger of Health & Family Welfare societies- All States. 4. Selection & Training of ASHA- 1 Lakh. 5.MOU between the States and the Government of India- All States. 6. Posting of AYUSH doctors in PHCs- 1000. 7. Integration of Societies- All States. 8.Upgrading CHCs to IPHS- 500. 9. Untied Fund at Sub-centre- 100%. 10. Rogi Kalyan Samiti- 1600.	1.October- December 2005. 2.October- December 2005. 3.October- December 2005. 4.By March 2006. 5.October- December 2005. 6.By March 2006. 7.Ongoing. 8.Ongoing. 9.Ongoing. 10.Ongoing.	1. The improvements in Health sector will take investments in time and effort. The first year is proposed to be used as preparatory phase of the Mission. Results will be visible in the field from 2006-07. However, improvement in service delivery will be attempted in first year for universal immunization and institutional delivery, at Anganwadi level. 2. Additional funds requirement constraint. 3. Operationalising the Mission under PRI leadership at District level will not be easy looking to state realities. 4. Upgrading CHCs to IPHS is a time consuming process and may not be complete in first year. 5. Selection and training of ASHA require detailed micro planning. 6. Fund availability and manpower planning will be crucial to the success

		9. Cataract Operation: increasing upto 46 lakhs by 2009 and sustaining. 10. Leprosy prevalence rate: reduce from 1.8/10,000 in 2005 to less than 1/10,000 thereafter 11. Tuberculosis DOTS services: Maintain 85% cure rate through entire mission period. 12. Upgrading 2000+ Community Health Centers to Indian Public Health Standards by 2011 13. Increase utilization of First Referral Units from less than 20% to 75% by 2012. 14. Engaging 250,000 female Accredited Social Health Activists (ASHAs) by 2008 in 10 States.					11. Mobile Medical Unit- All Districts. 12. Health Melas- 8 EAG States/ Parliamentary Constituencies. 13. Immunization- All States.	11.By March 2006. 12.By October 2005. 13.Ongoing.	of the Mission. 7. Simultaneous adherence to suggested timeframes for completion of activities across the country would be difficult. 8. Outstanding UCs from past may serve as a drag on fund flow under NRHM. 9. Capacity building at all levels under the Mission would take time. 10.Convergence among HFW programmes and among different Departments would be a challenging task.
2.	**Urban FW Services and Urban Slums**	Maintenance of Urban FW Centres and Urban Health Posts	170.33	Nil	Nil	170.33	Reduction in TFR, IMR, MMR in urban areas	Nil	Nil
3.	**Direction & Admn.**	Maintenance of State & District FW Bureau	280.21	Nil	Nil	280.21	Administrative inputs for efficient delivery of family welfare services at State and District level	Nil	Nil
4.	**Other Programmes**	Grants to training & Research institutions such as ICMR, IIPS, CDRI, FWTRC, IMA etc.	52.50	Nil	Nil	52.50	Monitorable targets cannot be set as the financial assistance is provided for ad hoc activities	Nil	Nil
	Grand Total		4157.07	2266.93		6424.00			

Sl.No.	Name of the Scheme/Programme	Objective/ Outcome	Outlay 2005-06 (Rs. in crore)				Quantifiable Deliverables (in Million)	Processes/ Timelines	Remarks/Risk Factors
			DBS/ IEBR	EAP	State counterpart funding	Total			
1A.	**Reproductive and Child Health (RCH)** (included in S.N.1 NRHM)	Reduction in TFR, IMR, MMR as under NRHM	DBS **614.02** IEBR **NIL**	318.12	NIL	962.14		Every State /UT Project Implementation Plan (PIP's) have been appraised and approved	a) The RCH- It programme is planned to be Implemented based on the project Implementation Plan (PIP), of the State/ UTs. Thus the achievement of the RCH-II goals needs active participation of the States/UTs. b) IMR, TFR and MMR figure will come on the estimation from RGI. The last estimate from IMR, TFR, & MMR was done in the year 2002 & 1998 respectively.
	Janani Suraksha Yojana (JSY)								
	No. of Institutional Deliveries						20% (14.7 million)		
	No. of Safe Deliveries*						20% (20 million)		

*Absolute figures are not available through evaluation survey, only proportion percentage are provided by surveys, absolute figures are just approximations. Data will be available through evaluations survey to be conducted as mid-line and end-line during RCH II

S.No	Name Of The Scheme/Programme	Objectives/Outcomes	Outlay 2005-06 (Rs. In crore)				Quantifiable Deliverable In Millions	Processes / Timeline	Remarks /Risk Factors
			DBS/ IEBR	EAP	State counterpart funding	Total			
1B.	**Routine Immunization** (included in S.N.1 NRHM)	Immunization of children against 6 Vaccine Preventable Diseases (VPD). Reduction in morbidity & mortality rate due to VPD	DBS **257.10** IBER **NIL**	249.90	NIL	507.00	As per the Rapid Household survey of 2002-03 the immunization level is 48.2%. However, the target is more than 90% coverage of various antigens & the target will be assessed from the reported coverage from States.	In the immunization programme fix day, fix site, weekly sessions are organized up to sub-centre/outreach areas.	Vacant posts of Auxiliary Nurse Midwives (ANMs) at the sub centre and District Immunization Officers (DIOs) in the districts will adversely affect the coverages under immunization programme.
	TT(PW)						25.3		
	BCG						26.0		
	DPT						24.1		
	Measles						22.8		
1C.	**Pulse Polio Immunization Programme** (included in S.N.1 NRHM)	**Objective** Eradication of Polio **Outcome** Zero Transmission by end 2005	DBS **77** IEBR **NIL**	800	NIL	877.00	All India figure as on 5th March 2005 is 136. The target is Zero Transmission by end of 2005.	Implementation of 6 Sub-National Immunization Days (SNIDs) in the high risk states & National Immunization Days (NIDs) in the country to improve the immunity level of children in the community during 2005-06	Intensification of drive in Uttar Pradesh and Bihar as Continuation of circulation in high risk district persists.
	OPV						24.3.		

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			DBS/ IEBR	EAP	State counterpart funding	Total			
1D.	**Sterilization/Spacing** (included in S.N.1 NRHM)		DBS **172.52** IEBR **NIL**	NIL	NIL	172.50		A target scenario for 2007 in case of Family planning methods have been worked out to enable achievement of TFR of 2.1 by 2010.The Tenth Plan goal was Achievement of TFR of 2.1 by 2007.The ministry needs to intensify its efforts in this direction	
	Sterilization						5.4		
	IUD Insertions						6.7		