CHAPTER 3

Human and Social Development

3.1 ELEMENTARY EDUCATION AND LITERACY

The Constitution of India envisages provision of free and compulsory education for all children up to the age of fourteen. A new milestone in this direction is the passing of the 86th Constitutional Amendment Act, 2002 providing for Right to Education as a Fundamental Right. Elementary education has been given the highest priority in sub-sectoral allocation within education sector in the Tenth Five Year Plan.

The progress towards universalizing elementary education has also been significant. The National Literacy Mission (NLM) launched in the year 1988 took a concrete shape in the 1990s. For the first time, the literacy rate at 64.84% in 2001 witnessed a quantum jump of 12.63% over that of 1991 (52.21%). The adult education programmes such as TLC, PLP and CE were extended to cover over 90% of the districts in the country, and created a favourable climate for Universalization.

Elementary Education

The National Policy on Education (NPE), 1986 was reviewed in 1992 and laid down a concrete Plan Of Action (POA) for providing basic education. It laid importance on expanding education to all sectors, removing the disparities in access and improving the quality of education at each level. World Declaration on Education For All (EFA) in 1990 reaffirmed the need for basic education including adult education, gender equity, early childcare, quality improvement, catering to the requirement of children with special needs and special focus on education of SCs/STs and Minorities.

The Tenth Plan allocation for the schemes of Elementary Education is Rs.28750 cr. During the Annual Plan 2002-03, an allocation of Rs. 4667 cr was provided. The Annual Plan allocation of Rs.4667 cr for 2003-04 has been raised to Rs. 5217 cr.in the RE. The UPA Government has decided to give highest priority to universal elementary education for all children in the age group of 6-14. A 2.0% cess on all Central taxes has been imposed to meet the financial commitment for providing universal elementary education and nutrition support to primary education. From the lump sum provision for NCMP related programmes, an allocation of Rs.2000 cr has been made for SSA raising its total outlay to Rs. 5057.08 cr during 2004-05. The Provision of Rs.1675 cr for Mid-day meals programme has also been enhanced by an additionality of Rs. 1232 cr. Thus, the significant step up in public spending under SSA and MDMS has raised the Annual Plan 2004-05 outlay of Rs. 5750 cr for Elementary education to Rs. 8982 cr. Together with the approved outlay of Rs. 250 cr for adult education, the aggregate allocation for elementary education and literacy for 2004-05 is Rs. 9232 cr, an increase of 88.4% over the allocation during the year 2003-04.

The principal programme for achieving Universalization of Elementary Education (UEE) is the comprehensive Sarva Siksha Abhiyan (SSA), which was launched in 2001-02. This programme works on the partnership between Central and State Governments. SSA seeks to improve the performance of the schools through community owned approach with a focus on the provision of quality education. It is implemented on a mission mode and has set the target of ensuring

universalization and bridging gender gaps. A number of other schemes were also brought under the umbrella of SSA. The primary goal of SSA is to bring all children in schools or alternative schools by 2003 and provide eight years of quality education by 2010. SSA covers the entire country, and addresses the needs of 192 million children in 11-lakh habitation and 8.5 lakh existing primary and upper primary schools. During the Tenth Plan, an allocation of Rs 17,000 crore has been made for SSA. For the Year 2004-05, an additional allocation of Rs 2000 Cr has been provided with earmarking of Rs 1400 Cr for EAP.

Review of the year 2003-04

During the year 2003-04, the approved outlay for elementary education of Rs.4667 cr was raised to Rs 5217 cr in the RE stage. Based on Zero Based Budgeting (ZBB) exercise, the schemes for elementary education were streamlined and rationalized. All the Central Sector Schemes under elementary education have been brought under five major schemes, viz., (i) SSA (ii) MDMS (iii) Teachers Education (iv) KGBV (v) Mahila Samakhya. Some of the programmes like DPEP, Lok Jumbish and Siksha Karmi have been allowed to continue as independent schemes being externally aided. An expenditure of Rs. 793.19 cr has been incurred under District Primary Education Programme. As against the BE of Rs.1175 cr under Mid Day Meal programme, an expenditure of Rs 1375 cr was incurred (RE). However, the expenditure under Teachers Education scheme was only Rs.150cr against the approved outlay of Rs.207 cr due to restructuring of the scheme during 2003-04.

Annual Plan 2004-05

In the Annual Plan 2004-05, an outlay of Rs.5750 cr. has been provided for elementary education. This was supplemented by an additional Gross Budgetary Support of Rs 3232 cr, out of which Rs 1232 cr has been earmarked for the Mid Day Meal Scheme in the State Sector and Rs 2000 cr for SSA. The amount earmarked for EAP under SSA has been increased from Rs.500 cr in BE to Rs.1900 cr. With an additional allocation under SSA and MDMS, it is proposed to get all the remaining out of school children (81 lakhs) into schools or AIE/EGS centers by the end of 2004-05. The MDM Scheme is expected to ensure additional retention of 1.5 million children or reduce the primary dropout rate by 5 percentage points.

ADULT EDUCATION

The principal goal of the National Literacy Mission is to achieve full literacy by imparting functional literacy in the 15-35 age group. At present, out of 600 districts, 596 have been covered under adult education programmes. The coverage under TLC and Post Literacy Phase (PLP) are 159 and 196 districts and the remaining 239 districts have been covered under Continuing Education Programme.

The State Literacy Mission Authority (SLMA) serve as the nodal agency at the State level for monitoring and implementing the scheme of continuing education. The SLMA is supported by the State Resource Centres (SRCs) which provide academic and technical resource support in the form of training material preparation, innovative projects, research studies and evaluation. There are 141 Jan Siksha Sansthans (JSS)offering around 250 vocational training courses.

Review of Annual Plan 2003-04

The approved outlay in the Annual Plan 2003-04 for adult education is Rs 233 cr and almost the entire allocation has been utilized (Rs 232.50 cr). The expenditure under Continuing Education for Neo-literates during 2003-04 is Rs. 144.50 cr which account for 62.02% of the total approved outlay for adult education. The other schemes of Literacy Campaign, JSS and Support to NGOs incurred an expenditure of about Rs. 25 cr, each.

Annual Plan 2004-05

The approved annual plan outlay for adult education is Rs 250 cr. The scheme of Continuing Education for Neo-literates has been provided Rs. 157.24 cr as against the approved outlay of Rs. 145 cr in 2003-04. An amount of Rs 28 cr has been allocated for the scheme of Jan Sikshan Sansthan. The adult education programme and SSA will have to work in consonance with one another to achieve full literacy.

Annexure 3.1.1

State wise number of children covered quantity of foodgrains allocated and status of coverage of cooked meal programme during 2004-05 (as on 1.9.04)

Coverage of MDMS	S.No	State /UT	Enrolment (in lakhs)	Foodgrains allocated (in lakh MTs)	Children provided meals (in lakh)
	1	Andhra Pradesh	90.81	2.13	90.81
	2	Chhattisgarh	28.29	0.57	28.29
Full	3	Gujarat	30.18	0.60	30.18
implementation	4	Haryana	16.28	0.46	16.28
	5	Himachal Pradesh	5.90	0.18	5.90
	6	Karnataka	51.26	1.18	51.26
	7	Kerala	21.16	0.42	21.16
	8	Madhya Pradesh	76.50	1.60	76.50
	9	Maharashtra	96.65	2.22	96.65
	10	Meghalaya	5.03	0.10	5.03
	11	Mizoram	0.96	0.02	0.96
	12	Nagaland	1.74	0.03	1.74
	13	Orissa	51.51	1.35	51.51
	14	Rajasthan	76.62	1.69	76.62
	15	Sikkim	0.84	0.02	0.84
	16	Tamil nadu	43.06	0.86	43.06
	17	Tripura	4.58	0.09	4.58
	18	Uttaranchal	8.11	0.16	8.11
	19	A & N Islands	0.35	0.01	0.35
	20	D & N Haveli	0.30	0.01	0.30
	21	Daman & Diu	0.15	0.00	0.15
	22	Pondicherry	0.53	0.01	0.53
	23	Chandigarh	0.42	0.01	0.42
	24	Delhi	10.78	0.22	10.78
	25	Lakshadweep #	0.00		
Partial					
Implementation					
	26	Bihar	97.92	2.78	4.45
	27	Goa	0.68	0.01	0.14
	28	J&K	8.31	0.25	0.80
	29	Jharkhand	32.80	0.82	4.28
	30	Manipur	3.06	0.09	N.A
	31	Punjab	14.99	0.43	1.74
	32	West Bengal	102.91	3.01	10.00
No Implementation					
(Distributing					
Foodgrains)					
	33	Arunachal Pradesh	1.78	0.04	0.00
	34	Assam	33.88	1.02	0.00
	35	Uttar Pradesh	169.97	5.10	0.00
		Total	**1088.31**	**27.49**	**643.42**

Runs its own programme from UT Budget

Note: In Andhra Pradesh, Kerala and Gujarat, mid-day meals are provided upto Class VII.
In Tamil Nadu, up to Class X

3.2 : SECONDARY AND VOCATIONAL EDUCATION

Secondary Education

Secondary Education serves as a bridge between Elementary and Higher Education and prepares young persons between the age group of 14-18 for entry into Higher Education. It deals with classes IX-XII.

Existing Status

As per the latest Selected Educational Statistics (2001-02), out of the total eligible population in the age group (14-18), i.e. **9.17 crore, as high as about 6.12 crore children (66.74%) remained out of the schools, as only 3.05 crore children are enrolled in secondary/senior secondary schools.**

Tenth Plan Objectives

The current Five Year Plan has the following objectives for secondary education :

- Greater focus on improving access
- Reducing disparities by emphasizing upon the Common School System
- Renewal of curricula with emphasis on vocationalisation and employment oriented courses.
- Expansion and diversification of the Open Learning System
- Reorganisation of teacher training and greater use of new information and communication technologies.

Review of 2003-04

The year 2003-04 was the second year of the Tenth Five Year Plan. An outlay of Rs. 669 crore was approved for secondary education sector under Annual Plan 2003-04 in the Central Sector which was enhanced to Rs. 678.92 crore at the RE stage. Against this, an expenditure of Rs. 639.08 crore has been incurred in the above year.

In the Secondary Sector, there are five apex level national institutions for Schools Education (Central Sector) and four Centrally Sponsored Schemes which are in operation during the Tenth Plan period.

The Apex Institutes are the NCERT, the Navaodaya Vidyalaya Samiti (NVS), the Kendriya Vidyalaya Sanghthan (KVS), the National Institute of Open Schooling (NIOS) and the Central Tibetan School Administration (CTSA).

Central Sector Schemes

The details of activities undertaken by the Central Institutes in the year under review are as follows:

As many as 506 districts have one **Jawahar Navodaya Vidyalaya** each, which are pace

setting schools, providing quality modern education to talented children from rural areas. The total student enrolment in these schools as on 31.3.2003 was 1.58 lakh. These schools are fully residential co-educational institutions upto senior secondary stage providing free boarding, lodging, textbooks and uniforms to all students.

Kendriya Vidyalaya Schools primarily cater to the educational needs of the wards of transferable Central Government employees. At present, there are 902 KVS with an enrolment of 7.26 lakh students.

National Council of Educational Research and Training (NCERT) provides technical and academic support to the MHRD and State Governments for quality improvement in terms of curriculum, preparation of textbooks and teaching learning material for school education. It also conducts the All India Education Surveys. At present, the Seventh All India Educational Survey is being conducted. *During the year under review, the NCERT continued to prepare textbooks, trainer's handbook and other teaching learning material for SSA. Various research studies on inclusive education were conducted during the period under review.*

National Institute of Open School (NIOS) is an autonomous organization providing continuing education from primary to pre-degree, to those who have missed the opportunity to complete schooling. Currently, it has 12 lakh students on roll, 7 regional centers. and 2500 accredited academic institutes for programme delivery through Open Learning and Distance Learning. *The advantage of NIOS is the provision for flexibility in choice of subjects, self-paced learning and transfer of credits from other Boards and State Open Schools.*

Central Tibetan School Administration (CTSA) runs about 79 schools for children of Tibetan refugees, mainly in the North East, Himachal Pradesh and Karnataka. During the year under review , the Administration has achieved has achieved more than 80% result in class X and XII conducted by CBSE.

Centrally Sponsored Schemes

The progress under the four Centrally Sponsored Schemes during the year 2003-04 is as follows :

In January, 2004, the EFC approved the Centrally Sponsored Scheme **"Access with Equity"** which has an on-going Ninth Plan Component of strengthening of boarding and hostel facilities for girls and a new component of setting up of schools in educationally backward blocks vide one time grant from GOI to State Governments, NGOs and registered societies. The Cabinet approval is awaited.

In July, 2004, the EFC approved the CSS, namely, **Quality improvement in Schools** which is a merger of Ninth Plan schemes, namely, improvement in science education, mathematics Olympiads, environment orientation, promotion of yoga and population education. The QIS has a new component of Educational Libraries. Under the Scheme, grants are given to State Governments and registered societies for the above activities. The scheme is awaiting Cabinet approval.

ICT in schools is meant for imparting computer literacy through grants to States and UTs for hardware, software etc. Central Government will provide 75% financial assistance, limited to Rs. 5 lakhs per school to States/UTs for implementing the Scheme. The balance 25% of funds

would be contributed by the States/UTs. Each school is provided with 10 PCs/Printers/CPU, education software, furniture, computer stationery, teacher training, internet facilities etc. at an estimated cost of Rs. 6.70 lakhs including monitoring cost of Rs. 24,000. This scheme is also awaiting Cabinet approval.

IEDC under the scheme provides grants for aids and appliances, learning materials, meeting teacher's salaries etc. with the aim of bringing disabled children in the mainstream. The scheme is presently being implemented in 7 States and 4 UTs through approximately 50,000 schools benefiting more than 1,69,000 disabled children.

Annual Plan 2004-05

During the year 2004-05, additional allocations have been made for secondary education to meet the CMP objectives of increasing public spending on secondary education. Rs. 756 crores has been allocated for the sector which includes additional allocations for the Navodaya Vidyalayas and Kendriya Vidyalayas.

Vocational Education

The vocationalisation of secondary education provides for diversification of educational opportunities so as to enhance individual employability, reduce the mismatch between demand and supply of skilled manpower and it provides an alternative for those pursuing higher education.

The centrally sponsored scheme of vocationalisation of secondary education at +2 level is being implemented since 1988. The revised scheme is in operation since 1992-93. The scheme provides for financial assistance to the States to set up administrative structure, area-vocational surveys, preparation of curriculum guides, training manual, teacher training programme, strengthening technical support system for research and development, training and evaluation etc. It also provides financial assistance to NGOs and voluntary organisations for implementation of specific innovative projects for conducting short term courses. The scheme so far has created a massive infrastructure of 20600 Sections in 7300 Schools thus providing for diversion of about 10 lakhs of students at +2 level and the grants so far released has been to the tune of Rs. 700 crore.

Based on the recommendations of the various review groups/committees, the existing scheme of vcationalisation of Secondary Education at +2 level is being revised and a new scheme of Vocational Education and Training (VE&T) has been formulated and is being examined by various Ministries/Departments.

The salient features of the Scheme are given below:

- VocationalEducation Stream is envisaged as a distinct stand-alone stream
- The courses offered would be modular, competency based with multipoint entry and exit.
- The courses offered will be demand driven based on the need surveys conducted for the industries/user organisations.
- Recognition and equivalence of the courses will be provided based on the National Vocational Education Qualification and Certification Framework (NVEQCF).
- The industry/user organisations will be an integral part of the new programme.

- There will be a provision for recognition of prior learning through a system of testing and assessment of skills.
- For facilitation of persons who have not acquired any formal education, a system of testing of skills and bridge courses will be developed to get enrolled in the regular system of courses offered under the programme.
- Nationally Recognised Certification by National Competency Testing Agency (NCTA).

Annual Plan 2004-05

The proposed revised scheme VET is likely to be implemented from April next year (2005). At present, the draft scheme is being examined by various Ministries/Departments, Rs. 50 crore has been allocated for the on-going scheme during the current year 2004-05.

3.3 HIGHER AND TECHNICAL EDUCATION

Higher and University Education

There has been a significant growth in the number of new universities and institutions of higher learning in specialized areas in the country. There are over 300 Universities at present. The break-up is as follows : 188 State Universities, 18 Central Universities, 86 deemed Universities, 18 institutes of national importance. In addition, there are nearly 15,500 colleges (of which 1650 are women colleges) At the beginning of the academic year 2003-04, the total number of students enrolled in the formal system of education in universities and colleges has been 92.28 lakhs of which 36.96 lakh were women constituting 40.05% of the total enrolment.

Tenth Plan - Objectives.

- Access- increase enrolment from 6% to 10% in the age group 18-23
- Quality Improvement especially North Eastern Universities
- Improve the Governance of Universities to enforce financial and administrative discipline
- Decentralization of the university system
- Transparent Accreditation process
- Financing - Universities to attempt greater generation of internal resources
- Conferring autonomous status to more colleges
- Increased private participation in establishing and running colleges
- Promotion of Distance education

Review of 2003-04

Under Annual Plan 2003-04 an outlay of Rs.615 crores was approved for the University and Higher Education Sector which was reduced to Rs.566.22 crores at the RE stage against which an expenditure of Rs.560.44 crores was incurred.

The UGC which is a Statutory Body set up for Coordination, determination and maintenance of standards of University Education accounts for 80% of the total outlay to the tune of Rs.516.75 crores. During the year under report, the UGC celebrated its golden jubilee. The schemes of UGC include accreditation of university and colleges, promotion of universities of excellence, establishment of special cells for SC/STs., setting up of inter-university centers etc. Financial Assistance is provided to Central Universities and a few deemed universities both under plan and non-plan while the assistance to State Universities and their affiliated colleges is only provided under Plan.

During the year under report, the UGC has taken number of steps for quality improvement in higher education. As on April 2002 National Assessment and Accreditation Council (NAAC), an autonomous body under UGC has assessed 173 institutions and has awarded accredited by the NAAC.

UGC has launched a network of Indian universities and colleges, namely, UGC INFONET by integrating ICTs and the process of teaching learning and education management. The network

will be run and managed by ERNET India. Information for Library Network (INFLIBNET), an autonomous Inter-University Centre of UGC is the nodal agency for coordination and facilitation of the linkage between ERNET and universities and colleges.

Apart from the formal universities under the aegis of UGC, IGNOU and its Distance Education Council (DEC) has been promoting open and distance learning systems. At present, IGNOU offers 88 programmes, consisting of 8 Ph.D Programmes, 12 Master's Degree Programmes, 14 Bachelor's Degree Programmes, 20 Advanced/PG Diplomas, 9 Diploma Programmes and 25 Certificate Programmes.

In addition to the University Sector, the MHRD provides funds to the following Research Institutes outside the University System. These are ICSSR, ICPR, ICHR, IIAS, and the National Council of Rural Institutes.

Annual Plan 2004-05

For the year 2004-05 (BE), an outlay of Rs. 793 crore has been approved for the University and Higher Education Sector. This includes additional allocation of Rs. 153 crore to the UGC for financial support to the Central universities in the North East and improving facilities of colleges in the educationally backward blocks.

Technical Education

Technical Education covers courses/ programmes in Engineering, Technology, Management, Architecture, Town Planning, Pharmacy, Applied Arts and Crafts etc.

Technical/management education is provided through the IITs, IIMs, IISc, RECs/NITs, Indian Instt. Of Information Tech., National Instt. Of Foundry & Forge Technology, National Instt. Of Training & Industrial Engineering, North Eastern Regional Instt. Of Science & Tech., etc.

Review of 2003-04

An outlay of Rs. 700 crore was approved for the Annual Plan 2003-04 which was reduced to Rs. 650 crore at the RE stage against which an expenditure of Rs. 626.34 crore was incurred.

The three largest schemes accounting for more than 60% of the Sector's outlay are : (a) IITs with a revised outlay of Rs. 214.40 crore (b) World Bank aided Technical Education Quality Improvement Programme with a revised outlay of Rs. 100.47 crore and (c) RECs with an allocation of Rs. 90 crore at the RE stage.

During the year under review the first cycle of the first phase of TEQIP was implemented in the six States. Haryana, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra and Uttar Pradesh. The Programme aims at upscaling and supporting the on-going efforts of the Government of India in improving quality in Technical Education. In this phase, financial support to engineering and lead institutions is being provided.

The Prime Minister in his Independence Address on 15th August, 2003 had made an announcement of setting up of Indian Institute(s) of Information Technology, Design and Manufacturing at Kancheepuram and Jabalpur. The EFC finalized the proposal for these institutes in November,

2003. These institutes would provide sustainable competitive advantage to the Indian industry in the area of design and manufacturing of new products in the increasingly globalised economic environment.

With the exception the above mentioned externally aided programme TEQIP, during the Tenth Plan schemes relating to improvement in quality and technical education have been clubbed under the Umbrella scheme - Programme for Quality Improvement in Technical Education (PQITE). Some of the schemes under the Umbrella Programme, namely, the National Programme for Earthquake Engineering Education (NPEEE), Support for Distance Education and Web Based Learning, National Programme for Technology Enhanced Learning (NPTEL), Eklavaya Technology Channel have already been launched during the year under review. Apart from the TEQIP during the Tenth Plan the programmes for quality improvement.

Annual Plan 2004-05

The UPA Government has given emphasis on vocational and skill development in the various institutions so as to make the trainees more employable. In view of this, the community polytechnics have been provided with additional funds to the tune of Rs. 31 crore. The Community Polytechnics which are wings of existing polytechnics undertake rural/community development activities through application of science and technology. At present, there are 672 community polytechnics functioning in the country. With the additional allocation of Rs. 31 crore , the Annual Plan 2004-05 allocation for Technical Education has been enhanced to Rs. 781 crore.

Languages

Review of 2003-04

An allocation of Rs. 114.00 crore in the Languages Sector had been made under Annual Plan 2003-04 against which an expenditure of Rs. 104.11 crore was incurred during the year. There are predominantly institutional schemes mainly for promotion of Hindi and Sanskrit in this sector. These institutes are the Rashtirya Sanskrit Sansthan, Rashtriya Ved Vidya Pratishthan, Kendriaya Hindi Shiksha Mandal, Directorate of Hindi, etc. *While some Central institutes like Kendriya Hindi Shiksha Mandal, National Council for Promotion of Urdu and National council for Promotion of Sindhi language have shown a good pace of expenditure, i.e., more than 50% others have lagged behind. The reasons for Rashtriya Ved Vidya Pratishthan incurring 'Nil' expenditure upto the end of second quarter may be ascertained.*

There are three major Centrally Sponsored Schemes in the Languages Sector : (i) Area Intensive and Madrasa Modernisation Programme (ii) Appointment of Language Teachers (iii) Development of Sanskrit through State Govts./UTs.

(i) The EFC of the Scheme Area Intensive and Madrasa Modernisation Programme is to be held shortly. The revised scheme under the Tenth Plan will have two components of (a) Improvement of Infrastructure and facilities in schools located in areas of minorities concentration and (7b) Modernisation of Madrasas - the Central Government will fund salaries of Science and Maths teachers and will give grants for purchase of Science and Maths kits.

(ii) The revised scheme of Development of Sanskrit Education has been launched in 2003-04 wherein 100% financial grants are given to the State Governments for modernization of Sanskrit Pathshalas and for providing facilities for teaching Sanskrit in high schools as also giving scholarships, honouring Sanskrit scholars, conducting seminars etc.

(iii) The scheme of Appointment of Language Teachers is a merger of three schemes wherein salaries of Hindi, Urdu and Modern Indian language teacher are met by the Central Government in schools located in non-Hindi speaking States and minority concentration areas.

Annual Plan 2004-05

Rs. 124.29 crore has been allocated for the Language Sector which includes an additional allocation of Rs. 3 crore for payment of salaries to additional Urdu Teachers. This is a follow-up of the CMP objective of the UPA Government to encourage minority education.

Book Promotion, Copyright and Scholarships

Review of 2003-04

Rs. 12 crore had been allocated under Annual Plan 2003-04 for this Sector against which only Rs. 6.53 crore was utilized upto the year end.

Pursuing the National Policy on Education the book promotion division of the MHRD aims at easy access ability of books to all segments of the population, improving quality of textbooks and workbooks and developing indigenous book publishing industry. All these aims are achieved by strengthening National Book Trust (NBT) an autonomous body under MHRD, strengthening libraries and NGO's involved in book publication.

During the year under review, the Government continued to take active steps for promoting Intellectual Property Rights (IPR) and strengthening the enforcement of the Copyright Law in the country. During the period under review, a sum of Rs.18.7 Lakh was disbursed to 50 universities, colleges and other institutions, including NGOs in the field for creating awareness on IPR matter, training and education in the field. The activities include five training programmes, one study, three depositories and 50 seminars/workshops.

Annual Plan 2004-05

The Book Promotion has an allocation of Rs. 6.71 crore during the year 2004-05. The largest allocation of Rs. 0.75 crore is for the Central Sector Institute of National Book Trust (NBT).

Scholarships

The National Scholarship Scheme and the Scheme of Scholarship for talented children in rural areas will be implemented as a single scheme called "NATIONAL MERIT SCHOLORSHIP SCHEME" in the 10th plan through the States and UT Govt. The scheme will help merit students at enhanced rates of scholarships. With the approval of the scheme given by the Planning Commission recently, it shall be launched soon.

Planning and Administration

Rs. 7 crore has been allocated under this Sector for the year 2004-05, of which Rs. 2.65 crore is for National Institute of Educational Planning and Administration (NIEPA), an autonomous Institute of MHRD. The Institute undertakes research in educational planning and conducts training programmes for State functionaries. The other important schemes in this Sector are, Auroville Foundation with an outlay of Rs. 1.94 crore, Strengthening of Statistical Machinery with an outlay of Rs. 1.00 lakh and the scheme of Promoting External Academic Relations with an allocation of Rs. 0.50 crore.

The Annexure gives allocations/expenditure under Annual Plan 2003-04 and 2004-05.

Annexure - 3.3.1

OUTLAY/EXPENDITURE OF THE DEPARTMENT OF ELEMENTARY EDUCATION AND LITERACY AND DEPARTMENT OF SECONDARY AND HIGHER EDUCATION - CENTRE

(Rs. crore)

Sl. No	Name of the Scheme	Tenth Plan (2002-07) Allocation	Annual Plan 2002-03 Expenditure	Annual Plan 2003-04 Approved Outlay	Annual Plan 2003-04 Expenditure	Annual Plan 2004-05 Approved Outlay
1	2	3	4	5	6	7
A	**Department of Elementary Education and Literacy**					
1	Elementary Education	28750.00	4259.29	4667.00	5203.40	8982.00
2	Adult Education	1250.00	216.33	233.00	232.50	250.00
	Total : A	30000.00	4475.62	5450.00	5435.00	9232.00 *
B	**Department of Secondary and Higher Education**					
1	Secondary Education	4325.00	578.14	669.00	639.08	756.00
2	University & Higher Education	4176.50	619.14	615.00	560.44	793.00
3	Language Development	434.00	103.57	114.00	104.11	124.29
4	Scholarships	52.00	0.28	8.00	0.16	7.00
5	Book Promotion	67.00	6.26	12.00	6.53	6.71
6	Planning and Administration	70.50	4.40	7.00	4.65	7.00
7	Technical Education	4700.00	600.47	700.00	626.34	781.00
	Total : B	13825.00	1912.26	2125.00	1941.31	2475.00
	Total : A+B	43825.00	6387.88	7025.00	7377.21	11707.00

* Rs. 1232 cr. for MDMS provided as NCMP additionality in the State Sector

3.4 YOUTH AFFAIRS & SPORTS

Annual Plan 2004-05

Youth Affairs

Ministry of Youth Affairs & Sports aims at the twin objective of developing the personality of the youth and involving them in nation building activities and broad basing of sports and to achieve excellence in various competitive events at national and international level. Thrust area in the sector is to involve the youth in the process of national planning and development and making them the focal point of development strategy by providing educational and training opportunities, access to information, employment opportunities including entrepreneur guidance and financial credit. Proper platforms for developing qualities of leadership, tolerance and open mindness & patriotism etc.

At present youth constitute nearly 40% of the total population of India. It is not only the most vibrant and dynamic segment of India's population but is also an important human resource. The availability of a human resource of such magnitude for achieving socio-economic change and technological excellence needs commensurate infrastructure and suitable priorities to maximize its contribution to National Development. The National Youth Policy, 2003 reiterates the commitment of the entire nation to the composite and all-round development of the youth and seeks to establish an All-India perspective to fulfill their legitimate aspirations so that they are successful in accomplishing the challenging tasks of national reconstruction and social change that lie ahead. The thrust of the Policy centers around "Youth Empowerment" in different spheres of national life. The National Policy of Youth 2003 covers all the youth in the country in the age group of 13 to 35 years. The Planning Commission has supported several programmes of the Ministry of Youth Affairs and Sports to harness the energy of youth for constructive work and to inculcate in them noble and patriotic values. During the year under review.

Review of the Annual Plan 2003-04

An outlay of Rs.385 crore has been provided by the Planning Commission for the Annual Plan 2003-04 for the Ministry of Youth Affairs and Sports. This includes of Rs.108.98crore for Youth activities and Rs.275.67crore for promotion and development of sports, also Rs.0.35 crore provided for modernization and computerization of office. A Zero Based Budgeting exercise carried out by Planning Commission in consultation with the Ministry of Youth Affairs and Sports.

During the year Nehru Yuva Kendra Sangathan, which has 500 Nehru Yuva Kendras across the country through youth club, organized 1385 programmes, 4103 awareness generation programmes, 6469 vocational Training programmes, 1812 tournaments, 546 workshops and seminars ,1463 work camps, 985 adventure programmes have been conducted by the NYKS under their regular programme.

At present, 2 lakhs active youth clubs/mahila mandals with a membership of over 8 million rural youths are working under the guidance of district Nehru Yuva Kendras to whom the clubs got affiliated. In addition to its regular programmes, NYKS undertakes special programmes of other Ministries/Department/agencies such as Doordarshan North-East music fest, ESCAP, Kashmiri rural youth cultural exchange programme, Utsav Poorvanchal, Swarnajayanti Gram Swarojgar Yojana and Village Talk AIDS (VTA), Ministry of Tourism and Culture, Department of WCD, Elementary Education & Literacy. During the period under report Planning Commission had sponsored evaluation studies on NYKS to an independent agency. The evaluation study supported the activities of the

NYKS. Similarly, National Commission on Youth, 2003 also observed that NYKS has large number of dedicated and committed functionaries and collectively convey composite message on issues of rural youth.

At present National Service Scheme (NSS) has over 20 lakh student volunteers on its rolls spread over 178 Universities and 39 Senior Secondary Schools and vocational institutions. Currently, NSS is working on a theme which is relevant for the present day i.e. `Youth for a Healthy Society' and has launched a nation wide campaign on AIDS awareness called `Universities Talk AIDS' (UTA) which has earned international attention and appreciation. The programme has successfully taken up activities which have social orientation like literacy, environment enrichment, national integration, significance of community management of resources etc The scheme is useful for the personality development of the students, particularly in the context of the present situation of our country where opportunities to the students for personality development and other activities are limited. Currently there are 45068 senior secondary schools in the country. However, NSS is in operation in 6,372 schools. Thus, 38696 number of new units are required to be created which means enrollment of 1934800 additional volunteers, if this scheme is to be implemented in all the schools. On the basis of the recommendations of the group of Ministers, scheme was under consideration for revision in terms of programme funds.

To provide opportunities to students who have completed their graduation on a voluntary basis in National Building Activities, 4962 beneficiaries sanctioned during the current financial year under the scheme of National Service Volunteer Scheme(NSVS).

Financial assistance for promotion of youth activities and training: Ministry provides financial assistance for promotion of youth activities and training to the State/UT Governments, recognized educational institutions and NGOs for imparting vocational training and entrepreneur skills to the youth, based on local needs and talents. Assistance is also provided to NGOs for holding youth leadership training programmes and exhibitions involving arts, crafts, folk dances, paintings and various other social themes concerning the role of youth. Under the scheme, financial assistance is also provided for the benefit of youth belonging to backward/tribal areas. During the year 2003-04, 24260 youth have been benefited under the scheme.

A new scheme for development and empowerment of adolescents has been approved with an amount of Rs.4.00 crore. Under the scheme, financial assistance will be provided to the State governments, educational institutions and registered voluntary organizations for empowering the adolescents boys and girls comprehensively. The scheme is going to address on issues like safe motherhood, reproductive health rights, sexuality and sexual responsibility, age of marriage and first pregnancy, health care, hygiene, immunization, HIV/AIDS prevention, importance of education particularly of girls, life skills education, career counseling, drug and alcohol abuse etc. It will also provide literacy and make them aware of vocational opportunities and career planning.

SPORTS

Sports promotion is primarily, the responsibility of the various national sports federations, which are autonomous. The role of the Government is to create the infrastructure and promote capacity building for broad basing of sports as well as for achieving excellence in various competitive events at the national and international levels.

Sports Authority of India (SAI): An amount of Rs.119.40 crore was provided to SAI mainly on

account of the fact that a large number of infrastructure project were likely to be completed in the year 2003-04. SAI aims at sporting and nurturing talented children for achieving excellence at national and international level, by providing them with coaching facilities, scientific back up, nutritional diet, modern equipments support and competition exposure etc.

Grant for Creation of Sports Infrastructure: Grants are provided to State/UT Governments, local statutory bodies and registered voluntary organizations active in the field of sports for development of play fields, construction of indoor/outdoor stadia facilities, swimming pools, water and winter sports infrastructure, shooting ranges and the additional facilities in the existing sports projects. In addition State/UT governments are also assisted for construction of district/State level sports complexes. The grant for creation of sports infrastructure is a centrally sponsored scheme and financial assistance is provided subject to prescribed ceilings and cost is being shared between the Union Government and sponsoring agencies/ State Government concerned in the ratio 75:25 in respect of special category States, and hilly/tribal areas, and 50:50 in case of other areas. During the period under report 182 sports infrastructure has been created all over the country.

Grant to rural schools for spots equipment and Play ground: under the scheme, financial assistance is provided to secondary/senior secondary school located in rural areas upto maximum of Rs.1.50 lakh for development of play field and purchase of consumable/ non-consumable sports equipments. During the year 2003-04, 525 such schools have been financially supported.

Dope Test

The anti Doping programme in the country is managed by the Sports Authority of India(SAI) through the Dope Control Centre(DCC) located at Jawaharlal Nehru Stadium and is funded under the Central Sector Scheme for Dope Test launched during the Tenth Five Year Plan. It has got ISO 9001: 2000 and ISO : 17025 certification which are mandatory requirements as per the norms of the International Olympic Committee (IOC) for seeking permanent accreditation of its laboratory by the IOC/WADA. In the first Afro-Asian Games held at Hyderabad, the SAI Dope Control Centre granted accreditation temporarily by the IOC and tested 313 samples of participating athletes.

State Sports Academy

The setting up of State Sports Academy is a new scheme approved during the Tenth Five Year Plan will be implemented in partnership with the corporate sector. Sports academy is expected to be set up in every state and the cost of setting up of academy will be shared by the sponsor and the Central Government. Though `in principal' approval has been accorded but scheme yet to be launched.

Annexure-3.4.1

PERFORMANCE OF THE M/O SPORTS AND YOUTH AFFAIRS DURING ANNUAL PLAN 2004-05

(Rs. in Crore)

Sl. No.	Sector/Major Head	10th Plan (2002-07)	AP (2002-03) Actuals	AP (2003-04) RE	AP (2004-05) BE
a	b	c	d	e	f
A	**YOUTH AFFAIRS**				
1	Nehru Yuva Kendra Sangathan	191.49	30.47	29.75	28.97
2	National Service Scheme (CSS)	172.00	22.81	20.59	25.20
3	Promotion of National Integration	23.00	5.78	4.50	4.95
4	Promotion of Scouting and Guiding	5.25	1.01	1.05	1.35
5	National Service Volunteer Scheme	34.00	5.24	4.40	5.40
6	National Reconstruction Crops	18.00	11.28	0.10	10.80
7	Financial Assistance to Rural Youth & Sports Clubs and Evaluation	17.60	2.49	2.00	3.15
8	Promotion of Adventure	17.50	2.13	1.50	2.70
9	Financial Assistance for Promotion of Youth Activities and Training	35.00	6.05	6.69	9.00
10	Youth Hostel	16.00	1.44	0.60	2.70
11	Rajiv Gandhi National Institute of Youth Development	16.00	2.00	2.00	1.80
12	Commonwealth Youth Programme & Exchange of Delegation of Youth at International Level	6.80	0.11	0.65	0.68
	NEW SCHEME				
13	Scheme Of Financial Assistance for the Development and Empowerment of Adolescent	99.00	0.00	0.10	6.30
14	Establishment of National and State Youth Centres	26.00	0.00	0.01	4.50
	North Eastern States	*****	**7.89**	**8.26**	12.5
	Total: Youth Affairs	**677.64**	**98.70**	**82.20**	**120.00**
B	**SPORTS & PHYSICAL EDUCATION**				
15	**Scheme Relating to Institution**	**491.70**	**91.23**	**103.25**	**129.93**
(I)	Sports Authority of India	482.28	88.23	98.50	123.83
(II)	Laxmibai National Institute of Physical Education (LNIPE)	8.49	3.00	4.75	6.00
(III)	All India Council of Physical Education (AICPE)	0.93	0.00	0.00	0.10
16	**Scheme Relating to Awards**	**69.35**	**7.68**	**24.41**	**5.06**
(I)	Rajiv Gandhi Khel Ratna Awards	0.35	0.05	0.06	0.06
(ii)	Special Awards to Winner in International Sports Events and their Coaches	69.00	7.63	24.35	5.00

(Rs. in Crore)

Sl. No.	Sector/Major Head	10th Plan (2002-07)	AP (2002-03) Actuals	AP (2003-04) RE	AP (2004-05) BE
a	b	c	d	e	f
17	**Scheme of Incentives for Promotion of Sports Activities**	**39.95**	**4.71**	**12.43**	**9.00**
(I)	Pension Of Maritorious Sportspersons	0.50	0.20	6.90	1.25
(II)	Promotion of Games and Sports in Schools	11.65	0.45	1.25	1.25
(III)	Sports Scholarship Scheme	13.82	3.44	2.83	4.50
(IV)	Rural Sports Programme	9.32	0.62	1.25	1.50
(V)	National Sports Development Fund	4.66	0.00	0.20	0.50
18	**Scheme Relating to Talent Search and Training**				
(I)	Scheme of Assisting Promising Sportspersons and Supporting Personnel	11.79	0.04	0.10	2.50
19	**Scheme Relating to Events**	**110.41**	**37.68**	**29.16**	**48.51**
(I)	Assistance to National Sports Federations	108.55	37.68	29.00	48.31
(ii)	Exchange of Sports and Physical Education Teams/Experts	0.93	0.00	0.16	0.16
(iii)	Promotion of Sports among Physically Challenged (Disabled)	0.93	0.00	0.00	0.04
20	**Scheme Relating to Infrastructure**	**312.61**	**18.98**	**30.60**	**42.00**
(I)	Grants for Creation of Sports Infrastructure including Rural Schools	189.71	11.62	18.60	23.00
(ii)	Grants for Promotion of Sports in Universities and Colleges	74.67	6.15	10.00	12.00
(iii)	Grants for Installation of Synthetic Playing Surfaces	48.23	1.21	2.00	7.00
	Other Schemes				
21	Afro-Asian Games	9.32	0.00	0.00	0.00
	New Schemes				
22	Scheme for Dope Test	6.99	1.50	4.42	8.00
23	State Sports Academy	93.24	0.00	0.01	7.00
	North Eastern States	****	**15.24**	**22.74**	27.50
	Total Sports and Physical Education	**1145.36**	**177.06**	**227.12**	**279.50**
C	**ADMINISTRATION**				
24	Modernisation and Computerisation of Office	2.00	0.16	0.68	0.50
	GRAND TOTAL(A+B+C)	**1825.00**	**275.92**	**310.00**	**400.00**

*Rs.69.70 crore for NE region is included in Total Youth Affairs (Rs.677.64 crore).

**Rs.112.80 crore for NE region is included in Total Sport & Physical Education(Rs.1145.36 crore).

3.5 HEALTH INCLUDING MEDICAL EDUCATION

Introduction

1. Any society will be judged inter alia, by its ability to provide universal health care for its people. This entails having the technology, infrastructure and human resources to treat diseases and ailments, and also to prevent their onset by suitable means and measures. It is widely accepted that some conditions may not be preventable, for example genetic disorders, and for many others like cancers and diabetes, we do not have full knowledge about the precise causes. Permanent cure may not be available for conditions like asthma and respiratory allergies. Nevertheless, Government aims to inform the national programme on health care with a sense of purpose, particularly so that the most vulnerable groups and segments of our population gain equitable access to health services, and they begin to perceive that these are available, accessible and affordable. Like population growth and economic growth, the health of a nation is a product of many factors and forces that combine and interact with each other. Factors that contribute directly or indirectly, to the health of the nation are age at marriage, birth rates, information dissemination on health care and nutrition, access to safe drinking water and clean sanitation, public and private health care infrastructure, access to preventive health care and clinical care, health insurance, public hygiene, road safety and environmental pollution.

2. The Tenth Plan (2002-07) objectives are :

- improve efficiency of the existing health care system in government, private and voluntary sectors and improve access to basic health care services with a focus on BPL families.
- improve quality of care and services at all levels.
- mainstream ISM&H practitioners so that they can also help in improving coverage and utilization of national disease control programmes.
- develop efficient logistics of supply of drugs and diagnostics and promote rationale use of drugs.
- enhance health outcome level through research programme and effective delivery mechanism.
- explore alternative system of health care financing.

3. Financing public health

In the National Common Minimum Programme of the Government, a commitment has been made to raise public spending on health to atleast 2-3% of the GDP over the next five years with focus on primary health care. The NCMP, interalia, states that the Government will set up public investment in programmes to control all communicable diseases and also provide leadership to National AIDS control effort. The health sector is funded by the states, centre as well as externally assisted projects in both the centre and states.

(i) State sector

4. Health is one of the priority sectors for which funds are provided by State Governments. The states provide funds for primary, secondary, tertiary care institutions including medical colleges

and their associated hospitals. State governments also receive funds from Central Government for implementation of centrally sponsored disease control programmes and family welfare programmes. The year-wise state plan allocation and expenditure under the health sector during Ninth Plan onwards have been indicated in Annexure-3.5.1

(ii) Central Sector

5. Funds from the central sector are utilised for health services by supporting the following activities:

- medical education institutions;
- training institution for nurses;
- vaccine production institutes and special centres for specific diseases;
- Central Government Health Scheme;
- emergency relief measures; and
- pilot central sector projects either to demonstrate the feasibility of disease control or for working out strategies for health care.

(iii) Externally Aided Projects

6. The national disease control programmes of the Department of Health continue to receive priority attention of the Government. Allocations have increased substantively over the past few years, primarily on account of the considerable external assistance from various bilateral and multilateral donor agencies viz. World Bank, USAID, DFID, Global Fund to fight HIV/AIDS, TB and Malaria (GFATM), and Gates Foundation. Donor support and partnership, with technical assistance and finances, aims to make sustainable and significant contribution towards achieving reductions in the prevalence and incidence of infections, illnesses and deaths, and to mitigate the impact caused by HIV/AIDS, Tuberculosis and Malaria while contributing to poverty reduction as part of the Millennium Development Goals.

Private Participation in Health Care

7. The health sector in India has witnessed significant growth in private sector provision and financing of health care services, with more that 80 per cent of qualified allopathic doctors in India are based in the private sector. Across the country, on average, three-quarters of outpatients and one-third of inpatients seek health care from private providers. There are, however, wide inter-state differences in the distribution of private sector hospitals and beds. Majority of private sector institutions are single doctor dispensaries having no access to updated standard protocols for management of common diseases and the quality of care provided by them is sub-optimal. The private sector is more mindful about the steering role of government in providing oversight. There is a perceived need within the public sector for mandating treatment protocols, consumer information, accreditation and training that should apply across the board to facilitate meaningful partnerships across the private and public sectors.

NGO and Voluntary Sector

8. Apart from purely private providers of health care, the NGO and the voluntary sectors have also been providing health care services to the community. It is estimated that more than 7000 voluntary agencies are involved in health-related activities. Health care activities are also carried out by agencies like the Red Cross, Industrial establishments, Lion's Club, Helpage India etc.

Annual Plan 2003-04

9. As the country undergoes demographic and epidemiological transition, larger investments in health are needed even to maintain current health status. During the Tenth Five Year Plan, the Department of Health has been provided an outlay of Rs.9253 crore. However, with transfer of Rs.999 crore from Department of Family Welfare, the Tenth Plan outlay of the Ministry of Health and Family Welfare stands increased to Rs.10,252 crore. In the first year of the Tenth Plan, 2002-03, health sector was provided an outlay of Rs.1550 crore which was reduced at the RE stage to Rs.1375 crore, and the expenditure incurred was Rs.1359.82 crore. During, 2003-04 the outlay for the health sector was kept at the same level i.e. Rs.1550 crore, subsequently, reduced at RE stage to Rs.1403.66 crore.

Annual Plan 2004-05

10. In the second year of the Tenth Plan, 2004-05, the approved central sector outlay of Department of Health for the year 2004-05 was Rs.1800 crore. In view of the health sector priorities listed in the National Common Minimum Programme (NCMP) of the UPA Government, Department of Health received an additional allocation of Rs.408 crore for certain specific activities, bringing the approved central sector outlays to Rs. 2208 crores. However, at the RE stage, the plan outlay for 2004-05 was reduced to Rs.1966.21 crore. The scheme-wise and year-wise outlay and expenditure for the central health sector during Tenth Plan has been indicated in Annexure -3.5.2

Review of Plan Schemes

11. In order to improve operational efficiency of the schemes of Department of Health, all the 14 Centrally Sponsored Schemes (CSS) and 47 Central Sector (CS) Schemes were thoroughly reviewed for their rationalization, transfer, merger and weeding out, in consultation with the Department. It has been decided that from Annual Plan 2005-06, the Centrally Sponsored Scheme on "Hospital Waste Management" may be transferred to Department of Urban Development and the Scheme on "Drug De-addiction Programme including Assistance to States" may be transferred to the States/UTs. Further, the Centrally Sponsored Scheme on "Integrated Disease Surveillance Programme" has to be transferred to Central Sector.

COMMUNICABLE DISEASES

12. Despite major milestones achieved in the health sector, communicable diseases like malaria, kalaazar, tuberculosis and HIV remain the major causes of illness in India. Deteriorating urban and rural sanitation, inadequate systems for solid waste management and overcrowding have contributed to increasing prevalence of communicable diseases. Treatment of infections has become more difficult and expensive on account of multiple drug resistance. Accordingly, there is need to pay increasing attention to prevention of onset of disease through effective implementation of infection control measures. Even though health is a state subject, the

central government has provided additional funds through centrally sponsored schemes for disease control programmes which has significantly contributed to some successes. Smallpox and guinea worm infections have been eradicated. It is anticipated that existing programmes are likely to eliminate polio and leprosy over the next 1-3 years, and to substantially reduce the prevalence of kalazar and filiriasis. However, TB, malaria and AIDS will continue to remain major public health problems. India has about 1.6 million identified cases of TB that are responsible for more than 4,00,000 deaths annually. Improved diagnostic services and expended treatment can reduce the prevalence and incidence of TB by 2020. About 2 million cases of malaria are reported each year. Restructuring the "malarial workforce" and relying on community driven solutions can reduce the incidence of malaria as well. Assessing the number of HIV infections is more complex. The National AIDS Control Organisation has estimated 5.1 million HIV infections by end December, 2003, and since then till December 2004, it is being reported that the additionality in HIV infections does not exceed 30,000, over and above 5.1 million. The National Health Policy aims at achieving a plateau in the prevalence of HIV infection by end 2007.

National Vector Borne Disease Control Programme.

13. The National Anti Malaria Programme was dealing with Malaria, Filara, Kala Azar, Japanese, Encephalitis and Dengue. During the 10th Plan, the programme is being implemented as National Vector Borne Disease Control Programme (NVBDCP). The main objective of the programme is prevention and efficient control of vector borne diseases to pursue the goals set under the National Health Policy-2002 which envisages Kala-azar elimination by the year 2010, filarial elimination by 2015 and effective control of other vector borne diseases namely; malaria, JE and dengue. Year-wise outlays and expenditures under NVBDCP have been given in Annexure-3.5.3(a).

Malaria

14. Prior to launch of National Malaria Control Programme in 1953, Malaria was responsible for an estimated 75 million cases and 0.8 million deaths annually. The programme resulted in short decline in mortality and morbidity due to malaria. The GOI launched the Modified Plan of Operation (MPO) with the objective to reduce morbidity and mortality due to malaria and the programme activities were integrated with the primary health care delivery system. This lead to significant reduction in malaria cases to a level of 2 million per annum by 1984.

15. Each year, over 100 million people are screened and 18,00,000 diagnosed and treated for malaria. During 2003, the annual reported incidence of malaria declined to below 2 million cases. It is possible that there is some under-reporting. However, 2004 saw a 14 per cent increase in the reported cases of malaria following outbreaks in Karnataka and Gujarat. The north eastern states have about 4% of population but 12% of malaria cases in the country. Since 2003, the north-eastern states, 19 urban areas and 100 hardcore malaria districts in eight states (Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Orissa and Rajasthan), have all been identified for enhanced central support for malaria (with 100 per cent central government assistance).

16. Financial assistance was also obtained from the World Bank for the Enhanced Malaria Control Programme (EMCP) to cover 100 predominantly P. falciparum malaria endemic and tribal dominated districts. In other areas, the programme continues to be implemented as a centrally sponsored scheme on a 50:50 cost-sharing basis between the Centre and states. Sikkim has also

been included for 100 per cent central assistance for malaria control on the pattern of North Eastern states. Web based MIS has been operationalised in 350 districts which would facilitate early detection of malaria and control of epidemics.

Kala-Azar

17. Kala azar is endemic in 33 districts of Bihar, 11 districts of West Bengal three districts in Jharkand and two districts of Uttar Pradesh. Besides, some sporadic cases have also been reported from other districts of U.P. Since December 2003, the Central Government has been providing 100% assistance for insecticides and anti-kala azar drugs as well as meeting the expenses involved in insecticide spraying operations. During last few years, the number of reported cases and deaths have not shown significant decline due to inadequate insecticide spraying operations and poor outreach of diagnostic and curative services.

Dengue/Japanese Encephalitis (JE)

18. Under the National Vector Bome Disease Control Programme there has been an organized dengue control component implementing the following strategies:

- Enactment of municipal by laws/legislative measures to reduce pen-domestic mosquito breeding.
- Vector control through source reduction, larvicide or adulticide application, and bio-environmental measures.
- Improved facilities for early diagnosis and prompt management in existing health care institutions through capacity building and manpower development.

19. Japanese encephalitis outbreaks have been reported mainly in Andhra Pradesh, Karnataka, Uttar Pradesh and West Bengal. Diagnostic tests and case management facilities for Japanese encephalitis are not readily available in many parts of the country.

Filariasis

20. There are 29 million filariasis cases in the country and 22 million microfilaria carriers. Filariasis control programme is being implemented in 20 endemic states/union territories through filariasis control units, drugs and larvicides/adulticides. Strategies to control the vector include anti-larval operations, detection and management of morbidity. The Indian Council for Medical Research (ICMR) conducted a feasibility and efficacy study on a mass annual single dose annual administration of Diethylicarvamazinecitrate (DEC) for the control of filariasis. Each year, a single dose mass drug administration is implemented in endemic districts. During 2004-05, this programme has been implemented in 202 endemic districts by end March, 2005. Records received from 148 districts show that 185 million people have been administered the dose (70.54 per cent coverage). There has also been a decline in clinical cases to 2 per cent in endemic areas.

National Tuberculosis Control Programme (NTCP)

21. Tuberculosis (TB) is a major public health problem in India, with an estimated 40 per cent of the population suffering from the infection. India accounts for nearly one-third of the global incidence of tuberculosis. Nearly 1.8 million new cases of TB occur every year.

22. Tuberculosis impacts heavily on HIV morbidity and mortality because HIV is the most potent risk factor for reactivation of latent TB infection. A person dually infected with HIV and mycobacterium tuberculosis has an annual risk of developing TB ranging from 5 per cent to 15 per cent compared with a lifetime risk of 10 per cent for others.

23. The National Tuberculosis Control Programme was initiated in 1962 as a centrally sponsored scheme. The programme was reviewed in 1992 and a Revised National Tuberculosis Control Programme (RNTCP) was introduced with emphasis on uninterrupted supply of drugs, direct observation of treatment with short course chemotherapy (DOTS) to improve compliance; and systematic monitoring, evaluation and supervision at all levels. With the improved diagnosis, in the DOTS districts, treatment completion rates have improved. Against a targeted coverage of 271 million population, the RNTCP has already covered a population of 945 million and the entire country will be covered under the programme by the end of 10th Plan. The mortality on account of TB is expected to be reduced by 50% by the year 2010. The National TB Control programme has also augmented resources for TB through awards to the tune of US $ 60 million from the Global Fund to Fight AIDS, TB and Malaria, and from USAID, DFID and the Danish International Development Agency (DANIDA). Initiatives have also been taken to strengthen inter-sectoral collaboration through involvement of corporate health facilities and other health service providers outside Department of Health such as ESI, Railways, Shipping, Mines, Ports etc. Web based resource center for IEC material has also been made available on the programme website. Year-wise outlays and expenditures under NTCP have been given in Annexure-3.5.3(b).

National Leprosy Eradication Programme (NLEP)

24. Leprosy has been a major public health problem in India. Under the National Leprosy Eradication Programme (NLEP) initiated as a centrally funded programme in 1993, all the districts in the country have been covered. The prevalence rate for the country as a whole has declined from 26 per 10,000 population in 1991 to 2.06 per 10,000 population in Nov, 2004.

25. Leprosy has been eliminated in twenty states and another six states are on the anvil, for eradication of leprosy. Eradication of leprosy in India by December 2005 is well within reach. India accounts for 65 per cent of the global burden of leprosy States nearing elimination also need continued support for two to three years. Government needs to focus on high endemic districts and blocks.

26. The free leprosy services have been integrated with general health care system and are now available at all PHCs, and govt. Hospitals & Dispensaries on all working days. The NLEP will be sustained with Government of India funds henceforth and it is on target to achieve elimination of leprosy at national level by Dec. 2005. Skill upgradation and redeployment of the over 30,000 leprosy workers and laboratory technicians will help in filling existing gaps in male multi-purpose workers and laboratory technicians in PHC/CHC which would result in improved performance of all health programmes. Year-wise outlays and expenditures under NLEP have been given in Annexure-3.5.3(c).

National AIDS Control Progamme

27. HIV is a multifaceted problem affecting all segments of society. Since 1986, when first case of HIV infection was detected in India, there has been a change in the overall morbidity and mortality across the country. Since 1998, there has been a slow but progressive rise in the prevalence of HIV

infection in all groups in all States. The estimated number of HIV infected person rose from two million in 1991, to 3.5 million in 1998, and 5.1 million in 2003. More than 50 per cent of infected persons are women and children. Every year, approximately 30,000 deliveries in India occur among sero-positive women and between 6,000 to 8,000 infants are peri-natally infected with HIV. The States with high prevalence of AIDS are Andhra Pradesh, Maharashtra, Karnataka, Manipur, Nagaland and Tamil Nadu. There are signs of early sero-conversion stabilisation of HIV in some high prevalence states like Tamil Nadu and Manipur. The number of HIV infected persons in the country is expected to plateau by 2010.

28. At present, the number of AIDS patients in the country is small. However, over the next decade, persons who got infected in the 1980s and 1990s will develop AIDS, resulting in a steep increase in the number of AIDS patients. The cumulative number of AIDS cases reported till June 04 were 72943. About 90% of the reported HIV/AIDS cases occur in sexually active and economically productive age group of 15-49 years.

29. Until now the Department of Health has been the nodal point of interventions which included not only the traditional activities of the health sector such as prevention, detection, counseling and management, but also areas such as legislation, rehabilitation of infected persons and their families. However, for effective control of the disease, each Department should handle HIV infection related issues in their respective sectors. If each sector plays its role, the country should be able to look after the needs of HIV infected persons and their families without any adverse effect on other programmes.

30. The National AIDS Control Progamme in the country is coordinated and directed by the National AIDS Control Organization (NACO). The NACP-Phase-I was launched in 1992 with World Bank assistance and was completed in 1999. Phase II of the programme, with funding from World Bank, Department for International Development (DFID) and United States Agency for International Development (USAID) is currently under way. Monitoring of processes, impact evaluation of ongoing interventions and sentinel surveillance (serological, STD/ behavioural) to monitor time trends in the HIV epidemic are also receiving adequate attention.

31. In 2003, the First National Convention of the National Parliamentary Forum on AIDS generated strong political support for additional HIV programmes, including a large school-based adolescent education programme and a national campaign to raise awareness about sexually transmitted diseases and their treatment. The Convention brought together elected representatives from across three tiers of the parliamentary democracy, and they pledged support for preventing and controlling HIV/AIDS in their respective constituencies.

32. In pursuance of the announcement made by the Hon'ble Minister for Health & Family Welfare on the World AIDS Day 2003, the Department of Health initiated Anti-Retroviral Treatment (ART) free of cost for all eligible AIDS patients (as per WHO definition). It is a significant shift in policy and programme initiated by few developing countries outside South Africa and Brazil. A total of 25 centres for anti-retroviral treatment were identified, of which 21 are already operational. Nearly 5,500 AIDS patients have received treatment by 31 March 2005, and this programme is poised for significant expansion. This unprecedented step also strengthened public-private partnerships towards the management and control of HIV/AIDS. Year-wise outlays and expenditures under NACP have been given in *Annexure-3.5.3 (d).*

33. During 2002-2005, the agenda on HIV prevention was significantly strengthened through a

unique partnership between NACO, the BBC World Services Trust and Prasar Bharati. Messaging on HIV prevention was disseminated in infotainment format through a virtual reality show, a detective serial, and a wide range of interesting video spots to access households across India over Doordarshan. In 2003, NACO was awarded the Commonwealth Broadcasting Association Award for this effort. Simultaneously, the inter-sectoral agenda for HIV prevention, support, and care for those infected with HIV was strengthened through partnerships with the Ministries of Health, Education, Youth Affairs and Sport, Defence, Steel, Women and Child Development, Labour, Urban Development and Railways. Significantly, a Group of Ministers headed by the Cabinet Minister for Human Resource Development has been constituted to mainstream HIV/AIDS in ongoing programmes of different social sector Ministries and Departments.

NON-COMMUNICABLE DISEASES (NCDs)

34. Urbanization, altered lifestyles, a significant change from traditional diets and sedentary habits have paved the way for the post-transitional diseases like coronary heart diseases (CHD) cardio-vascular diseases (CVDs), cancers, mental health problems and so on. These are grouped together as non-communicable diseases. It is increasingly being perceived that we will need preventive, promotive, curative and rehabilitative services for NCDs at primary, secondary and tertiary care levels, in order to reduce the morbidity and mortality associated with NCDs. The chronic morbidity and high cost involved in their management calls for a focus on prevention, early detection and appropriate management of these diseases. Over the last two decades, morbidity and mortality due to cardio-vascular diseases, mental disorders, cancer and trauma have been rising.

National Programme for Control of Blindness (NPCB)

35. India has nearly 15 per cent of the world's visually handicapped. About 12 million people are fully blind, and over 20 million suffer from different forms of visual impairment, rendering them virtually ineffective. At least 62 per cent of blindness in India is attributed to cataract. The other significant causes are corneal diseases, refractive errors, glaucoma, diabetes and vitreo-retinal disorders.

36. The National Programme for Control of Blindness was initiated in 1976 with the objective of providing comprehensive eye care services at the primary, secondary and tertiary level and achieving a substantial reduction in the prevalence of eye diseases in general, and cataract blindness in particular. During the 9th Plan the programme was expanded to cover the whole country.

37. India is committed to the global initiative on the Right to Sight, launched in October 2001 which aims at controlling cataract and tackling other causes of blindness. Addressing these causes of blindness is included in the Plan of Action for the Tenth Five Year Plan. State Blindness Control Societies are being assisted with an increase in commodity assistance together with grants-in-aid for diverse eye ailments. Facilities in this programme have been extended up to block levels, with the increased involvement of panchayats

38. As the quality of care in institutions/camps were sub-optimal, the NPCB has revised its strategy and now emphasis is on surgery in fixed facilities. The NPCB has been geared up to tackle the backlog of cataract surgery, glaucoma, corneal blindness as well as other emerging eye problems. Approval of Cabinet Committee on Economic Affairs has been obtained on revised pattern of assistance to implement National Programme for Control of Blindness during the Tenth

Plan. This is in conformity with Global initiative "Vision 2020: The Right to Sight". The revised scheme focuses on development of comprehensive eye care services targeting common blinding disorders including cataract, refractive errors, glaucoma and corneal blindness. Prevention and control of childhood blindness is being given high priority by developing pediatric ophthalmology units, setting up low vision clinics and strengthening school eye screening programme. Vision centers will be set up in rural areas in PHCs and voluntary sector to provide basic eye care services. Year-wise outlays and expenditures under NPCB have been given in Annexure-3.5.3(e).

National Cancer Control Programme(NCCP)

39. Cancer is one of the ten leading causes of death in India. There are 2-2.5 million cases of Cancer with 0.9 million new cases detected every year. About two-thirds of the cases are detected in an advanced stage and 0.30 to 0.35 million cancer patients die each year. Projections suggest that the total cancer burden in India for all States will double by 2026. The National Cancer Control Programme aims at primary prevention of cancer by Health Education, early detection/diagnosis, development and strengthening cancer treatment facilities and increasing access to palliative care in terminal stage.

40. The Regional Cancer Centres (RCCs) are now eligible for a one-time assistance of up to Rs. 3 crore (in place of Rs.2 crore given earlier), for infrastructure development. New RCCs will be supported in uncovered areas/states, with a one-time grant of Rs. 5 crore. Existing government medical colleges and other hospitals/institutions are now eligible for a grant of Rs 3 crore to set up and equip an oncology wing. Money will be released directly to the institution concerned. During the first two years of the 10th Five Year Plan, funds have been provided to 18 RCCs, ten state Government medical colleges and 7 Institutions under Cobalt Scheme for upgrading their Cancer treatment facilities .

41 The District Cancer Control Programme is eligible for assistance of Rs. 90 lakh over five years, an increase over the Rs.55 lakh given earlier, to be disbursed through nodal agencies like the RCC (in lieu of the state government), in a graded manner: Rs 22 lakh in Year One (as against the previous Rs. 15 lakh), and Rs 17 lakh in the subsequent four years (as against Rs. 10 lakh earlier). NGOs with three years experience in the field of cancer will be eligible for a grant of Rs. 8000 per camp for IEC activities. During the current year, 25 districts are being covered under District Cancer Control Programme. A new second campus at CNCI, Kolkata is also proposed to be established.

42. India has been a forerunner in signing the WHO Framework Convention on Tobacco Control (FCTC) in September 2003, ratified in February 2004. The provisions of the FCTC have since been incorporated into domestic law, which has come into effect in December 2004. Over 50 per cent of cancer in India is attributed to tobacco, and the four critical provisions that ban smoking in public places, the advertisement of all forms of tobacco products, sale of tobacco products to minors and within 100 metres of educational institutions should go a long way in curtailing the use of tobacco related products. Year-wise outlays and expenditures under NCCP have been given in Annexure-3.5.3(f).

National Mental Health Programme

43. It is estimated that 10-15% of the population suffers from mental health problems and the stress of modern life is resulting in an increase in prevalence of mental illness. About 10 million

people are affected by serious mental disorders and 20-30 million people have neurosis or psychosomatic disorders. 0.5% to 1% of children have mental retardation. It is estimated that there is one psychiatry bed per 30,000 population. Fifty per cent of the psychiatric beds are occupied by patients undergoing long term treatment.

44. The National Mental Health Programme was initiated in 1982 with the objective of improving mental health services at all levels of health care through early recognition, adequate treatment and rehabilitation of patients. During the Tenth Plan, the States are making efforts to progressively improve access to mental health care services at the primary and secondary care levels to cover all the districts in a phased manner.

45. During 2004-05, Department of Health has financed research proposals on mental health through medical colleges, mental health institutions and MH-NGOs across the country. The results of these research projects will contribute to evidence-based planning and more effective public health interventions in the field of mental health. Training programmes for the medical/para-medical staff employed under District Mental Health Programmes (DMHPs) are being implemented in 100 districts across the country in a phased manner. IEC initiatives aimed at increasing awareness and reducing stigma associated with mental disorders have been formulated. To provide an interactive forum for the consumers, NGOs and other civil society organizations interested in mental health, a dedicated website has also been planned.

Medical Education

46. The Medical Council of India was established as a statutory body under the provisions of the Indian Medical Council Act 1933 which was later replaced by the Indian Medical Council Act, 1956 (102 of 1956). During 2004-05, the Council has registered 297 doctors with their additional qualifications under Section 26 of the Indian Medical Council Act, 1956. Against total 150 Continuing Medical Education (CME) programmes planned for the year, till September 2004, total 81 CME programmes were approved, of which 45 programmes have already been held at various medical institutions in the country.

47. Fortunately, the complementary role of the public and private sectors in medical education has facilitated a significantly higher intake of young adults in medical colleges, for training as medical professionals. Of the 231 medical colleges, 126 are in the government sector. The combined capacity of both public sector and private sector medical colleges is for 25,000 student admissions per year (18,000 seats in South India as against 7,700 in North India).

Table1

Infrastructure for professional training (medical and para-medical)

Institutions	Public Sector	Private Sector	Total
Medical Colleges	126	105	231
Dental Colleges	34	158	189
ISM & H Colleges	95	336	431
General Nursing Mid-wife training Schools	213	441	654

48. India would, very quickly need to begin providing for a much larger number of medical colleges, with a corresponding significant increase in the number of faculty and physicians, to fully address the demand for teaching, inpatient hospital care and outpatient ambulatory care. The

current health work force listed by Ministry of Health & Family Welfare is captured in Table 2.

Table 2

Doctors, Nurses and Hospitals across India

Indicator and Measure	Numbers
Registered Doctors*	
Allopathic(2004)	6,39,729
AYUSH (2003) (Ayurveda, Yoga, Unani, Siddha and Homeopathy)	6,94,712
Numbers of doctors (Allopath+Ayush, public and private sectors)	13,34,441
Population per doctor(Allopathic)	1722
Population per doctor (all systems)(2004)	809**
Registered Nurses*	
Number of nurses (2003)	8,39,862
Population per nurse	1223
Registered Doctors:Nurse Ratio(2004)	1 : 1.4
Hospitals (government + private)	
Allopathy(2002)	15,393
AYUSH(2003)	3100
Total hospitals (Allopathy+AYUSH)	18,493
Population per hospital(Allopathy+AYUSH) (2004)	55,567
Hospital Beds (government +private)	
Allopathy(2002)	6,83,545
AYUSH (2003)	66,366
Total Beds (Allopathy+Ayush))	7,49,911
Population per hospital bed (Allopathy+AYUSH) (2004)	1370

Note: Government (including local bodies)

** Registered with Medical Council of India (Allopathy), Councils concerning AYUSH and Nursing.*

*** This statistic is encouraging. However, on account of fragmented management and non-sharing of appropriate skills and training with the practitioners of Indian systems of medicine, we have not facilitated their full participation in implementing national health and family welfare programmes.*

49 The present doctor to population ratio at 1:1722 (for allopathic doctors) is not encouraging, and the ratio of hospital beds to population at 1: 1370 is also adverse to the end user. Viewing India with comparator countries, we note that India has the lowest number of hospital beds per 1000 population.

Table 3
Physicians and Hospital Beds

Name of Country	Physicians per 1000 population	Hospitals beds per 1000 population
India	1.3*	0.73*
China	1.7	2.4
Thailand	0.4	2.0
Malaysia	0.7	2.0
Brazil	1.3	3.1

World Development Report, 2004

** The figures for India have been estimated on the basis of the data provided by Ministry of Health and Family Welfare.*

50 Another aspect is that the distribution of medical colleges is skewed. The shortages of trained manpower in under-served states can be fully addressed only through setting up medical colleges in these states (UP, Assam, Orissa, Rajasthan, MP, Chhattisgarh and Calcutta). Some medical colleges have poor utilisation of services, on account of sub-optimal location, vis a vis demand for services. An essentiality certificate from a joint representative committee comprising of the professional medical association, and government could be made mandatory, prior to setting up a new medical college, so as to plan for optimal outreach. Better dispersion of medical colleges across needy states, and more rigorous regulation of standards in medical education needs early attention. The public and the private sectors need to jointly set up stringent entry norms for registration of medical practitioners every five years, with renewal being contingent upon attendance and completion of the requisite courses in Continuing Medical Education Programmes.

51. Six AIIMS like institutions in Patna(Bihar), Raipur(Chattisgarh), Bhopal(Madhya Pradesh), Bhubaneswar (Orissa), Jaipur(Rajasthan) and Rishikesh(Uttranchal) are being setup under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), to address the gap in tertiary healthcare facilities, in medical education in under-served states, at the under graduate, post graduate and post-doctoral courses in 35 speciality/super-speciality disciplines.

52. In the academic session 2004-05, total 256 MBBS and 21 BDS seats were contributed by the States and medical institutions. The in-service doctors sponsored by the States of Chhattisgarh, Manipur, Arunachal Pradesh and Uttaranchal were nominated against 4 MDS seats in the Central Pool contributed by Government of Uttar Pradesh.

53. Five seats in post graduate courses in the Institute of Medical Sciences, Banaras Hindu University, Varanasi, are reserved for foreign students. Against these seats students are nominated by the Ministry of Health & Family Welfare on the advice of Ministry of External Affairs. During the year 2004, these seats were allocated to the candidates from Nepal (1 seat), Maldives (1 seat) and Mauritius (3 seats).

Medical Research

54. New initiatives have been launched by Indian Council of Medical Research (ICMR) on formulating health research policy, burden of diseases estimation, and priority setting. The strategy adopted by the Council is to strike a balance between upstream research, which is basic and

mission-oriented, and down-stream research which is applied and operational for successful application of research. A conscious effort has also been made to re-direct some of its research programmes to accelerate the progress towards achieving the Millennium Development Goals and address the issues identified in the National Health Policy-2002.

55. A high level microbial containment facility (Biosafety level 3+) has been dedicated to the Nation by the President of India. Phase-I of trial for an HIV/AIDS vaccine has been started at Pune and the work for developing an Indian C-clade HIV/AIDS vaccine using the MVA technology is in advanced stages of completion. Laboratory containment of wild polioviruses would be a critical requirement for certifying India as polio-free in future. A National Plan for laboratory containment of wild polioviruses has been prepared. Having provided an oral drug for kala-azar treatment (Miltofosin), a new drug (Paramomycin) has successfully completed Phase-III of clinical trial, showing a cure rate of about 95%. For diagnosis of kala-azar and post kala-azar dermal leishmaniasis, molecular and immunological tests like PCR, Nested PCR, DAT and Elisa have been developed.

56. To expand the contraceptive choices studies evaluating monthly injectable contraceptive-Cyclofem, two monthly injection NET OEN and subdermal implants-IMPLANON have indicated that these methods are highly efficacious (>99.5%) and acceptable methods of contraception. Evaluation of Emergency Contraception LNG 0.75 mg. (2 doses) as a back-up method has indicated that 77% of unwanted pregnancies could be averted if taken within 72 hours of unprotected act. In order to prevent deaths due to post-partum hemorrhage, the use of Misoprostol tablets by trained paramedical staff was found to decrease the total blood loss following deliveries. A community based study has indicated that it is feasible to involve a designated village health worker for provision of new born care at the domiciliary level so as to provide decrease the neonatal mortality.

57. Two volumes of quality standards of medicinal plants have been published and four volumes of reviews on Indian Medicinal Plants having multidisciplinary information on about 900 medicinal plants with over 11000 citations were also brought out.

Health Care Infrastructure

58. There are 231 medical colleges (including 105 in private sector), 189 dental colleges (including 158 in private sector) and 439 ISM&H colleges. The admission capacity in the above colleges is about 25892 students per year. There are 48 institutions with 869 seats providing postgraduate training. Out of total 654 general nursing-midwife training schools in the country, 441 are run by private/voluntary organizations /missionary institutions.

59. A total 6.22 lakh doctors are registered with Medical Council of India and 25000 doctors are produced annually. 8.40 lakh nurses are registered with Indian Nursing Counsel of which only 40% are in active service. 20,000 nurses are produced every year. The number of Auxillary Nurse Midwives (ANMs) is 4 lakh, of which 1.5 lakh ANMs are employed in the Govt. sector. The current doctor: population ratio is 1:1722 if only the modern system of medicine is considered. Taking into account the doctors in ISM&H, the doctor: population ratio becomes 1:809. The dentist: population and nurse: population ratios in the country are 1:21738 and 1:1223 respectively.

60. To increase the availability of and access to basic services for rural populations, a community selected Accredited Social Health Activist (ASHA) is visualized under the National Rural Health Mission. A network of community level health workers will be promoted all over the country with special focus in 18 states. Essential medicines in the form of medical kits will be provided to ASHA to supplement existing availability of medicines at Sub-centres, PHCs and CHCs.

NEW INITIATIVES IN HEALTH SECTOR

Capacity Building in Food Safety and Drug Quality Control

61. Central Acts regulate quality and safety of both Drugs and Food. Policy making, imports and new drugs are the responsibility of the Central Government, and enforcement of these Acts is the responsibility of the State. The Central Drug Standard Control Organisation (CDSCO), Directorate General of Health Services along with Drug Control Organizations of the States are responsible for ensuring safety, efficacy and quality of drugs, their import, manufacture, distribution, sale and standards.

62. Over the years, there has been deterioration in the regulatory mechanism for quality control of drugs and food because of lack of priority, fiscal constraints and poor regulatory infrastructure both in the Centre and the States. India's competence in drug sector is globally recognized but the absence of efficient and effective regulatory system has come in the way of the sector realizing its full potential. The Department of Health has initiated a centrally sponsored scheme for providing assistance to states for drug and PFA control. A World Bank assisted project has been launched with estimated cost of Rs.325.37 crore with emphasis on strengthening food quality and drug safety.

Universal Health Insurance Scheme

63. Health Insurance has been suggested as a mechanism for reducing adverse economic consequences of hospitalization/treatment of chronic illnesses. Community based Universal Health Insurance Scheme was introduced by Ministry of Finance in July 2003 to improve the access to health care of the population, in general, and the poorer sections of the society in particular. Under this scheme, a premium equivalent to Rs. 1 per day (or Rs.365 per year) for an individual, Rs.1.5 per day for a family of five, and Rs. 2 per day for a family of seven, will entitle eligibility to get reimbursement of medical expenses up to Rs.30,000 towards hospitalization, a cover for death due to accident for Rs.25,000, and compensation due to loss of earning at the rate of Rs.50 per day up to a maximum of 15 days. To make the scheme affordable to below poverty line families, the Government had decided to contribute Rs.100 per year towards their annual premium. Despite the provision of subsidy, only a very small number of BPL families were covered under the scheme primarily due to their inability to pay the premium.

64. The Universal Health Insurance Scheme (UHI) was re-designed and launched in September, 2004 so that only households below the poverty line are eligible to participate, with a higher level of subsidy in premium (Rs.165 for individuals, Rs. 248 for a family of five, and Rs. 330 for a family of seven, with no reduction in benefits). The UHI premium covers hospitalisation benefits up to Rs.30,000 per annum for the family, and personal accident benefits up to Rs. 25,000 to the earning head of the family, with Rs. 50 per day for loss of wages (on account of hospitalisation, not exceeding 15 days). The UHI has covered (up to end-February, 2005), 37,441 families (1,05,407 persons).

65. The General Insurance (Public Sector) Association, the co-ordinating body of the four public sector general insurance companies, has been interacting with the companies for implementation of the revised UHIS. State-wise targets have been fixed for coverage under UHIS. The Scheme is proposed to be implemented on flag company basis.

Swasth Bima

66. A new Group Health Insurance Scheme has been announced by Ministry of Finance, to cover members of Self-Help Groups (SHGs) and other Credit Linked Groups (CLGs) who avail of loans from banks or cooperative institutions. Under this group health insurance scheme, the premium will be Rs.120 per person covering hospitalization expenses of Rs.10, 000. The scheme also provides for payment of loss of earning to the earning covered member at the rate of Rs. 50/- per day but not exceeding Rs.250/- for the period of hospitalization. The draft policy terms have received the formal approval from IRDA and the policy has been launched by the four PSU General Insurers.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

67. There are significant gaps in the availability of tertiary care hospitals / medical colleges providing speciality / super speciality services across needy states that must be addressed, more particularly to mitigate the hardship encountered by the common man in having to access AIIMS in new Delhi in the absence of reliable services closer home. Accordingly, the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was announced during the year 2003-04. Under this scheme, AIIMS-like institutions are to be established in six backward States of Bihar, Madhya Pradesh, Orissa, Rajasthan, Chhattisgarh and Uttaranchal. It is also proposed to provide one-time assistance to one institution each in the States of Uttar Pradesh, Tamil Nadu, Andhra Pradesh, J&K, Jharkhand and West Bengal to enable these institutions to upgrade their facilities to AIIMS-level to meet the demand of super speciality health services under one roof. Besides, Shri Venkateshwara Institute of Medical Sciences (SVIMS), Tirupathi is also proposed to be upgraded for which Tirumala Trupathi Devasthanam (TTD) will bear 50% of the expenditure involved.

Integrated Disease Surveillance Project

68. The World Bank supported Integrated Disease Surveillance Project was approved by Cabinet Committee on Economic Affairs in September 2004 at a cost of Rs.408.36 crore. The project has been formally launched in November 2004. The project aims to develop capacities for early identification of out breaks of important communicable diseases including Cholera, Typhoid, Polio, Measles, Malaria, Tuberculosis, HIV/AIDS. Surveillance of risk factors for common non-communicable diseases and road traffic accidents would also be covered under this Project. The project components include strengthening of laboratory services for confirmation of target diseases and use of modern information technology for data transmission and analysis to trigger warning signals for impending out-breaks. Training of personnel in disease surveillance and rapid response to outbreaks would also be undertaken. The Project will cover all States and UTs in a phased manner.

Annexure 3.5.1

Health - State Plan Outlays & Expenditure

(Rs. Lakhs)

State/UT	X Plan	2002-03			2003-04		2004-05
	Outlay	Outlay	R.E.	Exp.	Outlay	R.E.	Outlay
Andhra Pradesh	133024.00	24309.00	25302.00	22008.16	40995.00	38615.05	40995.44
Arunachal Pradesh	23129.00	2181.00	2460.00	2181.01	2201.00	2201.05	2781.35
Assam	57069.00	8648.00	8648.00	8194.35	7682.00	7882.00	6529.00
Bihar	107920.00	13703.00	13181.00	10731.11	13699.00	10993.59	14182.02
Chattisgarh	43418.00	6935.00	6935.00	5550.00	8083.00	8083.00	15076.00
Goa	13135.00	1895.00	1895.00	1888.48	3175.00	2624.70	3521.33
Gujarat	116616.00	21387.00	21387.00	15192.32	25221.00	22221.00	25294.00
Haryana	96062.00	6280.00	6907.00	2233.22	7800.00	5900.00	7124.00
Himachal Pradesh	78772.00	13414.00	13112.00	12905.15	19517.00	20196.22	18295.79
J & K	79666.00	13000.00	13000.00	12861.04	14864.00	15695.66	16330.87
Jharkhand	65000.00	11575.00	11575.00	6498.00	9700.00	7500.00	14040.00
Karnataka	153052.00	19247.00	19948.00	17715.31	13974.00	16884.66	18011.51
Kerala	40840.00	7135.00	7000.00	7916.65	9748.00	8485.00	10130.00
Madhya Pradesh	71533.00	14016.00	14370.00	14520.93	18105.00	13088.15	20298.09
Maharashtra	110666.00	40740.00	40740.00	21632.92	76435.00	62065.41	20298.09
Manipur	8173.00	1415.00	1415.00	304.23	2280.00	2280.00	1915.91
Meghalaya	18000.00	3020.00	3323.00	3219.79	3550.00	3800.00	4042.00
Mizoram	12370.00	2860.00	4062.00	2725.99	2975.00	4105.40	3000.00
Nagaland	7965.00	1548.00	1549.00	1562.14	2383.00	2383.00	2207.15
Orissa	52139.00	12777.00	8347.00	7283.09	21694.00	13449.42	11739.19
Punjab	53081.00	9298.00	9298.00	6483.49	10450.00	12192.29	7508.93
Rajasthan	56892.00	12778.00	5831.00	4034.19	8236.00	7458.98	10811.56
Sikkim	8000.00	1600.00	1611.00	1408.04	1606.00	1626.00	2210.00
Tamil Nadu	70000.00	10440.00	16911.00	14285.27	16314.00	16164.44	19400.66
Tripura	25072.00	1480.00	1480.00	1407.34	2013.00	3198.44	2535.36
Uttar Pradesh	240543.00	27826.00	18893.00	25950.00	33927.00	22600.00	33927.00
Uttaranchal	38767.00	4286.00	4336.00	5768.50	7359.00	7358.51	8759.31
West Bengal	103618.00	27898.00	26604.00	14137.89	21193.00	26715.96	23739.80
A & N Islands	11400.00	2050.00	2050.00	2119.64	2150.00	2160.00	2390.00
Chandigarh	22426.00	3803.65	3803.65	3944.93	3111.00	3111.00	3477.00
D & N Haveli	1225.00	238.00	238.00	269.57	266.00	266.00	343.00
Daman & Diu	1750.00	194.15	194.15	217.68	228.00	227.00	290.00
Delhi	238150.00	38970.00	35635.00	33043.43	42692.00	42179.55	53775.00
Lakshadweep	901.30	275.20	275.20	232.33	227.00	235.00	225.00
Pondicherry	16360.00	3272.09	3019.39	3000.21	3205.00	3264.48	4160.00
	2176734.30	**370494.09**	**355335.39**	**293426.40**	**457058.00**	**417210.96**	**429364.36**

Annexure-3.5.2

Scheme-wise Tenth Plan Outlays and Expenditure
(Central Sector - Health Programmes)

(Rs. Crore)

Sl. No.	Name of the Schemes / Institutions	Outlay 10th Plan	2002-2003		2003-2004		2004-2005	
			Outlay	Exp.	Outlay	Exp.	Outlay	R.E.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
I.	**CENTRALLY SPONSORED PROGRAMMES**							
	Control of Communicable Diseases:							
1.	National Vector Borne Disease Control Programme (Malaria, Kala-Azar, Japanese, Encephalitis,Filaria and Dengue)	1349.00	235.00	206.56	245.00	198.88	296.00	246.00
2.	National Leprosy Eradication Programme	236.00	75.00	74.96	74.00	50.11	55.00	42.84
3.	National Tuberculosis Control Programme	662.00	115.00	96.75	115.00	117.83	140.00	140.00
4.	National AIDS Control Programme and National S.T.D. Control Programme	1392.80	225.00	241.35	225.00	231.88	476.00	426.00
5.	Integrated Disease Surveillance Programme	260.00	10.00	0.00	0.00		50.00	30.00
	Sub-Total	**3899.80**	**660.00**	**619.62**	**659.00**	**598.70**	**1017.00**	**884.84**
	Control of Non-Communicable Diseases							
6.	National Blindness Control of Programme	445.00	86.00	84.63	86.00	85.51	88.00	88.00
7.	National Cancer Control Programme including Tobacco Free Initiatives	266.00	61.00	48.34	55.00	25.19	60.00	35.00
8.	National Mental Health Programme	139.00	30.00	0.09	30.00	4.92	33.00	21.00
9.	Drug De-addiction Programme including assistance to States	33.00	7.00	10.72	6.50	6.13	7.00	7.00
10.	National Iodine Deficiency Disorders Control Programme	35.00	7.00	8.73	7.00	10.53	8.00	8.00
	Sub-total:	**918.00**	**191.00**	**152.51**	**184.50**	**132.28**	**196.00**	**159.00**
	Other Programmes							
11.	Assistance to State for Capacity Building	110.00	20.00	21.68	20.00	17.56	20.00	20.00
12	Assistance to States for Drug & PFA Control							
	(i) Drugs Control	60.00	0.50	0.00	10.00		11.50	4.00
	(ii) PFA Control	78.00	0.80	0.00	20.00		12.00	3.00
13	Hospital Waste Management	10.00	0.00	0.00	5.00	4.52	5.00	5.00
14	UNDP Pilot Initiatives for Community Health	0.00	4.80	0.00	4.10	0.00	0.00	
15	New initiatives under CSS0.00	26.00	0.00	0.00	0.00	0.00		
	Sub-Total	**258.00**	**52.10**	**21.68**	**59.10**	**22.08**	**48.50**	**32.00**
	Total (I) :	**5075.80**	**903.10**	**793.81**	**902.60**	**753.06**	**1261.50**	**1075.84**
II	CENTRAL SECTOR SCHEMES:							
	Control of Communicable Diseases:							
16	National Institute of Communicable Diseases						13.00	7.61
	i. On-going Activities (including Guineaworm & Yaws Eradication)	50.00	8.00	9.80	11.75	7.95		
	ii. Strengthening of the Institute	15.00	4.00					
17	National Tuberculosis Institute, Bangalore	10.30	2.00	1.22	2.00	0.57	1.50	1.00
18	B.C.G. Vaccine Laboratory, Guindy, Chennai	19.50	5.00	1.70	5.00	1.90	3.00	3.00
19	Pasteur Institute of India, Coonoor	35.00	7.50	3.00	7.50	7.50	9.00	9.00
20	Lala Ram Sarup Institute of T.B. and allied diseases, Mehrauli, Delhi	54.50	10.00	10.00	10.00	11.05	11.00	12.94

Annexure-3.5.2

Scheme-wise Tenth Plan Outlays and Expenditure
(Central Sector - Health Programmes)

(Rs. Crore)

Sl. No.	Name of the Schemes / Institutions	Outlay 10th Plan	2002-2003		2003-2004		2004-2005	
			Outlay	Exp.	Outlay	Exp.	Outlay	R.E.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
21	Central Leprosy Training & Research Institute							
	Chengalpattu (Tamil Nadu)	5.50	1.00	0.73	1.00	0.76	1.00	1.00
22	Regional Institute of Training, Research &							
	Treatment under Leprosy Control Programme:							
	(a) R.L.T.R.I., Aska (Orissa)	2.00	0.40	0.14	0.40	0.17	0.50	0.30
	(b) R.L.T.R.I., Raipur (M.P.)	1.00	0.20	0.14	0.20	0.13	0.20	0.20
	(c) R.L.T.R.I., Gauripur (W.B.)	7.00	1.50	0.98	1.50	1.27	1.50	1.50
	Sub-Total	**199.80**	**39.60**	**27.71**	**39.35**	**31.30**	**40.70**	**36.55**
	Hospitals & Dispensaries:							
23	Central Government Health Scheme	80.00	20.00	18.49	20.00	22.80	22.50	27.00
24	Central Institute of Psychiatry, Ranchi	50.00	8.00	6.23	8.00	4.33	9.00	3.00
25	Institute for Human Behaviour & Allied Sciences,							
	Shahdara, Delhi	7.00	0.00	0.00	1.00	0.00	1.00	1.00
26	All India Institute of Speech & Hearing, Mysore	30.00	7.00	7.00	7.00	7.63	7.00	7.00
27	All India Institute of Physical Medicine &	20.00	2.70	1.70	2.70	2.44	3.00	3.00
	Rehabilitation, Mumbai							
28	Safdarjung Hospital and College, New Delhi	230.00	65.00	33.51	65.00	38.79	70.00	60.00
29	Dr. R.M.L. Hospital, New Delhi	150.00	25.00	17.83	25.00	18.66	30.00	27.44
	Sub-total:	**567.00**	**127.70**	**84.76**	**128.70**	**94.65**	**142.50**	**128.44**
	Medical Education, Training & Research:							
	(a) Medical Education:							
30	All India Institute of Medical Sciences & its							
	Allied Departments, New Delhi	675.00	105.00	125.81	105.00	105.00	170.00	151.00
31	P.G.I.M.E.R., Chandigarh	200.00	25.00	40.00	25.00	25.00	28.00	28.00
32	J.I.P.M.E.R., Pondicherry150.00	15.00	11.85	15.00	13.95	20.00	26.26	
33	Lady Harding Medical College & Smt. S.K.							
	Hospital, New Delhi	200.00	10.00	9.30	10.00	9.07	20.00	20.00
34	Kalawati Saran Childrens Hospital, New Delhi	140.00	6.00	5.97	6.00	5.77	8.00	8.00
35	Indira Gandhi Institute of Health & Medical							
	Sciences for North East Region at Shilong	380.00	60.00	47.10	65.00	65.00	70.00	70.00
36	N.I.M.H.A.N.S., Bangalore120.00	24.00	29.00	24.00	26.20	30.00	46.00	
37	Kasturba Health Society, Wardha	50.00	10.00	10.00	10.00	10.65	10.00	12.20
38	V.P. Chest Institute, Delhi23.00	8.00	6.00	4.80	4.80	4.00	6.00	
39	National Medical Library, New Delhi	35.00	8.00	7.33	8.00	7.59	8.00	8.00
40	National Academy of Medical Sciences, New Delhi	2.50	0.50	0.34	0.50	0.28	0.50	0.50
41	National Board of Examinations, New Delhi	1.00	0.20	0.20	0.20	0.20	0.20	0.20
42	Medical Council of India, New Delhi	5.00	1.00	0.91	1.00	0.75	1.00	1.00
43	Medical Grants Commission	5.00	5.00	0.00	1.00	0.00	1.00	1.00

Annexure-3.5.2

Scheme-wise Tenth Plan Outlays and Expenditure
(Central Sector - Health Programmes)

(Rs. Crore)

Sl. No.	Name of the Schemes / Institutions	Outlay 10th Plan	2002-2003		2003-2004		2004-2005	
			Outlay	Exp.	Outlay	Exp.	Outlay	R.E.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	(b) Training:							
44	Development of Nursing Services	82.00	20.00	12.00	20.00	6.91	22.00	15.00
45	Nursing Colleges							
	(i) R.A.K. College of Nursing, New Delhi	11.00	3.00	0.80	0.85	0.37	1.00	1.00
	(ii) Lady Reading Health School	2.00	0.30	0.16	0.30	0.19	0.30	0.30
46	Indian Nursing Council	2.10	0.40	0.40	0.40	0.20	0.40	0.40
47	Training of M.O. of C.H.S.	0.00	0.00	0.01	0.00	0.00	0.00	0.00
	(c) Research:							
48	(a) Indian Council of Medical Research, New Delhi	870.00	110.00	116.00	110.00	110.00	202.00	179.00
	Sub-Total	2953.60	411.40	423.18	407.05	391.93	596.40	573.86
	Other Programmes:							
49	All India Institute of Hygiene & Public Health,							
	Calcutta (AIIH&PH) and Serologist and Chemical							
	Examiner, Calcutta							
	i. AIIH&PH, Calcutta	20.00	3.00	0.54	1.40	0.91	1.50	1.50
	ii. Serologist & Chemical Examiner, Calcutta	2.50	0.50	0.19	0.05	0.04	0.30	0.30
50	Central Research Institute, Kasauli	50.00	5.00	3.38	5.00	5.00	6.00	6.00
51	National Institute of Biological, NOIDA (U.P.)	170.90	20.00	14.40	25.10	26.07	40.00	60.00
52	Health Education	12.60	2.20	0.27	1.50	0.40	1.50	0.62
53	Health Intelligence and Health Accounts							
	i. Intelligence	3.80	0.90	0.35	0.90	0.45	0.70	0.70
	ii. Accounts 3.00	1.00		1.00		1.00	1.00	
54	Prevention of Food Adulteration	78.00	8.00	1.81	8.00	4.86	25.00	34.00
55	Central Drug Standard & Control Organisation	52.00	15.00	5.75	12.00	5.60	12.00	18.50
56	Port Health Authority							
	i) Jawaharlal Nehru Port Sheva	1.50	0.40	0.24	0.35	0.16	0.40	0.40
	ii) Setting up of offices at 8 new ly created							
	international Airports	7.50	1.20	0.00	1.00	0.00	1.00	1.00
57	Strengthening of D.G.H.S./Ministry:							
	I. Strengthening of Deptts under the Ministry	12.00	3.00	2.76	3.00	2.43	3.00	3.00
	II. Strengthening of DGHS	8.00	2.00	0.67	2.00	1.47	1.50	1.50
58	Health Sector Disaster preparedness and							
	Management	30.00	6.00	0.00	6.00	0.00	10.00	10.00
58	RHTC Najafgarh	0.00	0.00	0.00	5.00	1.48	0.00	0.00
59	New Initiatives under Central Schemes	5.00	0.00	0.00	0.00	0.00	0.00	0.00
61	Pradhan Mantri Swasthya Suraksha Yojana					6.00	60.00	10.00
62	Bhuj Hospital					3.00	3.00	
	Sub-Total	456.80	68.20	30.36	72.30	54.87	166.90	151.52
	Total-II :	4177.20	646.90	566.01	647.40	572.75	946.50	890.37
	Total(I+II)	9253.00	1550.00	1359.82	1550.00	1325.81	2208.00	1966.21

Annexure 3.5.3 (a)

State-wise Break-up of Releases and Expenditure of Central Sector Funds under Centrally Sponsored Schemes

National Vector Borne Disease Control Programme

(Rs. in Lakh)

Sl.	States/Uts	2001-02		2002-03		2003-04		2004-05 #
No.		Allo./ Rel.	Exp.	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.*	Allo./Rel.
1.	A & N Islands	226.84	220.75	217.85	230.07	236.75	203.33	225.71
2.	Andhra Pradesh	794.77	954.64	529.21	548.86	382.53	394.73	822.94
3.	Arunachal Pradesh	486.93	364.97	280.72	377.08	316.17	279.68	464.71
4.	Assam	1983.27	2377.47	1626.56	1935.83	2068.28	1403.78	2233.50
5.	Bihar	377.44	545.97	77.71	95.85	100.62	86.24	4379.25
6.	Chandigarh	41.06	34.87	36.00	38.29	34.25	25.36	49.78
7.	Chhatisgarh	826.39	876.31	2460.92	3047.95	1641.41	1687.49	1848.70
8.	D & N Haveli	40.67	40.67	34.33	16.07	41.27	60.72	40.09
9.	Daman & Diu	16.08	18.65	11.72	7.99	15.15	19.29	14.17
10.	Delhi	97.57	89.55	97.39	58.47	105.24	80.67	55.62
11.	Goa	6.08	6.19	8.85	7.97	9.60	1.05	16.15
12.	Gujarat	1330.96	1353.89	754.40	767.99	410.47	328.49	655.72
13.	Haryana	18.43	18.43	72.30	67.21	79.00	37.35	95.33
14.	Himachal Pradesh	2.20	36.78	3.06	11.89	3.47	4.90	16.00
15.	Jammu & Kashmir	22.96	69.62	11.94	382.43	42.31	72.30	70.23
16.	Jharkhand	759.92	784.28	1159.64	1267.52	727.57	934.12	1846.74
17.	Karnataka	308.24	386.48	176.28	227.36	258.01	205.37	453.96
18.	Kerala	64.22	67.75	12.63	13.31	20.73	109.55	78.00
19.	Lakshadweep	6.35	5.92	6.10	5.35	6.47	12.06	10.36
20.	Madhya Pradesh	2238.77	2540.80	2063.15	2408.15	961.59	1256.71	1709.78
21.	Maharashtra	2239.20	2289.20	976.91	947.11	454.07	358.30	1084.86
22.	Manipur	358.91	275.27	121.36	144.86	106.63	74.63	190.06
23.	Meghalaya	384.02	292.98	167.63	301.70	263.66	325.53	438.24
24.	Mizoram	433.94	345.85	118.51	195.40	165.32	275.76	314.71
25.	Nagaland	346.91	368.08	212.48	367.24	292.77	391.51	419.95
26.	Orissa	1478.23	1745.06	1953.62	3030.80	1953.85	2337.78	2637.47
27.	Pondicherry	13.43	8.30	22.61	13.18	22.12	11.12	31.38
28.	Punjab	49.38	94.10	70.79	65.75	66.15	37.87	63.16
29.	Rajasthan	534.04	924.92	303.37	925.90	1379.07	1415.59	1201.40
30.	Sikkim	0.11	0.14	4.37	4.32	3.30	5.72	16.30
31.	Tamil Nadu	303.11	289.03	242.30	187.39	207.85	111.06	270.23
32.	Tripura	542.45	505.76	302.79	389.93	390.70	439.21	519.42
33.	Uttar Pradesh	548.62	645.61	200.48	528.16	516.33	498.27	870.14
34.	Uttaranchal	23.64	39.18	7.84	1.96	5.07	39.17	48.20
35.	West Bengal	589.86	826.67	198.67	392.25	295.05	114.94	858.65
	Total	**17495.00**	**19444.14**	**14544.49**	**19011.59**	**13582.83**	**13639.65**	**24050.91**

* Expenditure figures are provisional. # Upto Dec. 2004

Annexure 3.5.3 (b)

State-wise Break-up of Releases and Expenditure of Central sector Funds under Centrally Sponsored Schemes

National Tuberclousis Control Programme

(Rs. in Lakh)

Sl. No.	States/Uts	2001-02		2002-03		2003-04		2004-05#
		Allo./ Rel.	Exp.	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.*	Allo./Rel.
1.	A & N Islands	1200.00	1509.35	2.23	13.00	1.84	0.21	18.00
2.	Andhra Pradesh	1.53	0.60	1050.00	952.66	600.00	635.47	263.00
3.	Arunachal Pradesh	119.42	89.59	15.00	40.09	30.19	114.13	70.00
4.	Assam	212.38	195.06	391.77	256.81	411.91	448.95	230.00
5.	Bihar	700.05	409.47	697.27	285.01	608.38	393.29	440.00
6.	Chandigarh	12.84	8.55	9.54	16.00	9.00	30.17	13.00
7.	Chhatisgarh	36.54	36.30	183.56	196.55	333.00	513.91	180.00
8.	D & N Haveli	0.04	0.31	1.48	0.00	1.23	0.00	0.00
9.	Daman & Diu	0.88	0.31	1.48	0.00	1.23	0.21	0.00
10.	Delhi	228.75	162.63	146.24	393.55	138.08	384.15	230.00
11.	Goa	15.55	9.88	13.78	11.37	13.00	22.50	20.00
12.	Gujarat	810.07	466.60	536.22	239.74	506.28	301.97	285.00
13.	Haryana	195.23	158.13	179.75	137.13	619.00	148.91	0.00
14.	Himachal Pradesh	183.57	144.91	64.64	91.20	61.03	133.65	80.00
15.	Jammu & Kashmir	73.42	77.76	95.28	31.95	86.71	125.21	104.47
16.	Jharkhand	55.13	54.76	233.91	78.32	431.00	373.60	0.00
17.	Karnataka	632.73	529.45	534.01	455.28	497.42	636.25	225.00
18.	Kerala	687.23	450.38	337.00	156.31	318.17	252.85	162.00
19.	Lakshadweep	3.28	0.00	1.06	9.34	1.00	3.27	0.00
20.	Madhya Pradesh	658.38	420.38	592.09	663.03	545.77	412.35	380.00
21.	Maharashtra	1683.61	1167.23	1025.81	627.18	968.53	1399.29	500.00
22.	Manipur	100.47	87.88	30.77	77.14	65.88	126.83	60.00
23.	Meghalaya	19.59	12.93	31.74	70.19	45.92	58.39	33.00
24.	Mizoram	14.17	15.81	11.82	84.09	22.56	97.94	30.00
25.	Nagaland	99.36	97.31	25.64	28.46	54.90	68.72	36.00
26.	Orissa	600.00	528.04	450.00	785.45	515.00	364.13	100.00
27.	Pondicherry	11.67	3.97	9.96	0.00	9.23	0.39	15.00
28.	Punjab	281.74	239.47	227.65	202.79	206.68	267.01	166.00
29.	Rajasthan	1072.53	744.87	598.74	497.23	565.31	502.29	398.75
30.	Sikkim	31.82	31.32	6.41	34.28	13.72	42.25	20.00
31.	Tamil Nadu	999.81	679.31	658.09	350.10	621.34	982.42	375.00
32.	Tripura	30.52	36.80	33.57	44.61	68.49	30.80	32.00
33.	Uttar Pradesh	1402.20	1246.37	1586.38	1142.25	1449.76	1275.78	914.00
34.	Uttaranchal	15.56	15.53	67.21	97.16	136.00	273.39	0.00
35.	West Bengal	1109.92	656.90	849.90	677.95	802.44	889.30	450.00
	Total	**13299.99**	**10288.16**	**10700.00**	**8746.22**	**10760.00**	**11309.98**	**5830.22**

* Provisional

Upto Dec. 2004

Annexure 3.5.3 (c)

State-wise Break-up of Releases and Expenditure of Central Sector Funds under Centrally Sponsored Schemes

National Leprosy Eradication Programme

Rs. in Lakh

Sl. No.	States/Uts	2001-02		2002-03		2003-04		2004-05
		Allo./ Rel.	Exp.	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.**	Allo./ Rel.
1.	A & N Islands	18.30	5.58	20.22	11.01*	0.50	13.57	0.70
2.	Andhra Pradesh	223.83	208.59	179.22	173.50*	174.80	183.07	138.33
3.	Arunachal Pradesh	62.09	65.81	115.96	93.11*	72.75	74.25	53.00
4.	Assam	153.85	152.24	97.48	130.42	93.28	63.6	1.50
5.	Bihar	663.94	547.66	855.85	538.40	413.77	836.91	447.19
6.	Chandigarh	5.50	6.32	10.13	7.09*	10.50	4.97	0.49
7.	Chhatisgarh	378.34	259.24	354.41	247.53*	305.60	208.49	241.27
8.	D & N Haveli	6.00	6.30	6.00	5.31*	6.00	5.58	2.07
9.	Daman & Diu	18.40	14.06	14.50	6.20*	9.50	13.27	4.00
10.	Delhi	48.36	53.11	93.42	70.72*	100.50	70.85	54.39
11.	Goa	11.52	8.50	8.10	11.35	7.53	5.26	1.15
12.	Gujarat	61.97	79.24	99.65	111.78	88.21	117.85	131.27
13.	Haryana	61.94	48.33	43.89	52.54	2.16	23.91	4.23
14.	Himachal Pradesh	49.69	57.15	30.45	42.64*	36.15	32.65	32.45
15.	Jammu & Kashmir	100.55	81.05	96.39	79.36	21.90	169.93	3.90
16.	Jharkhand	356.23	233.45	257.46	160.92*	147.60	128.97	307.07
17.	Karnataka	196.05	345.53	122.66	134.72	70.46	135.21	12.50
18.	Kerala	74.61	91.80	69.36	74.73	15.00	38.76	14.25
19.	Lakshadweep	6.00	5.59	7.26	5.70*	5.50	1.68	0.50
20.	Madhya Pradesh	395.32	411.14	676.61	350.76*	225.91	296.85	147.25
21.	Maharashtra	435.99	428.58	263.14	219.94	83.01	213.24	235.85
22.	Manipur	71.02	77.86	101.25	92.37	65.50	48.32	13.03
23.	Meghalaya	46.94	44.94	46.24	41.15*	1.99	19.27	0.57
24.	Mizoram	60.51	90.66	76.50	38.32*	22.50	29.53	25.00
25.	Nagaland	89.22	126.64	112.44	113.91	83.00	77.37	81.28
26.	Orissa	540.77	379.63	478.63	497.55	403.22	281.19	281.50
27.	Pondicherry	2.00	8.97	6.00	7.18*	0.35	9.05	1.35
28.	Punjab	32.30	63.04	40.27	54.93	25.19	44.01	12.60
29.	Rajasthan	123.07	98.62	52.32	118.36	23.42	105.1	31.27
30.	Sikkim	34.87	35.60	39.36	40.62*	23.54	24.15	14.55
31.	Tamil Nadu	413.04	348.84	240.63	289.46*	230.02	155.19	10.50
32.	Tripura	46.47	19.32	33.60	22.30	8.50	39.94	28.62
33.	Uttar Pradesh	1282.50	1324.71	1508.04	1101.90*	1168.93	1190.27	218.18
34.	Uttaranchal	129.01	104.38	120.21	111.50	43.78	66.26	6.75
35.	West Bengal	574.66	667.41	599.55	501.99*	412.47	449.84	112.48
	Total	**6774.86**	**6499.89**	**6877.20**	**5559.27**	**4403.04**	**5178.36**	**2671.04**

* Does not include expenditure of cash assistant as States has not submitted the same

Upto Dec. 2004

** Provisional

Annuxure 3.5.3 (d)

State-wise Break-up of Releases and Expenditure of Central Sector Funds under Centrally Sponsored Schemes

National AIDS Control Programme

Rs. in Lakh

Sl.	States/Uts	2001-02		2002-03		2003-04		2004-05
No.		Allo./ Rel.	Exp.	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.*	Allocation
1.	A & N Islands	95.5	79.43	89.50	86.35	100.00	66.38	221.3
2.	Andhra Pradesh	1875	2171.84	2090.00	2004.00	2175.00	1794.86	1491.67
3.	Arunachal Pradesh	214.88	161.92	130.50	65.38	150.00	49.45	376.21
4.	Assam	653.8	561.9	614.50	643.77	475.00	226.27	1084.12
5.	Bihar	809.5	1017.85	600.50	573.56	700.00	218.43	1036.85
6.	Chandigarh	152.65	134.6	156.50	150.82	225.00	174.88	309.89
7.	Chhatisgarh	129.5	95.64	243.50	159.51	250.00	202.30	526.33
8.	D & N Haveli	26	21.62	17.00	30.12	67.00	8.84	204.15
9.	Daman & Diu	31	46.25	36.00	45.42	100.00	24.87	148.94
10.	Delhi	334	329.46	451.00	261.17	500.00	644.66	888.54
11.	Goa	99	97.32	170.50	85.36	200.00	60.12	364.24
12.	Gujarat	1188.3	933.08	1295.19	1071.62	1477.62	730.31	853.32
13.	Haryana	266	207.76	315.00	206.28	300.00	200.62	627.44
14.	Himachal Pradesh	308.5	276.81	256.50	279.67	270.00	154.63	464.75
15.	Jammu & Kashmir	244.5	200.4	295.50	118.68	150.00	10.02	499.77
16.	Jharkhand	156	4.16	193.00	9.56	200.00	115.60	530.29
17.	Karnataka	893.15	783.35	1025.00	916.51	1100.00	1316.67	1755.85
18.	Kerala	835	608.89	855.00	861.74	850.00	475.01	925.83
19.	Lakshadweep	29.5	22.62	25.50	18.70	50.00	28.76	119.09
20.	Madhya Pradesh	780.5	471.12	521.50	453.54	490.00	240.33	1115.32
21.	Maharashtra	1598.65	858.47	2293.50	2345.07	2120.00	1641.23	1898.11
22.	Manipur	708.15	656.03	787.50	532.80	1100.00	428.32	1075.44
23.	Meghalaya	224.93	64.18	90.50	66.74	50.00	51.16	230.23
24.	Mizoram	246.7	266.85	311.50	330.27	450.00	116.65	472.08
25.	Nagaland	635.5	568.54	626.50	647.78	675.00	168.53	928.92
26.	Orissa	565	322.57	448.00	412.86	500.00	205.94	523.59
27.	Pondicherry	54	48.98	74.00	65.04	100.00	28.16	184.55
28.	Punjab	266.5	185.62	403.50	386.99	250.00	166.75	741.54
29.	Rajasthan	409.5	297.01	368.50	370.94	250.00	77.27	894.40
30.	Sikkim	120.02	73.95	64.00	91.81	75.00	131.41	166.48
31.	Tamil Nadu	2155.95	2099.12	2221.95	2200.76	2588.38	2468.49	2037.02
32.	Tripura	196.67	129.01	71.00	44.61	75.00	71.65	234.52
33.	Uttar Pradesh	1465.65	2367.17	1674.50	432.87	700.00	956.24	2260.65
34.	Uttaranchal	98	5.52	162.00	9.56	200.00	63.11	451.47
35.	West Bengal	1059.5	1221.56	1503.50	1418.84	1200.00	1376.46	1819.50
	Total	**18843.37**	**17390.60**	**20482.14**	**17398.70**	**20163.00**	**14694.38**	**27462.4**

Annexure 3.5.3(e)

State-wise Break-up of Releases and Expenditure of Central Share Funds under Centrally Sponsored Schemes

National Programme for Control Of Blindness

(Rs. in Lakh)

Sl.	States/Uts	Ninth Plan		2002-03		2003-04		2004-05#
No.		Released	Exp.	Allo./ Rel.	Exp.	Allo./ Rel.	Exp.*	Allo./Rel.
1.	A & N Islands	46.02	33.94	1.59	1.99	7.30	0.80	3.63
2.	Andhra Pradesh	3586.53	4114.11	834.82	550.34	450.43	259.83	284.38
3.	Arunachal Pradesh	123.17	92.97	16.22	42.18	36.04	36.00	36.15
4.	Assam	549.45	384.60	35.70	37.89	100.09	34.07	27.05
5.	Bihar	854.32	853.05	157.97	57.70	258.00	39.34	38.62
6.	Chandigarh	60.19	57.70	10.07	9.91	19.58	11.43	8.68
7.	Chhatisgarh	569.72	630.79	165.23	143.73	186.59	191.75	122.61
8.	D & N Haveli	138.76	108.86	4.16	4.63	7.87	5.71	1
9.	Daman & Diu	50.56	95.66	4.97	0.97	5.71	2.67	1.19
10.	Delhi	163.29	200.46	22.30	40.21	48.86	20.90	29.18
11.	Goa	161.55	140.95	10.52	14.65	28.09	14.54	8.29
12.	Gujarat	1315.35	1231.31	231.45	194.36	377.45	140.44	280.66
13.	Haryana	611.37	349.09	45.36	151.55	147.90	77.53	121.27
14.	Himachal Pradesh	397.28	421.81	54.11	39.88	98.22	109.90	86.64
15.	Jammu & Kashmir	388.45	245.32	66.79	111.61	94.50	42.50	71.04
16.	Jharkhand	129.30	116.77	118.57	50.63	161.29	26.36	73.35
17.	Karnataka	1541.31	1339.41	368.30	273.36	651.75	532.06	384.17
18.	Kerala	890.35	1022.70	153.22	149.38	253.61	211.77	40.15
19.	Lakshadweep	265.07	230.86	1.56	1.28	6.04	0.54	4.45
20.	Madhya Pradesh	5016.00	5021.11	667.29	611.77	457.16	147.36	324.29
21.	Maharashtra	4105.60	4420.44	627.15	429.35	523.93	176.58	282.05
22.	Manipur	151.85	75.42	20.13	4.45	27.84	2.69	5.94
23.	Meghalaya	298.93	253.91	25.12	20.79	33.39	24.69	21.89
24.	Mizoram	174.42	193.76	31.72	16.13	25.13	21.74	3.88
25.	Nagaland	176.13	76.41	23.22	9.05	15.18	33.56	6.75
26.	Orissa	3575.19	3410.62	324.80	210.98	302.18	77.87	312.77
27.	Pondicherry	60.12	27.64	2.04	4.75	13.10	11.35	4.51
28.	Punjab	493.51	291.84	189.25	133.28	136.55	35.11	10.63
29.	Rajasthan	3348.47	3338.82	526.93	404.51	328.01	364.12	201.3
30.	Sikkim	159.47	143.54	20.56	3.32	23.36	9.17	2.85
31.	Tamil Nadu	6131.66	6132.35	1653.03	1306.16	1495.29	477.72	446.85
32.	Tripura	573.09	359.71	39.88	53.98	52.71	46.10	15.44
33.	Uttar Pradesh	6294.66	5180.12	1063.20	798.41	1001.44	396.44	417.35
34.	Uttaranchal	305.37	416.77	115.02	129.91	138.63	138.04	55.14
35.	West Bengal	848.31	1028.88	305.12	125.90	385.99	112.46	20.07
	Total	**43554.82**	**42041.68**	**7937.37**	**6138.99**	**7899.21**	**3833.14**	**3754.22**

* Expenditure figures are provisional. # Upto Dec. 2004

Annexure-3.5.3(f)

State-wise Break-up of Releases of Central Sector Funds under Centrally Sponsored Schemes

National Cancer Control Programme

(Rs. In lakh)

States	Ninth Plan		2002-03		2003-04
	Releases		Releases		Releases
Andaman & Nicobar	0		0.00		0.00
Andhra Pradesh	1170.5		154.00		175.00
Arunachal Pradesh	45		0.00		0.00
Assam	53.24		0.00		30.00
Bihar	587		77.50		0.00
Chandigarh	200		0.00		0.00
Chattisgarh	225		35.00		75.00
D & N Haveli	0		0.00		0.00
Daman & Diu	0		0.00		0.00
Delhi	4795.82		1595.95		77.50
Goa	0		0.00		0.00
Gujarat	878.3		75.00		75.00
Haryana	605		2.50		75.00
Himachal Pradesh	223		0.00		75.00
Jammu & Kashmir	186		0.00		0.00
Jharkhand	329		0.00		0.00
Karnataka	1084.5		275.00		75.00
Kerala	1192.65		78.00		75.00
Lakshadweep	0		0.00		0.00
Madhya Pradesh	784.5		157.00		75.00
Maharasthra	650		80.50		75.00
Manipur	30		0.00		0.00
Meghalaya	0		0.00		0.00
Mizoram	101		75.00		72.88
Nagaland	0		0.00		0.00
Orissa	581.7		77.00		0.00
Pondicherry	75		75.00		75.00
Punjab	200		0.00		0.00
Rajasthan	782.5		185.00		75.00
Sikkim	30		0.00		0.00
Tamilnadu	1024.44		412.00		275.00
Tripura	30		0.00		20.00
Uttar Pradesh	930.21		282.50		84.09
Uttaranchal	0		0.00		0.00
West bengal	2345.41		1077.00		767.00
Total	**19139.77**		**4713.95**		**2251.47**

3.6 INDIAN SYSTEM OF MEDICINE AND HOMEOPEOPATHY

Department Of Ayush

The umbrella term, Indian systems of medicine and homoeopathy (ISM&H), includes Ayurveda, Siddha, Unani, Homoeopathy and therapies such as Yoga and Naturopathy. Practitioners of ISM&H catered to all the health care needs of the people before modern medicine came to India in the twentieth century. The Department of AYUSH envisaged a multipronged approach for achieving the objectives to give focused attention to the development and optimum utililzation of Indian Systems of Medicine and Homoeopathy by way of bringing these systems into the mainstream and gainfully utililzing the vast resources in this sector. The major strength of ISM&H system is that it is accessible, acceptable and affordable.

2. The Department is making efforts to ensure that ISM&H practitioners are brought into the mainstream so that they provide a complementary system of care along with practitioners of modern systems of medicine. Globally also, there has been a revival of interest in a complementary system of healthcare especially in the prevention and management of chronic lifestyle-related non-communicable diseases and diseases for which there are no effective drugs in the modern system of medicine.

3. Currently, there are over 690,000 registered ISM&H practitioners in the country; most of them work in the private sector. India also has a vast network of governmental ISM&H healthcare institutions. There are 3100 hospitals with 66366 beds and over 20,000 dispensaries providing primary healthcare. Over 23000 ISM&H practitioners qualify every year from 443 ISM&H colleges.

4. The Department of ISM&H supports four research councils and provides research grants to a number of scientific institutions and universities for conducting clinical research, ethno-botanical surveys and pharmacopoeial and pharmocognostic studies on herbal drugs and medicinal plants. Pharmocopoeial Committees constituted by the Department are finalising standards for single simple formulations and will shortly take up the task of formulating standards for compound ISM formulations.

5. The strategy to achieve the main objectives, reflected in the Tenth Five Year Plan include:

(i) Improving quality of services and product.

(ii) Mainstresaming the institutions and practitioners.

(iii) Strengthening educational institutions and upgrading and standardizing the education.

(iv) Ensuring availability of quality raw material for internal consumption and also explore export potential.

(v) Quality control of drugs and pharmacies.

(vi) Strengthen Research and development efforts towards validation and establishment of efficiency of systems.

(vii) Strengthening its existing research institutions and ensuring at least one national institute for each system.

Review of Annual Plan 2003-04

6. The actual information on the scheme-wise financial performance of the Annual Plan 2003-04 is given in **Annexure 3.6.1.**

Annual Plan 2004-05

7. Over the last five decades a vast infrastructure of dispensaries and hospitals have been built up to provide ISM&H care to the population. Most of these institutions are in the primary care settings. In addition, there are secondary and specialty hospitals, some of which are attached to ISM&H colleges. Many of them lack infrastructural facilities, diagnostics and drugs and are not functioning optimally. Department of AYUSH in the Centre and the states took up several initiatives to improve the quality and coverage of these services at each level. Every effort is being made to mainstream ISM&H services. The Department of AYUSH, Government of India has posted ISM&H doctors in major tertiary care institutions in the Central Sector. All the states are also being encouraged to follow a similar strategy both at the tertiary care level and in district hospitals.

Important Central Sector Schemes

A. Educational Institutions

8. For proper development of these systems, it is necessary to have separate National Institutes of each system. National Institute of Ayurveda, Jaipur was established in 1976, the National Institute of Homoeopathy, Kolkatta in 1975 and the National Institute of Naturopathy, Pune in 1984. The new building of Morarji Desai National Institute of Yoga, New Delhi is near completion and the Institute will be operational in current financial year. National Institute of Unani Medicine, Bangalore and National Institute of Siddha, Chennai have been made functional.

B. Hospitals & Dispensaries

9. The Department has taken over CGHS Ayurveda Hospital, Lodhi Road, New Delhi and is working for its upgradation. A special wing of Ayurveda and Panchkarma has been opened in NIMHANS, Bangalore. The expansion plan of CGHS dispensaries has also been drawn up and is being implemented. The second phase of modernization of Indian Medicine Pharmaceutical Corporation Ltd., Mohan, Uttaranchal, the only PSU under this Department of AYUSH, is being initiated.

C. Research Councils (Intra and Extra Mural Research)

10. The Department has four Research Councils; namely, (i) Central Council for Research in Ayurveda and Siddha (CCRAS), (ii) Central Council for Research in Unani Medicine (CCRUM), (iii) Central Council for Research in Yoga and Naturopathy (CCRYN) and (iv) Central Council for Research in Homoeopathy (CCRH), which are engaged in research and development in respective systems. The Department is also implementing an extra mural research scheme under which the research projects are given to eminent institutions, universities and NGOs for taking up research for clinical trials, validation and drug probing in priority areas. The Central Councils Combined Building Complex has been established for maintenance of the building complex, housing all the research councils, extra mural research etc.

11. The Digital Knowledge Library was established for formulations and formularies of Ayurveda, which are in public domain with a view to forestall their patenting. The first phase of the Ayurveda Traditional Knowledge Digital Library (TKDL) has been successfully completed and 36000 Ayurvedic formulations put in the TKDL. The second Phase of TKDL has been initiated.

D. Medicinal Plants

12. The Medicinal Plants Board under the Department of AYUSH was set up with a view to make it a nodal agency for policy formulation, coordination and liaisioning both at the Central Govt. level as well as with the State Governments. The Board has taken major steps in implementing its promotional, cultivational and conservational schemes. State level Medicinal Boards have also been established.

E. Information, Education and Communication (IEC)

13. With the objective of creating awareness among the general masses about the efficacy of the various therapies under AYUSH, their cost effectiveness and the availability of the herbs used for prevention and treatment of common ailments, the Department is implementing the scheme on Information Education and Communication (IEC). Under this scheme, grants are given to NGOs to organize activities to promote strengths of AYUSH systems by utilizing various channels.

Other Programmes and Schemes

14. The Department is also implementing a number of components aimed at promoting the systems in the country and abroad by way of providing assistance for participation in seminars and workshops, training, fellowships, exposure visits, upgradation of skills, participation in fairs, conducting market study, publication of text books, manuscript, publication and acquisition. A pilot scheme of Health Camps has also been launched for women and children in remote areas of North East and Sikkim. As a result of international exchange programme, there has been growing interest and demand of systems in various important countries like US, UK, Latin America, South Africa, Russia, Sweden, Hungry, Mexico, Tazakistan, and South East Asian countries etc. The SAARC Health Ministers conference, Indo-US workshops, Asia Pacific Net Work (APTMNET) are some of the other important achievements of the Department in this area.

Centrally Sponsored Schemes

Development of Institutions

15. There are more than 400 Ayurveda, Unani, Siddha & Homoeopathy Colleges/ teaching institutions in the country. Several teaching institutions do not meet the prescribed standards. In order to assist the colleges to fill the critical gaps, the Department has been implementing the scheme for assisting the teaching institutions to improve their infrastructure for meeting prescribed standards. The Department is also extending assistance to establish one model institution per system per state with an investment of Rs.3 crore.

Hospitals and Dispensaries

16. Integration of AYUSH systems and up-gradation of hospital care facilities are the thrust areas of the Tenth Five Year Plan. The Department provides assistance for establishment of ISM

polyclinics, therapy clinics, specialty clinics and ISM&H wings in the district hospitals. Under this scheme, the assistance is also provided to rural dispensaries for supply of essential drugs under AYUSH systems to fulfill the commitment of bringing health coverage to all poor families and ensuring availability of life saving drugs. Out of 23,000 AYUSH dispensaries, about 5,000 dispensaries have been provided assistance under the scheme. The Department has envisaged doubling the amount of assistance from Rs.25,000 to Rs.50,000 per dispensary per annum.

Drugs Quality Control

17. The Pharmacopoeial Laboratory of Indian System of Medicine (PLIM) and Homoeopathic Pharmacopoeial Laboratory (HPL) at Ghaziabad are the major ISM&H drug testing laboratories. However, ensuring quality control is still a major problem because of lack of adequate number of ISM&H testing laboratories. The States are not according enough importance to testing of AYUSH drugs and development of pharmacies. Drug testing laboratories at the state level are either inadequate or non-existent. Under the scheme, the Central Government subsidizes the states towards the salary component of the minimum required staff and provides support to State Drug Testing Laboratories and development of Pharmacy. The Department has also finalised and notified Good Manufacturing Practice (GMP) norms.

National ISM&H Policy

18. Globally, there has been a revival of interest in a complementary system of healthcare especially in the prevention and management of chronic lifestyle-related non-communicable diseases and diseases for which there are no effective drugs in the modern system of medicine. India is currently undergoing demographic and lifestyle transition, which will result in the increasing prevalence of non-communicable diseases and lifestyle related disorders. ISM&H, especially ayurveda, yoga and naturopathy, can play an important role in the prevention and management of these disorders. ISM&H practitioners can undertake the task of counseling and improving the coverage and continued use of drugs in national disease control programmes and the family welfare programme. The National ISM&H Policy approved by the Cabinet in October 2002 outlines measures that will enable ISM&H system achieve its full potential in providing healthcare.

Priority/Thrust Areas

19. The priority/thrust areas of the Department of AYUSH are listed below:-

* mainstreaming the ISM&H with the system of modern medicine;
* utilisation of the services of the ISM&H practitioners for improving access to health care and coverage under national programmes;
* improvement in quality of under graduate, postgraduate education and continuing medical education of all practitioners,
* monitoring the quality and cost of care at all levels of health care;
* promotion of health tourism,
* implementation of the recommendations of the Planning Commission's Task Force on the Preservation, Promotion and Cultivation of Medicinal Plants and Herbs;
* enforcement of stringent drug quality control measures and good manufacturing practices,
* improving the availability of good quality ISM&H drugs at affordable prices;
* realising fully the export potential for ISM&H drugs and formulations.

20. The Department of AYUSH has been operating with a meagre budget. A number of small schemes have been implemented by the Department but due to lack of mainstreaming and integration no nationwide programmes could be conceived. To achieve its goals in realistic terms, Department of AYUSH needs to further expand its activities.

21. Total allocation in Tenth Five-Year Plan of Department of AYUSH and scheme-wise break up of allocation and expenditure during the year 2002-03, 2003-04 and 2004-05 are given in **Annexure 3.6.1.** The information on state-wise and scheme-wise funds released to states under Centrally Sponsored Schemes of the Department is given in **Annexure 3.6.2.**

Annexure-3.6.1

Scheme-wise Tenth Plan Outlays and Expenditure
(Central Sector - AYUSH Programmes)

(Rs.lakhs)

Sl. No.	Name of Scheme		2002-03		2003-04		2004-05		
		Tenth Plan Outlay	Outlay	Exp.	Outlay	Exp.	Outlay	R.E.	Exp. (till 03/05)
1	2		3	5	6	8	9	10	11
A	Centrally Sponsored Schemes								
(a)	Developemnt of Institutions	12000.00	2000.00	637.10	2195.00	2450.25	2620.00	2690.80	2425.48
(b)	Hospitals and Dispensaries	5900.00	1050.00	234.03	1281.00	1459.36	2002.00	2800.00	3026.63
(c)	Drugs Quality Control	4540.00	875.00	546.02	678.00	935.90	703.00	860.00	936.04
	Total (A)	22440.00	3925.00	1417.15	4154.00	4845.51	5325.00	6350.80	6388.15
B	Central Sector Schemes								
(a)	Strengthening of Deptt. Of ISM&H	2250.00	515.00	490.18	574.00	503.92	577.00	577.00	453.00
(b)	Educational Institutions	11650.00	2615.00	2406.38	2430.00	2785.04	2963.00	2957.50	2248.54
(c)	Statutory Institutions	265.00	15.00	12.00	32.00	10.89	33.00	23.00	19.52
(d)	Research Council (Intra and Extra Mural Reasearch)	13600.00	2670.00	2455.36	2586.00	2829.45	3282.00	3724.70	3749.36
(e)	Hospitals and Dispensaries	2894.00	276.00	38.60	262.00	42.33	281.00	1530.00	1365.00
(f)	Medicinal Plants	9800.00	2316.00	1580.12	2000.00	1829.09	2305.00	2310.00	2655.38
(g)	Strengthening of Pharmacopoeial Laboratories	2650.00	567.00	35.38	736.00	25.27	922.00	881.00	20.77
(h)	Information, Education & Communication	1900.00	300.00	474.67	425.00	328.57	326.00	240.00	379.78
(I)	Other Programmes and Schemes	10046.00	1800.00	68.09	1800.00	195.43	2085.00	2105.00	70.05
	New Initiatives Durign the Tenth Plan	5.00	1.00		1.00	0.00	1.00	1.00	0.00
	Union Territories							161.38	149.38
	Total (B)	55060.00	11075.00	7560.78	10846.00	8549.99	12775.00	14510.58	11110.78
	Grand Total	77500.00	15000.00	8977.93	15000.00	13395.50	18100.00	20861.38	17498.93

Annexure-3.6.2

Statewise Releases under CSS in respect of Dept of ISMH

(Rs in Lakhs)

S.No.	State/ UT	Development of Institutions			Hospitals & Dispensaries			Drugs Quality Control		
		2002-03	2003-04	2004-05	2002-03	2003-04	2004-05	2002-03	2003-04	2004-05
1	Andhra Pradesh	42.56	319.79	278.46	85.00	52.94	126.90	20.57	25.50	239.82
2	Arunachal Pradesh	10.00	0.00	0.00	0.00	102.40	100.00	6.05	99.05	20.00
3	Assam	7.20	20.00	128.95	110.00	82.37	0.00	5.30	0.00	67.75
4	Bihar	0.00	3.73	15.00	0.00	0.00	15.70	5.57	11.25	0.00
5	Chattisgarh	0.00	55.83	107.59	0.00	0.00	15.00	5.57	16.50	274.39
6	Delhi	0.00	12.00	159.37	0.00	0.00	0.00	0.00	0.00	0.00
7	Goa									
8	Gujarat	54.00	99.00	196.76	0.00	65.00	25.00	5.57	0.00	146.25
9	Haryana	0.00	2.94	0.00	0.00	0.00	0.00	20.57	47.50	111.75
10	Himachal Pradesh	13.59	210.29	58.76	106.02	0.00	56.25	29.82	50.00	202.00
11	J & K	0.00	12.00	0.00	0.00	0.00	30.00	0.00	14.25	100.00
12	Jharkhand	0.00	0.00	0.00	0.00	0.00	0.00	5.57	0.00	0.00
13	Karnataka	122.25	272.64	170.36	0.00	45.00	0.00	20.57	80.00	196.19
14	Kerala	79.53	176.97	324.10	90.00	55.14	91.85	5.00	287.75	50.47
15	Madhya Pradesh	35.42	261.00	176.59	0.00	0.00	45.90	5.57	124.50	292.68
16	Maharashtra	163.60	208.73	95.45	0.00	9.77	0.00	5.57	19.52	17.89
17	Manipur	0.00	0.93	0.00	0.00	0.00	0.00	5.30	37.75	0.00
18	Meghalaya	0.00	0.00	0.00	0.00	88.62	0.00	5.30	166.60	0.00
19	Mizoram	0.00	0.00	0.00	0.00	97.60	0.00	0.00	2.50	0.00
20	Nagaland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50	0.00
21	Orissa	22.93	444.43	110.00	0.00	0.00	96.34	5.57	15.00	123.00
22	Punjab	0.00	22.00	24.00	0.00	5.25	24.61	20.57	18.75	18.75
23	Rajasthan	5.37	35.97	164.80	90.00	5.03	75.00	20.57	10.00	387.57
24	Sikkim									
25	Tamil Nadu	0.00	15.00	365.00	45.00	20.00	55.00	4.02	218.50	210.51
26	Tripura	0.00	0.00	2.88	0.00	206.78	0.00	0.00	14.69	147.50
27	Uttar Pradesh	36.04	31.86	108.04	20.00	0.00	15.75	5.57	0.00	179.25
28	Uttaranchal	10.00	235.14	62.92	0.00	100.00	134.72	20.57	51.75	134.75
29	West Bengal	34.61	10.00	125.69	0.00	0.00	34.74	5.30	145.50	100.55
30	A & N Islands									
31	Chandigarh									
32	D & N Haveli									
33	Daman & Diu									
34	Lakshadweep									
35	Pondicherry									
	TOTAL	**637.10**	**2450.25**	**2674.72**	**546.02**	**935.90**	**942.76**	**234.07**	**1459.36**	**3021.07**

Source: Dept. of ISM&H

3.7 FAMILY WELFARE

Introduction

1. Census, 2001 recorded the population of India in March, 2001 at over 102 crores (1027 million), with males at over 53 crores (532 million) and females at over 49 crores (496 million). The population is anticipated to be around 1.3 billion in 2020, reflecting an increase of 320 million between 2000 and 2020. 87 per cent of the total growth in numbers would be in the age interval 15 to 64 years, ten per cent growth in the age interval of 65 years and above, and a much lower three per cent growth in the age interval of 0-14 years. India is expected to be 1.6 billion in 2050, surpassing China around 2030.

2. Three quarters of India's population growth during 2000-2020 would be in the northern states of Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Orissa, Jharkhand, Chhatisgarh and Uttaranchal. Their share in India's population is expected to rise from 45 to 49 per cent, and the population would continue to grow at about 1.7 per cent per annum. On the other hand, South India would have completed the demographic transition by 2020, with an extremely moderate growth rate of 0.6 per cent per annum. The population across South India would have begun to "age", and these demographic imbalances may begin to induce significant immigration flows from the north. Overall, between 2000 and 2020 since the growth rate of the working age population will exceed that of the total population, this is a window of opportunity to put in place appropriate policies to raise the productivity of labour. Alternately, higher levels of unemployment could promote associated social evils.

3. India achieved reductions in crude birth rates [CBR] (from 33.9 per 1000 persons in 1981 to 25 per 1000 persons in 2002), and crude death rates [CDR](from 12.5 per thousand persons in 1981 to 8.1 per thousand persons in 2002), this, particularly the reductions in CBR, have been nowhere near uniform across the country. India continues to lag behind China, Sri Lanka and even Bangladesh in terms of key socio-demographic parameters like infant mortality and maternal mortality (Table 1):

Table 1
Socio – Demographic Indices
India and Comparator Countries

Country	Life expectancy at birth	Under-5 mortality rate per 1000 live births	Infant Mortality Rate (IMR), per 1000 live births		Maternal Mortality ratio (MMR), per 100,000 live births	
	2000-5	1990	2002	1990	2002	2000
China	71	49	39	38	31	56
India	64	123	93	80	67	407
Nepal	60	145	91	100	66	740
Pakistan	61	128	107	96	83	500
Sri Lanka	72	23	19	19	17	92
Bangladesh	61	144	77	96	51	380
South Asia	63	126	95	84	69	NA

Source: UNDP, Human Development Report 2003

4. There have been some notable public health achievements through the extensive network of public health facilities. Some of the major gains over the years have been in increasing immunization and reducing fertility.

Integrated reproductive health services

5. The Reproductive and Child Health (RCH) Project, Phase 1(1997-2005) coalesced interventions for maternal and child health, family planning, and immunisation, and facilitated a moving away from the previous target driven approach to a community needs assessment driven, more comprehensive response to reproductive health needs. The strengthening of routine immunisation and the polio eradication drive has been an additional focus during this period.

6. Under RCH, Phase-I, a number of interventions for promoting outreach and institutional care were undertaken, These are provision of Additional ANMs in weaker districts, provision of staff nurses and laboratory technicians for improving institutional care, etc. However, not all states have made use of this. Some improvements have taken place. These are:

Table 2

Ante Natal Care	RCH Surveys (98-99)	RCH Surveys (02-03)
1 visit	65.3	77.2
3 visits	26.6	--
Institutional deliveries	34.0	46.9

7. RCH-I was a complex project having interventions for the entire range of reproductive health services besides bringing about changes in the way services are planned, delivered and monitored in the context of a wide diversity of systemic capacity and complexity. This project provided an opportunity to individuals and communities to participate and determine the type of services required as per their felt needs. It also provided for affordable, and accessible health services through more and better trained health personnel, improved supply of drugs and consumables, expanded range of services and better IEC and community mobilization.

8. RCH-II (2005-10) is being implemented as a programme, and not in a project mode. Thus the RCH-II would cover all the funds and activities under the National Family Welfare Programme (NFWP), inclusive of domestic and donor funding. The primary focus of the Second Phase of RCH is at reducing imbalance in Reproductive & Child Health services among social groups and regions, with much stronger emphasis on improving health outcomes among the poorest and most vulnerable sections. Financial Envelopes have been conveyed to the States, who have prepared detailed State Action Plans, unlike the normative funding undertaken in RCH-I. There shall be a strong emphasis on involvement of Local Government Organizations, such as Panchayati Raj Institutions (PRIs), and Urban Local Bodies, in planning, implementation and monitoring the delivery of RCH services.

9. State and District Management Support Units are being established in over 300 districts in EAG and North East States. Emphasis is placed on operationalization of First Referral Units (FRUs) and strategies like Integrated Management of Neonatal Childhood Illness (IMNCI), home based care, institutional deliveries etc. Synergies are being drawn with NACO, ICDS and Total Sanitation Campaign under the NRHM approach. To enhance accountability to results, States and Centre will enter into Memorandum of Understanding specifying roles and responsibilities as well as performance benchmarks crucial for release of funds.

10. The RCH programme financing will be broadly categorized into two components: Part A: To maintain the basic RCH programme, Part A essentially finances (a) the salaries of the core programme staff in the States released through the consolidated fund of the States (Treasury) and grants in aid to some central institutions (b) purchase of contraceptives of social marketing. This will be funded entirely by the Government of India. Part B: To enable the States to design and implement the RCH programme suiting their specific needs, Part B will finance approved State plans through a flexible pool of funds (funded jointly by the government of India and pooling partners.

11. The strategy for RCH-II over the next 5 years is to:

1. **Promote institutional deliveries** by upgrading 50% PHCs for providing 24 hours delivery and neonatal services.

2. **Provide Emergency Obstetric care** through FRUs at CHC level. For this 2000 FRUsare to be operationalised during the next five years. Provision of anesthetists in likely to be a major hurdle in this.

3. **Providing Skilled Attendance at Birth.** Since more than 50% births are at home and bringing them all to the institutions will take considerable time, it is proposed to train ANMs/LHVs/Staff Nurses working at community level to enable then to provide skilled attendance at birth. Decisions have already been taken to empower then to use some drugs (tablet misoprostol, Inj. Oxytocin, Inj. Magnesium Sulphate etc)for prevention of post partum haemorrhage and for treatment of complications of pregnancy before referring the patient.

4. **Strengthening Referral Systems.** Should haemorrhage occur at the time of delivery, there is very little time during which the patient must be brought to the nearest referral unit for emergency treatment failing which she will die and this will be added to one more maternal death in the country. During RCH-I, efforts were made to involve Panchayats by giving them funds, however, the experience has not been good. In RCH-II while funds will be provided by Govt. of India, The States have been asked to revise referral system taking into account their local situation and needs.

5. Janani Suraksha Yojana. This is a scheme for promoting institutional deliveries among BPL families. Every women who delivers in an institution, will be provided with a cash grant. Funds are also being place for providing transport to such patients.

12. ACHIEVEMENT OF PROJECT OBJECTIVES : RCH-I

- The scheme of additional ANMs was allowed in EAG States (Empowered Action Group states are : Uttar Pradesh, Madhya Pradesh, Rajasthan, Orissa, Bihar, Jharkhand, Chhattisgarh & Uttaranchal) , North Eastern States (Assam, Meghalaya, Manipur, Tripura, Nagaland, Arunachal Pradesh, Sikkim, Mizoram) and other States, where population coverage or terrain made it difficult for existing ANM to service the area. 6478 nurses have been hired through this scheme. 1519 Staff Nurses were placed in PHCs of B and C category districts to prepare these facilities for conducting delivery, IUD insertion and other RH services. 374 Lab Technicians have been hired to enable the FRUs to be fully functional. At the end of December 2004, report of 1278 safe motherhood consultants had been received.

- Operational Support: These included schemes for supporting 24-hour delivery in PHCs, referral transport through "Panchayats" (local bodies), integrated financial envelope etc. As per reports available, 20384 women received assistance for referral transport services, while 223465 night deliveries were conducted in night in PHCs hitherto not conducting such deliveries. The RCH camp scheme enabled holding 13556 camps in underserved or remote areas. TBA training scheme was held in areas with less than 30% safe delivery and reportedly trained 33017 persons. The scheme of integrated financial envelope allowed flexibility to the relatively advanced States to plan on their own maternal health interventions, especially for round the clock institutional delivery and EmoC. All the Southern States have done well in this regard. Another important scheme was operationalization of essential newborn care in which through support of National Neonatology Forum, 3826 doctors have been trained in neonatal care in 80 districts.

- Awareness generation training was taken up to sensitize health personnel and other officials/community leaders about the RCH approach and programme. In all 400,741 personnel were trained.

- Whereas 73.5% of overall training load under Integrated Skill Training (IST) was met, only 30% of training load was met for specialized skill training. The shortfall in IST was due to inclusion of vacant posts in estimation of training loads as well as poor performance of states like Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam and West Bengal. Poor performance in specialized skill training was because of shortage of eligible public institutions and reluctance of private institutions to offer themselves as training sites. Management training covered 89% of load, while communication training met 87.4% and 73.1% of load at district and block level respectively. A rapid assessment in late '03 found good level of competency development among all type of trainees except ANM, only about half among whom had satisfactory level in maternal health (MH care).

- For community mobilization, District Literacy Committees (Zilla Saksharata Samitis -ZSS) were engaged to propagate RCH messages. In all, 227 ZSSs were engaged.

- At the end of project, 106 MNGOs and over 800 FNGOs were functioning.

- Under the project, sub-projects were implemented in 17 districts and 7 cities for improving access and enhancing quality to bring these disadvantaged areas at par with that of the State as a whole and meet specific needs of local priority groups by optimizing use of available resources, strengthening infrastructure and implementing innovative approaches. The projects were intended to enhance commitment to ensure programme success and impact over time. The total approved cost of the project was Rs. 283.88 crore, involving new construction of 1379 facilities, repair of 2602 facilities, supply of drug, equipment, vehicles, IEC activities, contractual staff and other operations funds. Some of important activities undertaken in sub-projects include:

  - ✓ Construction of 998 (72% of target) and repair of 2440 (94% of target) facilities;
  - ✓ 630 Rural Medical Practitioners (RMPs) were trained to engage them in Reproductive and Child Health (RCH) service delivery.

- ✓ Sub-projects contributed a lot in improving mobility. 5 projects funded 444 ANMs for moped purchase & 66 Jeeps, 18 ambulances, 4 IEC vans and 24 other vehicles were bought.

The health care system in India

13. The health care system in India consists of:

- primary, secondary and tertiary care institutions.
- medical colleges and para-professional training institutions.
- programme managers at central, state and district levels; and
- health management information system.

Over the last five decades, a very widespread public health infrastructure across the country, at primary, secondary and tertiary care levels has been funded by the central and state governments. This has been further supplemented by infrastructure built by civil society, inclusive of the voluntary and private sectors. India's significant achievements in the field of health are directly attributed to this vast rural public health infrastructure supported by a massive trained health manpower of over 12 lakh trained doctors (allopathic and Indian Systems of Medicine[ISM]), and a vast frontline of over seven lakh nurses and other para-medical workers, 28,000 primary and community health centres, 1.42 lakh health sub-centres, complemented by 22000 ISM dispensaries, over 7000 government hospitals. All of this has been further bolstered by technological improvements, institutional networks, research programmes and a trend towards higher decentralization of delivery systems. The problem is that the public health infrastructure remains under-equipped, under-manned and under-financed which renders the public health system unable to cope with the challenge of eradicating major threats to human life.

14. The government funded primary health care institutions include:

- rural, modern medicine primary health care infrastructure created by the States consisting of Sub Centres (SCs), Primary Health Centers (PHCs) and Community Health Centers (CHCs).
- subdivisional/taluk hospitals.
- rural and urban family welfare centers.
- dispensaries and hospitals under the Deptt. of ISM&H.
- urban health services provided by municipalities.
- health care for central government employees provided by Central Government Health Scheme (CGHS).
- hospitals and dispensaries of railways, defence and similar large Departments providing the health care to their staff.
- medical infrastructure of PSUs and large industries.

- Employees' State Insurance Scheme (ESIS) Hospitals and Dispensaries providing health care to employees of private sector industries.

- all hospitals including those providing secondary or tertiary care also provide primary health care services to rural and urban population

- over three-fourths of the medical practitioners work in the private sector and majority of them cater to the primary health care needs of the population.

15. While outreach and coverage by the public sector continues to improve, it appears that government efforts have been somewhat constrained on account of its inability to assure staffing, essential supplies, maintenance, and most significantly, connectivity, supervision and monitoring to ensure adequate performance and appropriate health outcomes. Table3 indicates the current existing infrastructure in the rural public primary health care system. Table 4 indicates the shortages in manpower across this infrastructure.

Table 3
Infrastructure for primary health care

Year	Health Sub-Centres	Primary Health Centres	Community Health Centres	Dispensaries (Indian Systems of Medicine)
1967	17521	4793	214	14803 (1980)
1992	131369	20407	2188	23,611
2001	137311	22842	3043	23,442
Sep 2004	142655	23109	3222	20,603 (reduction in nos. of homeopathy dispensaries)

Table4

Shortages in Manpower in the Primary Health System

	Shortfalls (September, 2004)
Multipurpose Worker (Female) / ANM	11191
Health Worker (Male) Multipurpose Worker (Male)	67261
Health Assistant (Female)/LHV	3198
Health Assistant (Male)	5137
Doctors at PHCs	880
Surgeons	1121
Obstetricians and Gynaecologists	1074
Physicians	1457
Paediatricians	1607
Total Specialists	5335
Radiographers	1017
Pharmacists	1869
Laboratory Technicians	6344
Nurse/Midwives	12722

16. The Facility Survey 2004, conducted by Ministry of Health and Family Welfare indicates the status of infrastructure available in the Sub Centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs). While in states like Andhra Pradesh about 52% of the Sub Centres have electricity and 62% have toilets, the corresponding figures for Uttar Pradesh are 16.7 and 79.6%, and for Bihar they are 6.2 and 26.6% respectively. In Bihar only 3.6% of the ANMs (Auxiliary Nurse Midwives) are staying in residential accommodation attached to the health sub-centre/primary health canter, while in Tamilnadu this figure reads as 42.2%. In Andhra Pradesh and Tamilnadu, about 87.4% and 95.6% PHCs have a labour room, the corresponding figures for Uttar Pradesh and Bihar are 22.9 and 27%. Similarly the percentage of PHCs with at least one bed is 92.4% for Andhra Pradesh and 95.8% for Tamil Nadu, this percentage dips to 3.9% for Bihar and 46.4% for Orissa. At ground levels, (with exceptions across the better performing states), the quality of health services across public sector health subcentres, primary health centres and community health centres is abysmal on account of high levels of absenteeism, over-crowding, poor availability of skilled medical and para-medical professionals, callous attitude of health providers, inadequate or no medicines despite widespread public health infrastructure, and inadequate supervision and monitoring.

17. While the disease burden remains quite high, the other areas of concern are the wide-ranging variations within the States and regions in terms of delivery of health services, provisioning of facilities and infrastructure. Besides, synergy also has to be developed between Government, Non-Government Organizations (NGOs) and private sector to obviate duplicity and to ensure distributional equity in terms of provision of health services. The problems faced in delivery of health care services include:

- Persistent gaps in manpower and infrastructure especially at the primary health care level.
- Sub-optimal functioning of the infrastructure; poor referral services.
- Many governments do not have appropriate manpower, diagnostic and therapeutic services and drugs, in Govt., voluntary and private sector.
- Massive inter-state/inter-district differences in performance, and inadequate physical coverage of high morbidity and remote areas.
- Lack of orientation and upgradation of skills of health functionaries.
- Sub-optimal inter-sectoral coordination.
- Increase in dual disease burden of communicable and non-communicable diseases.
- Increasing awareness and expectations of the population regarding health care services.
- Low resource allocation across the health sector.

18. The secondary health care services are provided by the district hospitals and urban hospitals which serve as referral units for the primary health care needs of the population. Majority of the tertiary health care institutions and hospitals are in the governmental sector. There are also private/ corporate sector hospitals providing specialized tertiary care services.

Performance of the Family Welfare Programmes

Annual Plan 2003-04

19. In the first year of the Tenth Plan, 2002-03, Department of Family Welfare was provided an outlay of Rs.4930.00 crore which was reduced at the RE stage to Rs.4157 crore, and the expenditure incurred was Rs.3916.63 crore. During, 2003-04 the outlay for the Department of Family Welfare was kept at the same level i.e. Rs.4930 crore, subsequently, at RE stage, it was reduced to Rs.4700 crore and the expenditure incurred was Rs. 4397.52 crore.

Annual Plan 2004-05

20. Outlay of Rs.5780 crores was allocated for the Annual Plan 2004-05. This indicate the; original approved outlay of Rs.5500 crores and an additional outlay of Rs.280 crores allocated on account of NCMP (National Common Minimum Programme) commitments Revised Estimates for the year 2004-05 is Rs.5300 crores.

Review of Plan Schemes

21. In order to improve operational efficiency of the schemes of Department of Family Welfare all the 54 Centrally Sponsored Schemes (CSS) were thoroughly reviewed for their rationalization, transfer, merger and weeding out, in consultation with the Department. It has been decided that from Annual Plan 2005-06, there will be only 14 Centrally Sponsored Schemes and 15 Central Sector Schemes in Department of Family Welfare.

Population Stabilization

22. Government implements a National Family Welfare Programme to achieve these goals, of population stabilisation. The goal of population stabilization can be achieved only when child survival, maternal health and contraception issues are addressed simultaneously and effectively. Actual success in containing the growth of population will, however, depend inter-alia upon factors such as mobilization of the community, resources available for the family welfare programs, efficiency and accountability in the state health system for ensuring effective delivery of services to citizens, as also women's education and their status in the family. The immediate objective is to address the unmet need for contraception, address the shortages in health care infrastructure and in manpower along with providing integrated service delivery for basic reproductive and child health care.

23. The current position on the unmet need for contraception is indicated in Table- 5.

Table 5
Unmet Need for Contraception

	NFHS-I	NFHS-II	RCH-I	RCH-II
	(1992-93)	(1998-99)	(1998-99)	(2002-03)
Spacing methods (condoms, oral pills, IUD insertions)	11.0	8.3	10.71	9.2
Limiting methods (sterilization)	8.5	7.5	14.63	13.4
Total	19.5	15.8	25.34	22.6

Source: Ministry of Health & Family Welfare

Empowered Action Group

24. The Health and Demographic indices of Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Orissa, Uttaranchal, Jharkhand and Chattisgarh are indicated in Table 6. There is an urgent need to improve access to health care in these states if the ambitious goals for decline in fertility and mortality set in the National Population Policy and the Tenth plan are to be achieved because these states contribute to over 50 per cent of the country's mortality and fertility. The Tenth Plan envisaged that special efforts would be made to upgrade the capacity of the health system in these states/ districts so that there is rapid decline in both fertility and mortality. In order to address these concerns Empowered Action Group (EAG) has been set up in the Ministry of Health and Family Welfare to ensure that all required assistance is provided to these eight states with poor health and demographic indices.

Table 6

Health & Demographic Indices for EAG States

S. No.	States	% of girls marrying below the age 18	Contribution of higher order birth 3+	% of women who had full ANC	Safe Deliveries	% of children fully immunized	Unmet need	CPR any method
1	Bihar	53.5	53.9	4.1	29.7	23.1	25.9	28.9
2	Jharkhand of	42.7	49.5	10.5		26.0	27.8	
3	Madhya Pradesh	42.8	49.7	6.0	48.2	33.7	18.4	49.5
4	Chattisgarh	29.8	47.1	21.6		57.5	17.2	
5	Uttar Pradesh	43.9	56.7	4.3	32.9	29.4	28.5	34.3
6	Uttaranchal	9.1	46.6	10.8	38.5	43.1	20.0	48.3
7	Orissa	26.7	43.9	13.4	46.7	55.3	16.7	55.3
8	Rajasthan	50.8	49.6	4.6	45.7	24.6	20.4	41.7

Source: Rapid Household Service Survey -2002-03

25. Efforts made, and progress achieved, in terms of population stabilisation draws attention to the striking inter-state differences. In 2002, the mean total fertility rate (TFR) for the eight Empowered Action Group (EAG) states (UP, Bihar, Madhya Pradesh, Rajasthan, Orissa, Jharkhand, Chhattisgarh and Uttaranchal) was 4.1. On this basis, while all major states in India will achieve replacement level fertility in 14 years, the mean requirement across the EAG states, to reach replacement levels, is at least 33 years. In other words, in the absence of acceleration in fertility decline in the Empowered Action Group states, India cannot hope to achieve replacement fertility of 2.1, by 2010. Given the encouraging performance across the southern states, at best by 2010, India could aspire to achieve a TFR of 2.7 (a state weighted average).

Infant Mortality Rate

26. Children in India, who represent one in five of the world's children. With 414 million children, India has a unique responsibility. The fate of these children will inevitably be a major factor in determining our collective future. The health status of the 26 million children born here annually will be as diverse as the nation itself. Out of every 100 children born, 35 of those births will be registered, 59 will be fully immunised against the six basic childhood diseases, three will die of malnutrition, 47 will remain under weight, 93 will make it to their first birthday and 25 will complete primary school.

27. Besides, India is faced with an unparalleled child survival and health challenge. India contributes 2.4 million of the global burden (10.8 million) of under-5 child deaths (the highest for any nation in the world). This problem is further complicated by the new born health challenge, more formidable than any other country. India has the highest number of births and neonatal (first 28 days of birth) deaths in the world. Neonatal mortality (at 40 per 1000 live births [SRS 2002]), constitutes 63% of infant mortality, and over 50% of under-5 child mortality. In 2002, infant mortality is recorded at 63 per 1000 live births. The Tenth Plan target of bringing the infant mortality rate (IMR) to 45 per 1000 live births by 2007, and 28 per 1000 live births by 2012 cannot be achieved without simultaneously achieving the enabling goal of bringing the NMR to below 19 per 1000 live births by 2010.

Table 7

India's contribution to the global burden of births and neonatal deaths (2000)

	Burden	Proportion of global burden	Rank in world
Live Births	26 million	20%	1
Neonatal deaths	1.1 million	30%	1

Source : United Nations Fund for Population Activities (UNFPA)

28. Irrespective of the primary causes of deaths, over three-fourths of neonatal deaths occur among infants who are born low birth weight (weighing less than 2500g. at birth). In India, one-third of all neonates are low birth weight and this rate again, is among the highest in the world. The principal causes of neonatal deaths are neonatal disorders (bacterial infections [52%], asphyxia [20%], prematurity [15%], and neonatal tetanus), pneumonia, diarrhoea and measles. The first few days and weeks of life are the most risky, as borne out in a recent study by the Indian Council of Medical Research.

29. The overall problem of neonatal and infant mortality is captured below:

Table 8

Infant and Child Mortality in India

I. Mortality RateUnder five child mortality rateInfant mortality rate (under 1 year)Neonatal mortality rate (within 28 days of birth)	73 per 1000 live births (SRS 2000) 63 per 1000 live births (SRS 2002) 40 per 1000 live births (SRS 2002)
II Tenth Five-Year Plan Goals Infant Mortality Rate (by 2007) Infant Mortality Rate (by 2012)	45 28
III Burden each year (approx.) Live births Child deaths (under-5) Infant deaths Neonatal deaths (< four weeks old)	26 million 2.4 million 1.7 million 1.1 million
IV Nutrition related statisticsLow birth weight (LBW) infants Proportion of under-5 children:Under weight Stunted	30 per cent 47 per cent 45 per cent

Source : Ministry of Health & Family Welfare

30. The IMR has been declining steadily, and we have achieved reductions from 146/1000 live births in 1951 to 63/1000 live births in 2002. Over these years, the real cause for concern was that the rate of decline in IMR slowed considerably after 1993. Prior to 1993, the average decrease in IMR was around 3 points, but from 1992 onwards, the decline in IMR recorded has been of the order of only 1.5 points each year. More recently, between 1998-2002, the average rate of decline has picked up, and is closer to 2.25 points each year. Similarly, between 1972 and 1992, the neo-natal mortality rate (NMR) declined by almost 30%, but has continued to hover around 44 per 1000 live births till 2002. The SRS 2002 reports an NMR of 40 .

31. **The Universal Immunisation Programme (UIP)** is one of the largest in the world in terms of number of beneficiaries, quantities of vaccine used, number of immunisation sessions organised, and the geographical spread and diversity of areas covered. The UIP aimed at achieving 100 per cent coverage for the six vaccine preventable diseases: tuberculosis, diphtheria, pertussis, poliomyelitis, measles and tetanus, and also sought to strengthen routine immunisation programmes. However, the stated goals have at no time been fully achieved, not in a single state. A Mid-Term Immunization Strengthening Plan has been drawn up by Ministry of Health and Family Welfare, and prominent strategies include introduction of auto-disable (AD) syringes from 2005 onwards, alternate vaccine delivery to session site in villages, sub-centres and urban areas, mobilisation of children by the accredited social health activist, and mobility support to the district immunization officer for supervision and monitoring. The Rapid Household Survey, conducted in 1998-99 and repeated in 2002-03 indicates a fall in full immunisations across the country from 54.2 per cent in 1998-99 to 48.2 per cent in 2002-03. The decline in standards, outreach and quality of routine immunisation continues to be a matter of concern. The major reductions in coverage in some states are indicated in Table 9.

Table 9

Full Immunisation under Universal Immunisation programme (%)

	2002-03	1998-99
Uttar Pradesh	29.18	43.7
Andhra Pradesh	61.16	74.5
Assam	27.6	46.7
Haryana	57.9	66.0
Madhya Pradesh	34.0	48 4

Source: Rapid Household Survey (RHS, 2003)

32. The **Pulse Polio Immunisation** programme covers nearly 170 million children in every National Immunisation Day (NID) Round. The number of reported polio cases has declined from 225 during January-December 2003 to 136 during 2004. Although government is hopeful that India will succeed in breaking the transmission of the polio wild virus by December, 2005 and will become eligible for the WHO certification by 2008, we are somewhat cautious on account of field reports (Table 10), which indicate that the wild polio virus continues to be active, and polio eradication may need some more time. Efforts are on to break the transmission of the Polio Wild Virus during 2005. If that happens, the WHO certification of Polio Free India would be feasible by 2008.

Table 10
Reporting of Polio : 2002 to 2004

(Upto 5th March,2005)

Name of the State/UT		Wild Polio Virus	
	2002	2003	2004
Andaman & Nicobar	0	21	1
Andhra Pradesh	0	0	0
Arunchal Pradesh	0	0	0
Assam	0	1	0
Bihar	121	18	41
Chandigarh	1	0	0
Chattisgarh	1	0	0
Dadra & Nagar Haveli	0	0	0
Daman & Diu	0	0	0
Delhi	24	3	2
Goa	0	0	0
Gujarat	24	3	0
Haryana	37	3	2
Himachal Pradesh	0	0	0
Jammu & Kashmir	1	0	0
Jharkhand	12	1	0
Karnataka	0	36	1
Kerala	0	0	0
Lakshadweep	0	0	0
Madhya Pradesh	21	11	0
Maharashtra	6	3	3
Manipur	0	0	0
Meghalaya	0	0	0
Mizoram	0	0	0
Nagaland	0	0	0
Orissa	4	2	0
Pondicherry	0	0	0
Punjab	2	1	0
Rajasthan	41	4	0
Sikkim	0	0	0
Tamil Nadu	0	2	1
Tripura	0	0	0
Uttaranchal	14	0	1
Uttar Pradesh	1242	88	82
West Bengal	49	28	16

Source: Ministry of Health and Family Welfare

Maternal Mortality

33. India has a high and unacceptable maternal mortality ratio of 4-5 per 1000 live births (SRS, 1998) and more recent reliable estimations are not available. Maternal mortality is not merely a health disadvantage. It is a reflection of social and gender injustice. The low social and economic status of girls and women limits their access to education, good nutrition, as well as money to pay for health and family planning services. The extent of maternal mortality is an indicator of disparity and inequity in access to appropriate health care and nutrition services throughout a lifetime, and particularly during pregnancy and childbirth, and are crucial factors contributing to high maternal mortality. The major causes include Medical causes: Hemorrhage (30%); Anemia (19%), Hypertensive disorders of Pregnancy (eclampsia 8.3%, Obstruction during labour (9.5%), sepsis (16.1%) and unsafe abortions (8.9%). Of these 44% i.e. deaths due to anemia, sepsis and abortion are preventable by community action and involvement of other sectors like food, Women & Child Development etc., 47.8% deaths due to hemorrhage, eclampsia and obstruction are preventable by timely identification of complications through good antenatal care, institutional deliveries and good referral system and emergency obstetric care

34. **Non availability of Emergency Obst. care services** are a major reason of maternal deaths. Complications like hemorrhage and eclampsia are not predictable and only timely referral and provision of emergency care can save a maternal life in these situations. The Department of Family Welfare has been trying to establish First Referrals Units at CHCS and sub-district level. The problems related to provision of infrastructure and logistic support to these First Referred Units (FRUs) are being taken care of, and provision of blood has been care of by amending the drug rules (FRUs have been permitted to stock blood). Non-availability of specialists like anesthetists and gynecologists are the biggest bottlenecks. These specialists are simply not available in rural areas as (i) they are concentrated in urban areas (ii) in the case of anesthetists, they are simply very short in numbers and even district hospitals at many places may not have them. A short course for training anesthetists on life saving anesthetic skills for emergency obstetric care has been formulated at the AIIMS, however, it is awaiting approvals. Antenatal services are provided through sub-centres and out reach sessions by the ANMs. There is no shortage of ANMs as per norms based on 1991 census but still most of them have to cater to much larger populations than the prescribed 5000. Other problems are that the ANMs do not stay at their sub-centre village due to a variety of reasons, lack of mobility support and supervision. **More than 50% deliveries at homes and of these more than 40% are conducted by TBAs who are not skilled enough to take care of complications** or these are conducted by relations.

35. The National Population Policy 2000 provided a framework for prioritising strategies to simultaneously address issues of child survival, maternal health and contraception, while increasing outreach and coverage of a comprehensive package of services. These also included increasing the outreach of primary and secondary education, sanitation, safe drinking water and housing, enhancing the employment opportunities of women and extending transport and communications. Overall, although some progress has been made, health and related services (just outlined), need to be taken closer to communities and households, and regimens for constant training of service providers must be enforced. It would also help if primary health care is made directly accountable to local elected bodies and panchayati raj institutions (PRIs) with appropriate devolution of administrative and financial powers.

Public Private Partnership in Health Care

36. Public-private partnerships are defined for our purposes as a modality for providing services which are acknowledged to be a public responsibility, through provision by non-public actors, under legal contracts with the public agency concerned. The term "non-public, (or 'private') organizations (VOs, or NGOs), Self-Help Groups (SHGs), Community Based Organisations (CBOs), charitable trusts and foundations, and the "for profit" sector, comprising corporates, individuals, and partnership firm. The principal reasons for such partnership include: (a) Leveraging financial, management and technical resources of such actors, to supplement public resources; (b) Making use of the physical and service delivery infrastructures developed by them for other, sometime unrelated purposes; and (c) Enabling delivery mechanisms to be flexible, since a particular model may be changed at the end of a particular contract.

37. Some areas of collaboration could be:

- Creating a Rural Health Provider network
- Social Franchising of Primary Health Care Centes
- Public Private Partnership in Mainstreaming Health Education and Service Delivery with the involvement of Panchayati Raj Institutions
- Procurement Management, Logistics Management and Inspection
- Skill building and Training of Health Care Providers.

National Rural Health Mission (2005-12)

38. The National Rural Health Mission was launched by the Prime Minister of India on 12th April 2005.

39. The National Rural Health Mission (2005-12) seeks to provide effective healthcare to rural population throughout the country with special focus on 18 states, which have weak public health indicators and/or weak infrastructure. These 18 States are Arunchal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir , Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa,Rajasthan, Sikkim, Tripura,Uttaranchal and Uttar Pradesh.

40. The Mission is an articulation of the commitment of the Government to raise public spending on Health from 0.9% of GDP to 2-3% of GDP. It aims to undertake architectural correction of the health system to enable it to effectively handle increased allocations as promised under the National Common Minimum Programme and promote policies that strengthen public health management and service delivery in the country.

41. It has as its key components provision of a female health activist in each village; a village health plan prepared thorough a local team headed by the Health & Sanitation Committee of the Panchayat; strengthening of the rural hospital for effective curative care and made measurable and accountable to the community through Indian Public Health Standards (IPHS); and integration of vertical Health & Family Welfare Programme and Funds for optimal utilization of funds and infrastructure and strengthening delivery of primary healthcare. It seeks to revitalize local health

traditions and mainstream AYUSH into the public health system. It aim at effective integration of health concerns with determinants of health like sanitation & hygiene, nutrition, and safe drinking water through a District Plan for Health.

42. Thrust Areas for the year 2005-06 are identified as :

(i) Launch of National Rural Health Mission at State and State level - emphasizing on Sector Wide Approach, involvement of communities and PRIs, mainstreaming AYUSH, Decentralized & Flexible Programming & Result Based Management System .

(ii) Finalization of Guidelines on Indian Public Health Standards (IPHS), and Up gradation of at least 2 CHCs per district to such standards. Registration of Rogi Kalyan Samities (RKS) at CHCs, especially in high focus States, after which Rs. 1 lakh shall be released to such CHCs, as corpus grant to RKS.

(iii) Finalization of Guidelines and Training Module for ASHA at National and State levels. Initiation of selection and training of ASHAs, and provision of drug kit.

(iv) Annual supply of additional generic drugs (both allopathic and AYUSH) at Sub-centes/ PHCs/CHCs.

(v) Merger of Societies for Health & Family Welfare Programmes under NRHM Budget Head at State and District levels by June 2005.

(vi) Implementation of Janani Suraksha Yojana/Maternal Health Insurance Pilots at State level.

(vii) Strengthening Universal Immunization Programme through Introduction of Auto Disabled Syringes, alternate vaccine supply, initiation of Immunization activities in urban slums, and mobilization of children by ASHA at Anganwadi level in rural areas.

(viii) Revising Standards and Protocols for Family Welfare Programmes and activating Quality Assurance Committee at State and District level.

(ix) Implementation of computerized Monitoring Evaluation and Information System (MEIS) under NRHM at district level from December 2005.

(x) Involving Professional Medical Associations, Corporate Bodies and Private Providers to improve access to Health and Family Welfare Services through Pilots on Social Franchise.

(xi) Strengthening programme management capacities at all levels through dedicated Programme Management Units, emphasizing on e-governance including pilots on e-banking, and greater focus on training of Health Providers and Programme Managers.

43. Annexure 3.7.1 provides details about the key performance indicators

44. Annexure 3.7.2 provides details about the Budget Estimates, Revised Estimates and Actual Expenditure for the years 2002-03 & 2003-04 and the Budget Estimates for 2004-05 and proposed outlay for 2005-06.

45. Annexure 3.7.3 indicates state-wise allocation of grants-in-aid during 2004-05.

Annexure 3.7.1

Key Performance Indicators

Outcome/Impact Indicators		
Indicators	Baseline Estimates	Actual/Latest Estimate
Infant Mortality Rate	74 (SRS 1995)	63 (SRS 2002)
Current Contra. Prevalence Rate	47.7% RHS 1, 98-99)	52% (RHS II,02-03)
Proxy Indicators for Outcomes		
% of deliveries, that are safe		
Institutional deliveries	35% (RHS I, 98-99)	40% (RHS II,02-03)
Home deliveries by mid-wifely trained person	5% (RHS I,98-99)	7.5% (RHS II,02-03)
Home deliveries by trained TBA	7.4% (RHS I 98-99)	6.9% (RHS II, 02-03)
% of pregnant women received full ANC (>= 3 visits + 1 TT +IFA	31.9% (RHS I, 98-99)	40.3% (RHS II,02-03)
% Unmet need for FP (Couples wanting to limit or space but not currently using FP)	19.5% (RHS I,98-99)	15.9% (RHS II 02-03)

Annexure-3.7.2

DEPARTMENT OF FAMILY WELFARE

BE, RE AND ACTUALS FOR THE YEARS 2002-03, 2003-04 & 2004-05 AND PROPOSED OUTLAY FOR 2005-06

(Rs.crore)

Sl. No.	Name of Scheme	2002-03			2003-04			2004-05 B.E.	2005-06 Proposed
		B.E.	R.E.	Actual Expdt.	B.E.	R.E.	Expdt. (Prov.)		
1	2	3	4	5	6	7	8	9	10
A	**INFRASTRUCTURE MAINTENANCE**	**2303.00**	**2232.57**	**2194.20**	**2179.30**	**1998.55**	**2091.64**	**2012.76**	**2467.88**
1	**Sub-Centres**	**1909.00**	**1853.05**	**1848.84**	**1758.50**	**1620.49**	**1713.36**	**1602.71**	**2025.00**
2	**Urban FW Services**	**122.00**	**121.25**	**103.39**	**132.80**	**117.94**	**121.52**	**123.04**	**135.33**
	Urban FW Centres	64.00	63.60	53.65	69.70	62.11	60.49	65.04	71.53
	Urban Health Posts	58.00	57.65	49.74	63.10	55.83	61.03	58.00	63.80
3	**Direction & Administration**	**200.00**	**192.72**	**188.40**	**220.20**	**215.93**	**215.43**	**226.80**	**250.55**
	(a) Maint.of State & Distt. FW Bureaux	196.70	185.74	183.43	216.70	212.88	211.96	223.35	245.80
	(b) Regional & Other Offices	3.30	6.98	4.97	3.50	3.05	3.47	3.09	3.75
	(c) Information Technology							0.36	1.00
4	**Logistics Improvement**	**10.00**	**3.00**		**1.00**	**0.20**	**0.00**	**2.00**	**2.00**
5	**Contractual Services/Consultancies**	**62.00**	**62.55**	**53.57**	**66.80**	**43.99**	**41.33**	**58.21**	**55.00**
	(a) Addl. ANMs/PHNs/Lab. Technicians	50.00	61.25		61.00	39.60	0.00	51.66	55.00
	(b) SM Consultant	5.00	0.00		1.50	0.28	0.00	1.50	0.00
	(c) Aneasthesist	1.00	0.00		0.30	0.01	0.00	0.50	0.00
	(d) Other Exp.	6.00	1.30		4.00	4.10	0.00	4.55	0.00
B	**INFRASTRUCTURE DEVELOPMENT**	**364.20**	**203.82**	**142.49**	**322.90**	**271.05**	**253.58**	**423.51**	**534.76**
6	**Area Projects (IPP Projects)**	**74.80**	**59.00**	**58.86**	**62.90**	**35.00**	**34.96**	**53.51**	**38.76**
7	**Social Marketing Area Projects**	**10.00**	**5.00**		**4.00**	**3.70**	**0.00**	**10.00**	**10.00**
8	**USAID Assisted Area Project**	**59.40**	**40.27**	**40.24**	**40.00**	**55.00**	**55.00**	**60.00**	**50.00**
9	**EC Assisted SIP Project**	**220.00**	**99.55**	**43.39**	**216.00**	**177.35**	**163.62**	**300.00**	**436.00**
C	**TRANSPORT**	**113.00**	**113.00**	**113.07**	**55.00**	**74.50**	**74.60**	**55.00**	**30.00**
10	**Maintenance of vehicles already available**	**98.00**	**98.00**	**113.07**	**50.00**	**74.50**	**74.60**	**55.00**	**30.00**

Annexure-3.7.2

DEPARTMENT OF FAMILY WELFARE

BE, RE AND ACTUALS FOR THE YEARS 2002-03, 2003-04 & 2004-05 AND PROPOSED OUTLAY FOR 2005-06

(Rs.crore)

Sl. No.	Name of Scheme	2002-03			2003-04			2004-05 B.E	2005-06 Proposed
		B.E.	R.E.	Actual Expdt.	B.E.	R.E.	Expdt. (Prov.)		
1	2	3	4	5	6	7	8	9	10
11	Supply of Mopeds to ANMs	15.00	15.00		5.00				
D	TRAINING	99.60	94.26	90.51	117.07	100.81	98.27	115.16	121.15
12	Basic Training for ANM/LHVs	67.00	63.30	62.44	73.45	68.14	68.03	72.00	77.73
13	Maintenance & Strengthening of HFWTCs	14.00	13.68	13.41	16.00	14.70	14.25	15.70	16.84
14	Basic Training for MPWs Worker (Male)	10.00	10.00	9.16	10.00	8.73	8.56	9.40	10.15
15	Strenthening of Basic Training Schools	2.00	0.70	0.22	10.00	2.80	1.83	2.80	2.15
16	FWTRC, Bombay	1.50	1.48	0.98	1.50	0.54	0.20	1.53	1.00
17	NIHFW, New Delhi	3.15	3.15	2.60	4.15	4.15	4.00	4.75	7.35
18	IIPS, Mumbai	1.70	1.70	1.70	1.72	1.50	1.15	1.60	1.65
19	Assistance to I.M.A.	0.25	0.25		0.25	0.25	0.25	0.25	0.30
20	Rural Health Training Centre, Najafgarh		0.00			0.00	0.00	7.13	3.98
E	RESEARCH	30.30	29.09	28.01	40.80	36.20	34.00	39.63	39.60
21	Population Research Centres	8.00	6.79	5.71	8.50	6.90	5.85	7.33	7.30
22	CDRI, Lucknow	2.30	2.30	2.30	2.30	2.30	1.15	2.30	2.30
23	ICMR and IRR	20.00	20.00	20.00	30.00	27.00	27.00	30.00	30.00
24	Other Research Projects								
F	CONTRACEPTION	483.50	485.86	407.31	531.15	533.31	487.55	517.42	775.23
25	Free distribution of contraceptives	184.00	182.20	153.92	170.00	153.60	142.73	77.70	152.52
	(i) Conventional Contraceptives	138.00	136.42	153.92	124.00	123.00	142.73	35.00	110.00
	(ii) Oral Contraceptives	24.00	23.72		24.00	20.23		18.50	23.91
	(iii) IUD	22.00	22.06		22.00	10.37		24.20	18.61
26	Social marketing of contraceptives	115.00	109.50	98.87	132.00	156.25	141.70	202.50	241.04

Annexure-3.7.2

DEPARTMENT OF FAMILY WELFARE

BE, RE AND ACTUALS FOR THE YEARS 2002-03, 2003-04 & 2004-05 AND PROPOSED OUTLAY FOR 2005-06

(Rs.crore)

Sl. No.	Name of Scheme	2002-03			2003-04			2004-05 B.E	2005-06 Proposed
		B.E.	R.E.	Actual Expdt.	B.E.	R.E.	Expdt. (Prov.)		
1	2	3	4	5	6	7	8	9	10
	(i) Conventional Contraceptives	95.00	89.50	79.73	110.00	131.00	118.25	161.00	212.36
	(ii) Oral Contraceptives	20.00	20.00	19.14	22.00	25.25	23.45	41.50	28.68
27	**Sterilisation**	**180.50**	**191.81**	**152.72**	**226.15**	**220.51**	**201.27**	**233.57**	**378.12**
	Sterilization Beds	2.00	1.94	1.76	2.19	1.98	1.97	2.02	2.02
	Compensation for Sterilsation	160.00	171.37	150.81	205.46	200.23	199.30	211.25	355.80
	Supply /Proc. of Laparascopes	18.00	18.00		18.00	18.00		20.00	20.00
	Recanalization	0.50	0.50	0.15	0.50	0.30	0.00	0.30	0.30
28	**Testing Facilities**	**0.50**	**0.50**	**0.38**	**0.50**	**0.45**	**0.00**	**0.45**	**0.45**
29	**Role of Men in Planned Parenthood**	**3.50**	**1.85**	**1.42**	**2.50**	**2.50**	**1.85**	**3.20**	**3.10**
	(i) No Scalpel Vasectomy	1.50	1.50	1.42	1.50	1.50	1.14	1.50	3.10
	(ii) Male Participation	2.00	0.35		1.00	1.00	0.71	1.70	
G	**REPRODUCTIVE & CHILD HEALTH**	**1174.50**	**808.42**	**794.58**	**1293.50**	**1074.32**	**1017.41**	**1664.65**	**1812.13**
30	**Immunisation**	**226.00**	**183.50**	**547.22**	**222.00**	**192.00**	**787.55**	**220.00**	**204.00**
31	**Routine Immunisation Strengthening**	**10.00**	**8.00**		**8.00**	**3.20**		**3.00**	**153.00**
32	**Pulse Polio**	**400.00**	**321.00**		**550.00**	**606.27**		**1011.70**	**877.00**
33	**Child Health**	**1.00**	**1.00**	**0.00**	**1.00**	**1.00**	**0.00**	**0.50**	**1.00**
	(a) Essential New Born care	1.00	1.00		1.00	1.00	0.00	0.50	1.00
34	**Adolescent Health**	**3.00**	**0.50**		**5.00**	**1.60**	**0.60**	**5.00**	**5.00**
35	**Maternal Health**	**254.00**	**157.78**	**176.62**	**285.60**	**123.65**	**123.05**	**244.20**	**363.50**
	(a) Nutritional Anaemia	1.00	0.10	54.66	0.50	0.00	13.76		
	(b) Home Delivery Care	14.00	5.12	0.00	10.50	0.96	0.00	10.00	5.00
	(i) Community based midwives	*2.00*	*0.12*		*0.50*	*0.00*			

Annexure-3.7.2

DEPARTMENT OF FAMILY WELFARE

BE, RE AND ACTUALS FOR THE YEARS 2002-03, 2003-04 & 2004-05 AND PROPOSED OUTLAY FOR 2005-06

(Rs.crore)

Sl. No.	Name of Scheme	2002-03			2003-04			2004-05 B.E	2005-06 Proposed
		B.E.	R.E.	Actual Expdt.	B.E.	R.E.	Expdt. (Prov.)		
1	2	3	4	5	6	7	8	9	10
	(ii) Dais Training	*12.00*	*5.00*		*10.00*	*0.96*		*10.00*	*5.00*
	Procurement of Supplies & Materials	*234.00*	*149.56*	*121.96*	*265.60*	*121.40*	*109.29*	*226.20*	*356.00*
	(a) Drug Kits/FRU/PHC/RTI Drugs	*115.00*	*139.26*		*138.00*	*114.75*		*100.00*	*250.00*
	(b) MTP/RTI/STI Equipment/Kit/IUD Kit	*90.00*	*10.30*		*107.00*			*90.20*	
	(c) Equip. for Blood Strage & Lab. Equip.	*1.00*	*0.00*		*0.10*	*0.10*			
	(d) Needles & Syringes	*20.00*	*0.00*		*12.50*	*2.60*		*30.00*	*100.00*
	(e) Neo-Natal Equipment	*8.00*	*0.00*		*8.00*	*3.95*		*6.00*	*6.00*
	(c) Promoting Institutional Deliveries	*5.00*	*3.00*	*0.00*	*9.00*	*1.29*	*0.00*	*8.00*	*2.50*
	(i) 24 Hour Delivery	*3.00*	*1.00*		*4.00*	*1.29*	*0.00*	*3.00*	*2.50*
	(ii) Oper. FRUs for Emerg. Obs. & NN Care	*2.00*	*2.00*		*5.00*		*0.00*	*5.00*	
36	**MTP Services**	**1.20**	**0.00**		**5.00**	**0.00**	**0.00**		
37	**RTI/ STI prevention and management**	**2.00**	**4.50**		**4.50**	**4.50**	**0.00**	**3.25**	**4.50**
38	**Other RCH Interventions and Services**	**122.00**	**86.35**	**23.42**	**96.60**	**73.35**	**44.40**	**76.00**	**34.50**
	Referral Transport	2.00	3.30		5.00	0.10	0.00	4.00	
	Out reach Services	20.00	6.37		5.00	2.50	1.12	5.00	
	RCH Camps	15.00	13.00		30.00	11.91	0.00	10.00	5.00
	Civil Works	60.00	37.00		30.00	32.00	23.18	35.00	15.00
	Res. in RCH Acti. (Vanaspati Van)	8.00	8.00	7.00	8.00	10.00	10.58	8.00	3.00
	MIS	15.00	16.65	15.18	16.20	13.64	7.41	11.00	8.00
	(a) Conduction of Surveys	*0.00*		*0.00*	*10.20*	*7.64*	*0.00*	*5.00*	*5.00*
	(b) Printing of Registers/Cards	*0.00*		*0.00*	*6.00*	*6.00*	*0.00*	*6.00*	*3.00*
	Expdt. at Headquarters	2.00	2.03	1.24	2.40	3.20	2.11	3.00	3.50

Annexure-3.7.2

DEPARTMENT OF FAMILY WELFARE

BE, RE AND ACTUALS FOR THE YEARS 2002-03, 2003-04 & 2004-05 AND PROPOSED OUTLAY FOR 2005-06

(Rs.crore)

Sl. No.	Name of Scheme	2002-03			2003-04			2004-05 B.E	2005-06 Proposed
		B.E.	R.E.	Actual Expdt.	B.E.	R.E.	Expdt. (Prov.)		
1	2	3	4	5	6	7	8	9	10
39	**NGOs and SCOVA**	**22.00**	**17.84**	**17.79**	**40.00**	**22.00**	**18.04**	**44.00**	**102.70**
40	**Training**	**53.00**	**4.45**	**6.58**	**20.50**	**20.25**	**19.56**	**32.00**	**30.93**
	(a) RCH Training	50.00	4.45		20.00	20.20	19.56	31.90	30.93
	(b) Training of ISM&H	1.00	0.00		0.40	0.05	0.00	0.05	
	(c) Training of AWW	2.00	0.00		0.10		0.00	0.05	
41	**Tribal Projects**								
42	**Urban Slums Projects**	**5.00**	**1.50**	**0.00**	**25.00**	**7.50**	**6.21**	**25.00**	**35.00**
43	**District Projects**	**75.00**	**22.00**	**22.95**	**30.00**	**19.00**	**18.00**		**1.00**
44	**Other Projects under RCH**	**0.30**	**0.00**	**0.00**	**0.30**	**0.00**	**0.00**	**0.00**	**0.00**
	(i) Trg. Prog. For Doctors for Anaesthesia	*0.10*	*0.00*		*0.30*	*0.00*	*0.00*		
	(ii) Micro. & Meta. disorders-Women & Child	*0.10*	*0.00*		*0.00*	*0.00*	*0.00*	*0.00*	*0.00*
	(iii) School Health Programme	*0.10*	*0.00*		*0.00*	*0.00*	*0.00*	*0.00*	*0.00*
H	**OTHER FW PROGRAMMES**	**361.90**	**182.98**	**146.46**	**390.28**	**400.65**	**340.47**	**384.39**	**411.31**
45	**Maternity Benefit Scheme**	**90.00**	**74.00**	**52.20**	**75.00**	**44.00**	**35.37**	**112.00**	**122.00**
46	**Information, Edu. & Communication**	**84.70**	**82.98**	**84.07**	**101.38**	**110.68**	**91.95**	**111.59**	**124.10**
	RCH	31.00	31.00	34.31	53.03	57.03	44.20	59.08	60.50
	Non-RCH	53.70	51.98	49.76	48.35	53.65	47.75	52.51	63.60
47	**Travel of Experts/Conf./Meetings etc.**	**1.50**	**0.50**	**0.47**	**1.00**	**0.75**	**0.20**	**1.00**	**0.50**
48	**International Cooperation**	**1.70**	**1.80**	**1.34**	**1.70**	**1.70**	**1.39**	**1.70**	**1.70**
49	**Empowered Action Group**	**50.00**	**3.35**	**3.28**	**100.00**	**100.00**	**69.55**	**145.00**	**100.00**
50	**Community Incentive Scheme**	**60.00**	**6.10**		**1.00**	**0.00**	**0.00**	**1.00**	**0.01**
51	**FW Link Health Insurance Plan**	**50.00**	**5.10**		**1.00**	**0.00**	**0.00**	**9.10**	**50.00**

Annexure-3.7.2

DEPARTMENT OF FAMILY WELFARE

BE, RE AND ACTUALS FOR THE YEARS 2002-03, 2003-04 & 2004-05 AND PROPOSED OUTLAY FOR 2005-06

(Rs.crore)

Sl. No.	Name of Scheme	2002-03			2003-04			2004-05 B.E	2005-06 Proposed
		B.E.	R.E.	Actual Expdt.	B.E.	R.E.	Expdt. (Prov.)		
1	2	3	4	5	6	7	8	9	10
52	**Policy Advocacy/Seminars/Melas**	**3.00**	**3.00**	**2.95**	**3.00**	**43.52**	**42.01**	**3.00**	**3.00**
53	**National Population Stabilisation Fund**	**0.00**	**0.00**		**100.00**	**100.00**	**100.00**		**0.00**
54	**Other Initiatives (National Commission**	**15.00**	**1.80**		**1.20**				**10.00**
	for Population)								
	New Initiatives in the Tenth Plan	6.00	4.35	2.15	5.00	0.00	0.00	0.00	0.00
	(a) Strengthening MIS through CNAA	2.00	0.35		1.00				
	(c) Implementation of PNDT Act	4.00	4.00	2.15	4.00				
I	**Lumpsum provision for NE to make up**	**10%**	**0.00**			**210.61**		**287.48**	**295.59**
	mandatory								
	GRAND TOTAL	**4930.00**	**4150.00**	**3916.63**	**4930.00**	**4700.00**	**4397.52**	**5500.00**	**6487.65**

Annexure 3.7.3

DETAILED STATE-WISE ALLOCATION OF GRANTS - IN - AID DURING 2004-05

(Rs. in lakhs)

Sl. No.	Name of State/UT	Dir. & Admn.	Sub-Centres	Training			Urban FW Ser.		POL	Compen-sation Beds	Sterili-sation Maint.	TOTAL - Infra.
				ANM/ LHV	HFWTC	Trg. of MPWs	UFWC	Health Posts				
1	2	3	4	5	6	7	8	9	10	11	12	13
1	Andhra Pradesh	1446.00	9203.56	690.72	137.00	211.56	656.00		140.00	3593.00	20.00	16097.84
2	Bihar	1527.00	9003.00	145.16	102.76	6.12	200.00		127.00	320.00	3.60	11434.64
3	Chhatisgarh	552.00	3324.88	166.84	33.16	39.12	67.00	124.20	45.00	489.00	0.60	4841.80
4	Goa	24.00	150.16	33.36		19.56			6.00	25.00		258.08
5	Gujarat	1340.00	6335.24	211.88	8.56		756.00	207.00	96.00	1107.00	23.00	10084.68
6	Haryana	700.00	2002.56	236.92	33.16	39.12	104.00	83.00	38.00	387.00	2.00	3625.76
7	Himachal Pradesh	450.00	1802.04	146.84	2.16	9.80	219.00		34.00	140.00		2803.84
8	Jammu & Kashmir	612.00	1481.40	241.92	33.16		47.00		33.00	60.00	1.20	2509.68
9	Jharkhand	733.00	3886.24	333.68	33.16		99.00		63.00	97.00	2.40	5247.48
10	Karnataka	1645.00	7092.16	407.12	74.92	48.92	588.00		102.00	1593.00	15.60	11566.72
11	Kerala	835.00	4436.48	101.80	64.20				69.00	597.00	8.00	6111.48
12	Madhya Pradesh	990.00	7080.08	957.68	164.84	266.60	370.00	443.00	125.00	1530.00	4.00	11931.20
13	Maharashtra	1480.00	8469.84	742.48	132.72	112.52	443.00	2018.00	153.00	1981.00	48.40	15580.96
14	Orissa	506.00	5162.52	353.72	48.16	35.48	73.00	62.00	106.00	396.00	1.80	6744.68
15	Punjab	120.00	2482.72	160.16	26.76	78.28	151.00	434.40	54.00	476.00	0.60	3983.92
16	Rajasthan	1650.00	8644.56	899.28	77.08		344.00	257.00	106.00	1081.00	1.60	13060.52
17	Tamil Nadu	1340.00	7560.24	20.00	77.08		266.00	745.00	134.00	1781.00	37.60	11960.92
18	Uttar Pradesh	2444.00	16223.80	465.48	213.00		657.00	1154.00	48.00	2609.00	7.00	23821.28
19	Uttranchal	42.00	1327.40	36.72			26.00	72.40	266.00	139.00		1909.52
20	West Bengal	970.00	7077.12	210.24	78.12	15.92	816.00		113.00	1114.00	17.60	10412.00
	Total - Other States	**19406.00**	**112746.00**	**6562.00**	**1340.00**	**883.00**	**5882.00**	**5600.00**	**1858.00**	**19515.00**	**195.00**	**173987.00**
1	Arunachal Pradesh	89.00	253.56	3.00			51.00		5.00	20.00	0.12	421.68
2	Assam	578.00	4737.92	370.00	43.00		65.40		60.00	824.00	0.88	6679.20
3	Manipur	436.00	389.80	40.00	39.00	20.00	20.00		15.00	26.00	0.28	986.08
4	Meghalaya	123.00	381.80	17.00	38.00		9.60		14.00	64.00	0.28	647.68
5	Mizoram	124.00	320.16	30.00		20.00	9.60		9.00	65.00	0.44	578.20
6	Nagaland	223.00	280.40	42.00					10.00	13.00		568.40
7	Sikkim	96.00	136.20	18.00			9.60		5.00	20.00		284.80
8	Tripura	121.00	500.16	80.00			38.80		12.00	78.00		829.96
	Total - NE Region	**1790.00**	**7000.00**	**600.00**	**120.00**	**40.00**	**204.00**		**130.00**	**1110.00**	**2.00**	**10996.00**
	Total - All States	**21196.00**	**119746.00**	**7162.00**	**1460.00**	**923.00**	**6086.00**	**5600.00**	**1988.00**	**20625.00**	**197.00**	**184983.00**
	UTs with Legislature											
1.	Delhi	423.00	59.00		25.00		390.00	170.00	13.00	243.00	5.00	1328.00
2.	Pondicherry	448.00	112.00						9.00	57.00		626.00
	Total - UTs with leg.	**871.00**	**171.00**		**25.00**		**390.00**	**170.00**	**22.00**	**300.00**	**5.00**	**1954.00**
	UTs without Legislature											
1	A & N Islands	44.38	186.20	20.00		17.00			2.00	23.40		292.98
2	Chandigarh	42.94	24.21				28.00	30.00	9.00	53.65		187.80
3	Dadra & Nagar Haveli	69.22	67.03						1.00	10.25		147.50
4	Daman & Diu	41.37	39.10						8.00	12.70		101.17
5	Lakshadweep	6.09	26.07						1.00			33.16
	Total - UTs without leg.	**204.00**	**342.61**	**20.00**		**17.00**	**28.00**	**30.00**	**21.00**	**100.00**		**762.61**
	Total - UTs	**1075.00**	**513.61**	**20.00**	**25.00**	**17.00**	**418.00**	**200.00**	**43.00**	**400.00**	**5.00**	**2716.61**
	GRAND TOTAL	**22271.00**	**120259.61**	**7182.00**	**1485.00**	**940.00**	**6504.00**	**5800.00**	**2031.00**	**21025.00**	**202.00**	**187699.61**

Notes: (1) Assiatance will be provided in the form of 'Kind Grant' under the Schemes (a) Supply of Material under RCH Programme -Drug Kits, Equipments, Needles & Syringes etc.; (b) Supply of Vaccines for Routine Immunisation/Pulse Polio; (c) Supply of Contraceptives. (2) Releases will be made under the Schemes (a) Urban Slums Projects, (b) Civil Works, (c) Research in RCH depending upon the receipt of proposals from States. (3) Rs.60 crores has been allocated to UP for USAID assisted SIFPSA Project. (4) Grants will be released during the year 2004-05 to those States/ UTs which have submitted audited statements of expenditure upto the year 2001-02.

Annexure 3.7.3

DETAILED STATE-WISE ALLOCATION OF GRANTS - IN - AID DURING 2004-05

(Rs. in lakhs)

Sl. No.	Name of State/UT	RCH Programme						
		Contractual Services	Maternal Health	RCH Training	Immunisation Strengthening Project	Cold Chain Maintenance	NGO	Total
1	2	14	15	16	17	18	19	20
1	Andhra Pradesh	330.00		251.67	6.07	37.03	185.00	809.77
2	Bihar	50.00	100.00	86.02	7.07	35.34	350.00	628.43
3	Chhatisgarh	300.00	200.00	67.73	5.47	13.90	80.00	667.10
4	Goa	5.00	5.00	4.50	4.27	0.72		19.49
5	Gujarat	50.00	50.00	61.70	6.47	25.72	140.00	333.89
6	Haryana	200.00	200.00	6.58	5.47	9.74	95.00	516.79
7	Himachal Pradesh	20.00	20.00	46.85	4.87	8.01	110.00	209.73
8	Jammu & Kashmir	20.00	20.00	78.02	4.87	7.43	110.00	240.32
9	Jharkhand	50.00	50.00	56.76	6.07	17.47	95.00	275.30
10	Karnataka	220.00		114.95	6.07	31.97	110.00	482.99
11	Kerala	140.00		122.61	4.87	18.83	80.00	366.31
12	Madhya Pradesh	200.00	200.00	299.50	7.07	31.14	320.00	1057.71
13	Maharashtra	325.00		372.57	6.07	36.78	140.00	880.42
14	Orissa	50.00	100.00	122.61	7.07	24.77	275.00	579.45
15	Punjab	100.00		56.76	5.47	11.49	110.00	283.72
16	Rajasthan	200.00	200.00	109.75	7.07	36.47	170.00	723.29
17	Tamil Nadu	270.00		133.74	6.07	31.28	170.00	611.09
18	Uttar Pradesh	2000.00	800.00	258.06	5.87	70.80	260.00	3394.73
19	Uttranchal	100.00	200.00	21.60	6.07	6.36	50.00	384.03
20	West Bengal	40.00	50.00	120.04	6.47	39.63	110.00	366.14
	Total - Other States	**4670.00**	**2195.00**	**2392.02**	**118.80**	**494.88**	**2960.00**	**12830.70**
1	Arunachal Pradesh	100.00	100.00	13.54	6.07	2.16	30.00	251.77
2	Assam	200.00	200.00	104.32	7.07	18.59	110.00	639.98
3	Manipur	30.00	30.00	35.20	4.87	2.33	60.00	162.40
4	Meghalaya	20.00	10.00	15.56	4.87	2.09		52.52
5	Mizoram	126.00	40.00	11.83	4.87	2.03		184.73
6	Nagaland	60.00	20.00	23.17	4.87	1.86	30.00	139.90
7	Sikkim	20.00	15.00	4.54	4.27	0.88	30.00	74.69
8	Tripura	10.00	10.00	19.58	4.27	2.03	30.00	75.88
	Total -	**566.00**	**425.00**	**227.74**	**41.16**	**31.97**	**290.00**	**1581.87**
	Total - All States	**5236.00**	**2620.00**	**2619.76**	**159.96**	**526.85**	**3250.00**	**14412.57**
	UTs with Legislature							
1.	Delhi	100.00	50.00	18.21	4.27	1.04	60.00	233.52
2.	Pondicherry	5.00	5.00	2.38	4.27	0.81		17.46
	Total - UTs with leg.	**105.00**	**55.00**	**20.59**	**8.54**	**1.85**	**60.00**	**250.98**
	UTs without Legislature							
1	A & N Islands	5.00	5.00	1.83	4.27	0.54		16.64
2	Chandigarh	5.00	5.00		4.27	0.14	15.00	29.41
3	Dadra & Nagar Haveli	5.00	5.00		4.27	0.22		14.49
4	Daman & Diu	5.00	5.00	1.59	4.27	0.27		16.13
5	Lakshadweep	5.00	5.00	0.51	4.27	0.17		14.95
	Total - UTs without leg.	**25.00**	**25.00**	**3.93**	**21.35**	**1.34**	**15.00**	**91.62**
	Total - UTs	**130.00**	**80.00**	**24.52**	**29.89**	**3.19**	**75.00**	**342.60**
	GRAND TOTAL	**5366.00**	**2700.00**	**2644.28**	**189.85**	**530.04**	**3325.00**	**14755.17**

Annexure 3.7.3

DETAILED STATE-WISE ALLOCATION OF GRANTS - IN - AID DURING 2004-05

(Rs. in lakhs)

Sl. No.	Name of State/UT	Other Programme						
		EAG	JSY (NMBS)	PPI Op. Cost	EC - SIP	IEC	Total	GRAND TOTAL
1	2	21	22	23	24	25	26	27
1	Andhra Pradesh		1215.00	2499.28	1800.00	247.28	5761.56	22669.17
2	Bihar	2600.00	500.00	3836.20	2000.00	300.00	9236.20	21299.27
3	Chhatisgarh	700.00	255.50	623.38	1100.00	200.00	2878.88	8387.78
4	Goa		6.00	26.43		49.05	81.48	359.05
5	Gujarat		650.45	1695.61	1900.00	206.42	4452.48	14871.05
6	Haryana		180.65	891.18	900.00	136.04	2107.87	6250.42
7	Himachal Pradesh		60.30	276.16	600.00	72.27	1008.73	4022.30
8	Jammu & Kashmir		105.62	460.57	400.00	61.19	1027.38	3777.38
9	Jharkhand	900.00	300.00	1161.97	1000.00	200.00	3561.97	9084.75
10	Karnataka		700.00	1654.70		250.86	2605.56	14655.27
11	Kerala		390.90	561.37	1000.00	138.04	2090.31	8568.10
12	Madhya Pradesh	1900.00	794.40	2390.98	2100.00	300.00	7485.38	20474.29
13	Maharashtra		600.00	2258.82	2300.00	293.64	5452.46	21913.84
14	Orissa	1200.00	672.20	908.83	1300.00	300.00	4381.03	11705.16
15	Punjab		111.00	693.21		193.66	997.87	5265.51
16	Rajasthan	1800.00	400.00	2588.18	2100.00	400.00	7288.18	21071.99
17	Tamil Nadu		1000.00	1431.90		231.17	2663.07	15235.08
18	Uttar Pradesh	4800.00	1135.00	10894.50	5000.00	300.00	22129.50	49345.51
19	Uttranchal	530.00	60.75	454.89	500.00	200.00	1745.64	4039.19
20	West Bengal		1000.50	2153.27	1700.00	240.04	5093.81	15871.95
	Total - Other States	**14430.00**	**10138.27**	**37461.43**	**25700.00**	**4319.66**	**92049.36**	**278867.06**
1	Arunachal Pradesh		20.00	97.63	200.00	47.22	364.85	1038.30
2	Assam		455.38	1230.47	1000.00	131.52	2817.37	10136.55
3	Manipur		60.00	168.58	300.00	47.68	576.26	1724.74
4	Meghalaya		30.00	189.41	300.00	52.34	571.75	1271.95
5	Mizoram		60.00	61.95	200.00	52.28	374.23	1137.16
6	Nagaland		50.00	127.47		52.85	230.32	938.62
7	Sikkim		10.00	36.65	200.00	43.76	290.41	649.90
8	Tripura		90.00	195.37		58.56	343.93	1249.77
	Total -		**775.38**	**2107.53**	**2200.00**	**486.21**	**5569.12**	**18146.99**
	Total - All States	**14430.00**	**10913.65**	**39568.96**	**27900.00**	**4805.87**	**97618.48**	**297014.05**
	UTs with Legislature							
1.	Delhi		50.00	536.12		133.42	719.54	2281.06
2.	Pondicherry		15.00	23.32		36.50	74.82	718.28
	Total - UTs with leg.		**65.00**	**559.44**		**169.92**	**794.36**	**2999.34**
	UTs without Legislature							
1	A & N Islands		3.00	38.70		23.12	64.82	374.44
2	Chandigarh		4.00	25.43		23.23	52.66	269.87
3	Dadra & Nagar Haveli		7.00	7.74		23.41	38.15	200.14
4	Daman & Diu		4.00	5.62		23.28	32.90	150.20
5	Lakshadweep		3.35	7.50		23.31	34.16	82.27
	Total - UTs without leg.		**21.35**	**84.99**		**116.35**	**222.69**	**1076.92**
	Total - UTs		**86.35**	**644.43**		**286.27**	**1017.05**	**4076.26**
	GRAND TOTAL	**14430.00**	**11000.00**	**40213.39**	**27900.00**	**5092.14**	**98635.53**	**301090.31**

3.8 Women and Children

Women and children are in the priority list of the country's development agenda. Towards fulfilling the Tenth Plan commitment of 'Empowering Women and Development of Children' co-coordinated efforts of both governmental and non-governmental organizations working in the field will have to continue during the remaining part of the Tenth Plan. To this effect, the three-fold strategy adopted in the Tenth Plan, viz. i) Social Empowerment, i.e. by promoting education amongst women especially amongst the girl children and providing health & nutrition services to them; ii) Economic Empowerment by facilitating women to take up employment and income generating activities; and iii) Gender Justice to eliminate all types of discrimination against women and girl children will be pursued intensively. While these Central development programmes will continue to be the mainstay for the welfare, development and empowerment of women and children, other innovative programmes which are specific to women and children, viz. welfare and support services; vocational training; employment-cum-income-generation programmes in different sectors ; and awareness generation and gender sensitization will continue to play a complementary and supplementary role.

The ZBB Exercise and the Schemes of the Department of Women and Child Development

2. During the Ninth Five Year Plan the Department of Women and Child Development had 46 on-going schemes comprising of 41 Central Sector (CS) and 5 Centrally Sponsored Scheme (CSS). The number of schemes was brought down to 26 (17 CS and 9 CSS) through the Zero Based Budgeting (ZBB) exercise. Subsequently, three CS and two CSS proposed for the Tenth Plan have been dropped and a new CS has been launched (in 2004-05). Thus, as on date, there are 22 Schemes (15 CS and 7 CSS) i.e., 10 for women and, 7 for children and 5 'Other Combined Schemes'.

Achievements during 2003-04 and Annual Plan 2004-05

3. During 2003-04 the Department of Women & Child Development was provided with an outlay of Rs. 2600 crore. The anticipated expenditure during the year, however, was Rs. 2150 crore indicating 83% utilisation. The Department has been provided with an outlay of Rs. 2400 crore during 2004-05. Under the State sector, women and child development forms part of `Social Security and Welfare'. The details of the State outlays/expenditure furnished in the Annexure of Chapter 6.3 of the document on `Other Special Groups' are inclusive of the women and child development sector. Scheme and year-wise details of outlays and expenditure and corresponding physical targets and achievements under the various schemes of the Department of Women and Child Development are furnished at Annexure 3.8.1(i) and Annexure 3.8.1(ii) respectively. The summary of the same, including outlay for 2004-05 is given in the Table below:

Table 1

Outlays and Expenditure under Women & Child Development Sector during Annual Plans 2002-03 & 2003-04 and Annual Plan 2004-05

(Rs. in Crores)

Sl No.	Schemes	Tenth Plan Outlay	2002-03 Actual	Annual Plans 2003-04		2004-05 B.E.
				B.E.	R.E.	
1	2	3	4	5	6	7
I	**Women & Child Development**					
i)	Central Sector Schemes	1148.11	106.06	162.00	106.88	185.50
ii)	Centrally-sponsored Schemes	12521.89	1975.39	2435.97	2041.15	2212.47
II	**Food and Nutrition Board**					
i)	Central Sector Schemes	10.00	1.55	2.00	1.97	2.00
ii)	Centrally-sponsored Schemes	100.00	--	0.03	--	0.03
	Grant Total	**13780.00**	**2083.00**	**2600.00**	**2150.00**	**2400.00**

4. The following paragraphs summarize the scheme-wise position of achievements as per the three-fold strategy of empowering women, during Annual Plan 2003-04 and proposals for the Annual Plan 2004-05.

EMPOWERMENT OF WOMEN

i) Social Empowerment

5. **Condensed Courses of Education:** The scheme is implemented by the Central Social Welfare Board (CSWB) through NGOs to enable women (15+age group) to pass matric/secondary/ middle and primary-level examinations, or for upgradation of skills of women to meet the demands of the changing environment. During 2003-04, a total of 392 courses were organized against the target of 400. In August, 2003, the CSWB organized a workshop in which implementing agencies, beneficiaries, experts in the field of education and State Boards participated actively. During 2004-05, necessary steps are being taken to strengthen the scheme to make it more useful to the target groups, on the basis of recommendations of the workshop. An added thrust is also being given to cover more areas, particularly in rural and semi-urban settings, to extend benefits under the scheme to the needy women. The scheme will have an outlay of Rs. 6 crore in the year 2004-05.

6. **Short-stay Homes:** this scheme is also implemented by the CSWB through NGOs in order to provide temporary shelter to women and girls facing social/moral danger and are rendered homeless. The scheme provides funds for suitable accommodation with basic amenities to the inmates, besides funds for services like counseling, legal aid, medical facilities, vocational training and rehabilitation of the inmates. A total of 32 Short Stay Homes were constructed against the target of 65 Homes during 2003-04. The expenditure was Rs. 14.35 crore against the outlay of Rs.15 crore during the year. The approved outlay for the scheme for 2004-05 is Rs. 15 crore. The target is to construct 412 homes.

7. **Information, Mass Media and Publication:** The scheme has a special significance in view of the need for awareness generation particularly for bringing about change in the mindset of people towards women, and balanced portrayal of women in the society besides, making the community aware of the existing constitutional and legal provisions to safeguard the interest of women and children and specific governmental efforts and schemes for the socio-economic empowerment of women and development of children. Expenditure incurred under the scheme was Rs. 3.5 crore against the outlay of Rs 5 crore during 2003-04. The year 2004-05 has been targeted for an effective multi-media publicity campaign with combined use of print and electronic media. The scheme accordingly has also been strengthened with an outlay of Rs. 12 crore during 2004-05. The CSWB also implements an Awareness Generation Project especially to make women aware of their rights and capacity building.

8. **Hostel for Working Women:** The scheme is in operation since 1972 for the construction/ expansion of hostel buildings with day-care centers for children to promote greater mobility of women in the employment market by providing safe and affordable accommodation for women working away from their homes. Under this scheme, financial assistance is extended to voluntary and other autonomous organizations to set up hostels for working women. A total of 876 hostels have been set-up in the country since the inception of the scheme. The gap between requirement and facilities for a safe residence remains to be bridged. Lack of suitable proposals for grants have been adversely affecting implementation of the scheme. Thus during 2003-04 utilisation fund under the scheme was Rs. 5.00 crore against an outlay of Rs. 10 crore. The funding norms of the scheme therefore are under revision to encourage NGO participation. An outlay of Rs. 10 crore has been provided for the scheme for the year 2004-05

ii) Economic Empowerment

9. **Swyamsidha:** Swyamsidha is a major on-going Centrally Sponsored Scheme (CSS) for the socio-economic empowerment of women through self-reliant women Self-Help Groups (SHGs). The scheme was launched in 2001 after recasting erstwhile the Indira Mahila Yojana (IMY). Mahila Samridhi Yojana (MSY) which aimed at encouraging thrift amongst women, has also been merged with Swyamsidha. The long-term objective of the Swayamsidha is to achieve all-round empowerment of women by ensuring them direct access to, and control over, resources through a sustained process of mobilization and convergence of all the on-going sectoral programmes. The scheme at present covers 650 blocks including 238 IMY blocks and promotes 53,100 Self-Help Groups benefiting 9.29 lakh women. An outlay of Rs. 20 crore was available under the scheme in 2003-04. The anticipated expenditure is Rs. 9 crore during 2003-04. There will be a change in the operational strategy of the scheme during 2004-05. The self-help groups will be formed according to their socio-economic status and felt needs, after which they will network with other groups. The target will be to extend the scheme to 400 additional blocks in 2004-05. Accordingly, an outlay of Rs.20 crore has been provided for the scheme for 2004-05.

10. **Swashakti:** Swashakti, i.e. Rural Women's Development and Empowerment Project, supported by the World Bank and the International Fund for Agricultural Development (IFAD) is another SHG-based Centrally Sponsored Scheme (CSS) for the socio-economic empowerment of women agriculturists and farmers and agricultural labourers. The scheme is being implemented through the State Women's Development Corporations and similar bodies in 57 districts of 9 States viz. Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh, Uttar Pradesh and Uttaranchal. The progress made under the scheme so far is satisfactory. Against the target of 16,000 SHGs covering 2.4 lakh women, a total of 17640 SHGs benefiting 3 lakh women have been formed under the scheme upto 2003-04. The outlay for the scheme for 2003-04 was Rs. 40 crore. The anticipated expenditure against this is Rs. 31 crore. During 2004-05, the strategy under the scheme will be to carry out the programmes for consolidating and strengthening the SHGs already formed by providing necessary support for enhancing bank linkages, networking, income generation activities, micro-enterprises development, community asset creation etc. The outlay for 2004-05 under the scheme for these activities has been kept at Rs. 25 crore.

11. **Rashtriya Mahila Kosh (RMK):** Established in 1993, RMK is a premier micro-credit agency of the country with its focus on women and their empowerment through provision of credit for livelihood and related activities. RMK extends micro-credit to poor women in a quasi-informal manner through the Intermediate Micro-credit Organisations (IMOs) like NGOs/VOs, Women's Development Corporations, Women Co-operatives, Local bodies etc. The RMK started with a corpus fund of Rs. 31 crore, but at present has a lendable corpus of Rs. 56.16 crore. The total sanctioned funds upto 2003-04 stand at Rs. 151.92 core benefiting about 5 lakh women. During 2004-05, steps will be taken to extend the activities of RMK by engaging NGO-partners as `Outreach Offices of RMK' and appointing `RMK Nodal Officer' in each office.

13. **Support to Training-cum-Employment Programme (STEP):** This is a Central Sector Scheme under implementation since 1986-87. The programmes taken up under the scheme consists of a series of action-oriented projects intended to enhance the productivity and income-generation of women in core traditional sectors in order to enhance and broaden their employment opportunities and entrepreneurial skills. The scheme is implemented through PSUs, DRDAs, Cooperatives and Voluntary Organisations. A total of 6 lakh women have been benefited so far through 143 projects under the scheme all over the country. Although, the target was to train 40,000 women workers in 2003-04, only 16,000 could be trained. Utilisation of funds was also less than 50 per cent at Rs. 11.50 crore as against the outlay of Rs. 25 crore during 2003-04. During 2004-05, the scheme is modified to expand the trades and thus improve its financial and physical performance. An outlay of Rs. 25 crore has been provided under the scheme for the year 2004-05.

14. **Setting up of Employment & Income Generation Training-cum-Production Centres for Women (Swawlamban):** The scheme was earlier known as NORAD after the name of the funding agency, i.e. Norwegian Agency for Development Cooperation (NORAD). The scheme - 'Swawlamban' is being implemented since 1982-83, with the objective of providing employment-linked training to women mainly in non-traditional sectors to facilitate them to obtain employment or self-employment on a sustained basis. A total of 71,000 women were provided training under the scheme against the target of 65,000 during 2003-04 with an expenditure of Rs. 20 crore against the outlay of Rs. 25 crore. The outlay under the scheme for 2004-05 has been kept at the same level, i.e. at Rs. 25 crore.

15. **Women in Difficult Circumstances *(Swadhar)*:** Started in 2001-02, *Swadhar* is a scheme to provide support services in terms of shelter, food, clothing and care to marginalized women and

girls like destitute, widows, left in religious places, women survivors of natural calamities, trafficked women, women victims of terrorist violence who do not have family support or are living in difficult circumstances. So far 35 projects have been sanctioned. Under the scheme, only Rs. 1 crore could be utilized against an outlay of Rs. 15 crore during 2003-04. Funds remain underutilized basically due to non-receipt of viable proposals from the NGOs. During 2004-05, therefore, a Multi Media Campaign is being targeted to provide adequate focus on the Swadhar scheme. An outlay of Rs. 3 crore has been provided for the scheme for the year 2004-05.

16. **Scheme on Rescue of Trafficked Women:** This is a new scheme launched in 2004-05 as per directives of the High Court in order to facilitate rescue of trafficked women with the involvement of non-governmental agencies. The scheme envisages participation of the Non-Governmental Sector especially in gathering information and rescue operation. The cost of transporting the trafficked victims to shelter homes, food, clothing, health, legal process and training of the inmates for self-employment/ rehabilitation till they are in the shelter home and eventual transportation of the victims back to their native places are met under the scheme. An amount of Rs.3.00 crore has been provided for the scheme in the Annual Plan 2004-05.

iii) Gender Justice

17. In pursuance of `Gender Justice' as one of the three strategies adopted, the Annual Plan 2004-05 reaffirms the major strategy of mainstreaming gender perspective in all sectoral policies and programmes and to work towards the ultimate goal of elimination of gender discrimination and creating enabling environment for gender justice and empowerment of women. The 'Women's Component Plan (WCP)' envisages that not less than 30% of funds/benefits are earmarked under various schemes of women related Ministries/Departments for women. The strategy of Gender Budgeting was introduced first time in 2000-01 and carried forward in the 10th Plan. The strategy involves post-facto dissecting/analysis of budget to ascertain flow of funds for the benefit of women.

18. **National Commission for Women (NCW):** The National Commission for Women (NCW), set up in 1992 as a statutory body, is in-charge of safeguarding the rights and interests of women and thus has also been working towards gender justice for women in the country. The major activities of the Commission include: investigation, examination and review of all matters relating to the safeguards provided to women under the Indian Constitution; review of implementation of women-specific and women related legislations and to suggest suitable amendments wherever needed; keeping surveillance and facilitating redressal of grievances of women etc. The Commission thus has been in the forefront of the national endeavour to improve the status of women in society and work for their overall empowerment. The outlay and expenditure of the Commission during 2003-04 was Rs. 4.50 crore. An outlay of Rs. 6.00 crore has been provided for the Commission during 2004-05.

19. **Central Social Welfare Board (CSWB):** Towards promoting voluntarism in the field of development of women and children, the CSWB under the aegis of the Department of Women and Child Development has been playing a pioneering role. Set up in August 1953, the Board completed its eventful five decades in August 2003, traversing a long and chequered journey of development of voluntary sector. The Board, at present is a premier organization that is working for the development of women and children through a vast network of voluntary agencies all over the country. The important schemes that the Board has been operating are - Short-stay Homes for Women and Girls, Condensed Courses of Education for Adult Women, Awareness Generation Projects, Family Counselling Centers etc.

DEVELOPMENT OF CHILDREN

20. Development of Children as an investment in the country's human resource development has been the thrust area of the Tenth Plan. To this end, the rights-based approach with the strategy of `survival, protections and development of children' has been adopted in the Tenth Plan. The year 2003-04 was significant for the children in view of approval of the 'National Charter for Children' pronouncing the roles and responsibilities of both Government and the community towards children. The nodal Department of Women and Child Development is also contemplating to set up a 'National Commission for Children'. Besides, formulation of a National Plan of Action for Children is in the process.

21. **Integrated Child Services (ICDS) scheme:** The nation-wide programme of Integrated Child Services (ICDS) Scheme (1975) continues to be the major intervention for the overall development of the young children especially the girl child and the mothers all over the country. The Tenth Plan recognizes that while the early childhood up to six years is critical for the development of children, the pre-natal to the first three years are the most crucial and vulnerable period in the life for achievement of full human development potential and cumulative lifelong learning. Under the ICDS, the strategy is to promote the overall development of young children (0-6 years), especially the girl child and expectant and nursing mothers all over the country through its holistic package of 6 basic services - health check-ups, immunization, referral services, supplementary nutrition, pre-school education and health and nutritional education through a single-window delivery system.

22. The Kishori Shakti Yojana (KSY) as a component of ICDS is under implementation since 2000 in selected blocks as special intervention for adolescent girls in the age group of 11-18 years. This intervention seeks to address the needs of adolescent girls for self-development in terms of nutrition and health status, literacy, numerical skills, vocational skills etc. At present the scheme is under implementation in 2000 blocks across the country at an annual cost of Rs. 1.10 lakh per block. Efforts will be made to extend KSY to remaining ICDS projects of the country by the end of Tenth Five year Plan. The KSY will be further strengthened by adding counselling facilities to its existing scope.

23. Currently, the services of ICDS are being provided through 5,267 blocks/projects (upto 2003-04) benefiting 415 lakh persons comprising 344 lakh children and about 71 lakh pregnant and lactating mothers through 6.49 lakh Anganwadi Centers. During Annual Plan 2003-04, an outlay of Rs.1675.97 crore was provided for ICDS (ICDS general) against which the anticipated expenditure is Rs.1538.14 crore amounting to 92% utilisation. ICDS is targeted to be operationalised in the remaining of the 5652 blocks of the country and to have functional Anganwadi in every settlement in conformity with the National Common Minimum Programme (NCMP). The NCMP is committed to universalisation of Integrated Child Development Services (ICDS) scheme to provide a functional anganwadi in every settlement and for full coverage of all children. An enhanced outlay of Rs.1837.44 crore has been provided under the scheme for the year 2004-05.

24. Out of 5267 ICDS projects in operation, 922 are **World Bank Assisted (ICDS)** Projects in ten States of Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Kerala, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh and Andhra Pradesh. During 2003-04, a sum of Rs.600 crore was available for these projects against which anticipated expenditure is Rs. 410 crore, indicating 68.33% expenditure. The World Bank-assisted projects were to discontinue after September, 2004. Therefore, a lower outlay of Rs. 270 crore was provided for these projects during 2004-05. The funds for these projects were to be met from the General ICDS. However, World Bank funding of

the projects has been extended by another nine months, i.e. up to 31.6.2005. The saving on account of this will facilitate extension of ICDS projects and Anganwadi Centers in conformity with the National Common Minimum Programme.

25. **ICDS Training Programme - UDISHA:** Training is the most crucial element in any scheme including ICDS. From the inception of the ICDS scheme, comprehensive training strategies are being formulated for the functionaries viz. Anganwadi Workers (AWWs), Anganwadis Helpers (AWHs), Supervisors, Assistant Child Development Project Officers (ACDPOs) and Child Development Project Officers (CDPOs). UDISHA, started in 1999, is a World Bank assisted training programme for the ICDS functionaries. The National Training Component is a part of the overall World Bank assisted Women and Child Development Project and has been renamed as UDISHA. The programme has three main components namely - i) Regular Training - where basic job training is provided to ICDS functionaries; ii) Other Training - wherein area specific innovative trainings are provided; and iii) Information, Education & Communication (IEC) activities. NIPCCD and State Governments/UTs are involved in the training programme of ICDS functionaries. During 2003-04, a total of 161530 ICDS functionaries were trained against the target of 467018. The total trained included 89661 Anganwadi Workers, 66917 Anganwadi Helpers, 574 CDPOs, 4,378 Supervisors. The outlay available under the scheme during 2003-04 was Rs.85 crore. The anticipated expenditure, however, is Rs.53 crore. An outlay of Rs.60 crore has been provided under the scheme for the year 2004-05. World Bank assistance for UDISHA was also scheduled to be discontinued after September 2004, but is being extended for a further period of nine months.

26. An important initiative taken under ICDS during 2003-04 was launching of Anganwadi Karyakartri Bima Yojana for the Anganwadi Workers and Helpers. The Anganwadi Karyakartri Bima Yojana are key field level functionaries of the scheme. They are, however paid only honorarium as incentive for their services. As an incentives to them, therefore, the nodal Department of Women and Child Development has launched this Bima Yojana with effect from 2003-04 under ICDS in order to provide subsidized insurance coverage to these key functionaries of the scheme. The Bima Yojana is expected to go a long way in sustaining and strengthening the interests of the field level functionaries in their works and thus ultimately improve the delivery of services under ICDS through them.

27. **Crèches and Day-care Centers for Children of Working and Ailing Mothers:** Started in 1975, the scheme is being implemented by the CSWB and two other national-level voluntary organizations namely Indian Council for Child Welfare(ICCW) and the Bhartiya Adimjati Sevak Sangh(BAJSS). The scheme aims at providing the critical requirement of daycare services to the children below 6 years of age and mothers belonging to weaker sections. The services provided to the children also include supplementary nutrition, immunization, medical facilities and recreation. Initially, the scheme started with 247 crèche units in 1975-76 covering 6,175 children and now supports 12,470 crèche units benefiting about 3.12 lakh children. The scheme had an outlay of Rs. 20 crore during 2003-04. But anticipated expenditure is only Rs. 8 crore. The shortfall in expenditure was due to delay in finalization of the revision of financial norms which is under process. The revision of financial norms is expected to be finalized during 2004-05. In view of this an enhanced outlay of Rs.30 crore has been provided under the scheme for the year 2005-05.

28. **National Institute of Public Cooperation & Child Development (NIPCCD):** The NIPCCD is the apex body for training of functionaries of ICDS scheme. The Institute organizes training programmes, seminars, workshops, conferences, conducts research and evaluation studies and provides documentation and information services in the field of public cooperation and child

development. It provides technical advice and consultancy to Government and voluntary agencies in promoting and implementing policies and programmes for child development and voluntary action. The Institute also collaborates with regional and international agencies, research institutions, universities and technical bodies in the areas of training and research for development of women and children. An outlay of Rs. 5.00 crore was provided to NIPCCD in the Annual Plan 2003-04 against which a sum of Rs.4.50 crore has been utilized during the year. The Institute could organize 72 training programmes against the target of 35 programmes during 2003-04 and provide training to 4,096 persons against the target of 875 during the year. The target for the Institute during 2004-05 is to organize 60 training programmes for about 1,500 trainees. An outlay of Rs. 6.00 crore has been made for the institute in the Annual Plan 2004-05.

29. **Balika Samridhi Yojana (BSY):** As a strategy to discourage gender discrimination and to ensure equality of preference for and to enhance the social status of girl child the scheme of Balika Samriddhi Yojana (BSY) was launched in 1997 with the objective of extending financial assistance/ post-delivery grants to Below Poverty Line (BPL) families when a girl-child is born followed by annual scholarships, text books-uniforms etc. when the child goes to school. On the basis of the ZBB exercise in the eve of Tenth Plan, BSY was identified to be transferred to States/UTs. During 2003-04, no fund could be utilized out of the outlay of Rs. 15 crore for the year, in anticipation of the transfer of the scheme to the States.

30. **National Nutrition Mission (NNM):** In pursuance of Prime Minister's announcement during his Independence Day address on 15th August, 2001, a National Nutrition Mission has been set up in July, 2003 under the Chairmanship of the Prime Minister with the concerned Union Ministers and six Chief Ministers of nutritional backward States and three Chief Ministers of States with good performance in nutrition related programmes, two Ministrers in charge of Nutrition/ Women and Child Development /Health departments from States having good peromance in nutrition related programmes (all Chief Ministers/ Ministers by rotation for a period of two years), Academicians, Technical Experts and NGOs, as its members among others. The Mission will be assisted by an Executive Committee under the Chairmanship of the Minister of State for Human Resources Development in-charge of the Department of Women & Child Development. The focus of the Mission would be to promote synergy between the various programmes and activities carried out by different Ministries/ Departments of the Government in the field of Nutrition in implementation of programmes in a holistic and integrated manner and advise on new programmes that may be necessary, besides ensuring full involvement of State in addressing the silent crisis of malnutrition. For the year 2004-05, a token provision of Rs.0.03 crore has been provided for the Mission.

31. Under the on-going Pradhan Mantri Gramodaya Yojana (PMGY), Additional Central Assistance (ACA) is provided to extend basic minimum services of primary health, primary education, rural shelter and nutrition, besides safe drinking water and rural electrification. Funds provided under nutrition component of PMGY are essentially as additionality for meeting expenses of enhanced nutrition requirement of children in the age group of 0-3 years. Keeping in view the incidence of widespread malnutrition amongst children, it has been decided that States and UTs must continue to earmark a minimum 15 per cent allocation of their ACA for the Nutrition component. Further, an additional 15 per cent of ACA has to be earmarked for the conversion cost of the mid-day meal under the Elementary Education component of PMGY. And this item of expenditure will have the first charge on the expenditure under Elementary Education. The thrust under PMGY is to eliminate discriminatory feeding practices towards Women and Girl Child which result in their malnutrition and its related deficiencies and diseases amongst women, mothers and children, which pose threat to their development potentials.

32. **Food and Nutrition Board (NNB) and Nutrition Education:** The Food & Nutrition Board has been functioning with the objective diversifying Indian diets for improving the nutritional status of the people. Its functions include - development and popularization of subsidiary and protective foods, nutrition education, extension and food management, conservation and efficient utilization of food resources and food preservation and processing.

33. **Externally-Aided Projects**

In addition to the Government funding, external aid is also received from the outside agencies to support certain women and child development projects. A summary of the externally aided projects in the Tenth Plan and in the Annual Plan 2002-03, 2003-04 and 2004-05 is given in the following Table - 2.

Table- 2

Outlays and Expenditure under Externally Aided Project (EAP) for Women and Child Development Sector during Tenth Plan and annual Plans 2002-03, 2003-04 and 2004-05

(Rs.in Crores)

Sl. No	Name of the Scheme	Tenth Plan		Annual Plan 2002-03 Actual		Annual Plan 2003-04 RE		Annual Plan 2004-05 BE	
		Total outlay	EAC*	Total outlay	EAC*	Total outlay	EAC*	Total outlay	EAC*
1	2	3	4	5	6	7	8	9	10
I	**Central Sector Schemes**								
i)	Swawlamban	150.00	25.00	24.50	5.00	20.00	0.00	25.00	0.00
ii)	CREME	0.01	--	--	--	--	--	--	--
iii)	CIDA assisted Programme	0.01	--	--	--	--	--	--	--
II	**Centrally Sponsored Schemes**								
i)	World Bank assisted ICDS Projects	1292.86	969.65	378.75	265.14	410.00	287.70	270.00	189.90
ii)	ICDS Training Programme- Udhisha	462.26	323.58	59.10	46.74	53.00	36.64	60.00	42.00
iii)	Swa-shakti	75.00	67.00	25.90	22.80	31.00	15.19	25.00	22.50
	Total	**1980.14**	**1385.23**	**488.25**	**339.68**	**515.00**	**339.53**	**380.00**	**253.50**

NB: *EAC - External Aid Component*

Centrally Sponsored Schemes

34. There are 7 Centrally Sponsored Schemes (CSS) fully funded under the Central Plan. These include- 1) Integrated Child Development Services (ICDS-General); ii)World Bank Assisted ICDS; iii) Training of ICDS Functionary-Udisha; iv) Integrated Women's Empowerment Programme-Swayamsidha; v) Rural Women's Development and Empowerment Project - Swashakti; vi) Balika Samridhi Yojana and vii) National Nutrition Mission (NNM), being implemented by the Department of Women and Child Development. While 6 schemes are continuing from Ninth Five Year Plan, one scheme i.e. National Nutrition Mission has been introduced from the Tenth Five Year Plan. As has been mentioned earlier the scheme of Balika Samridhi Yojana (BSY) was slated to be transferred to the States. No expenditure, therefore, was incurred under the scheme during 2003-04. The State-wise release of funds during 2003-04 under remaining 5 CSS has been shown in the Annexure-3.8.2.

Role of Voluntary Organisations

35. The voluntary organizations have been contributing prominently in the field of empowerment of women and development of children. Their role has been significant, particularly in respect of creating awareness and gender sensitization to change the mindset of people in favour of both women and girl child and also for combating violence/atrocities against the women and the girl child. Voluntary organizations have also been actively involved in participatory rural appraisal, formulating alternative models in the areas of credit, organizing women into SHGs, self-employment etc. The voluntary organisations will, therefore, be encouraged to act as catalytic agents in the process of 'Empowerment of Women and Development of Children' in the year 2004-05 as well.

36. As has been mentioned earlier, universalisation of Integrated Child Development Services (ICDS) scheme to provide a functional anganwadi in every settlement and full coverage of all children is an important commitment of the NCMP. The Department of Women & Child Development is working on the modus operandi in this context. Another item i.e. expansion of micro-finance schemes based on self-help groups, particularly in backward and fragile areas is assigned to NABARD and SIDBI as indicated in the Budget Speech, 2004-05 of the Finance Minister. However, the on-going schemes of the Department viz. Swayamsidha, Swa-Shakti and Rashtriya Mahila Kosh (RMK) also conform to the requirement of the NCMP towards promotion of micro-finance activities on Self-Help Group (SHG) basis.

Annexure 3.8.1 (i)

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
Department of Women and Child Development
Sceme-wise Outlay and Expenditure During the Tenth Five Year Plan (2002-2007)

Sl. No.	Name of the Scheme	Tenth Plan (2002-07)	Annual Plans				
			(2002-03)		(2002-04)		(2004-05)
		Outlay	B.E	Actual	B.E	R.E	B.E
1	2	3	4	5	6	7	8
I.	**CENTRAL SCEMES**						
A.	**Welfare & Developments of Children**						
1.	Creches/Day Care Centres for children of Working/Ailing Mothers	60.00	12.00	8.00	20.00	8.00	30.00
2.	National Institute of Public Co-operation & Child Development (NIPCCD)	40.00	6.00	2.00	5.00	4.50	6.00
3.	National Commission for Children	7.00	0.20	-	1.00	0.10	1.50
	Total A	**107.00**	**18.20**	**10.00**	**26.00**	**12.60**	**37.50**
B.	**Welfare & Development of Women**						
4.	Hostels for Working Women	85.00	15.00	6.00	10.00	5.00	10.00
5.	Training cum Production Centres for Women (NORAD)	150.00	25.00	24.50	25.00	20.00	25.00
6.	Support to Training cum Employment Programme (STEP)	150.00	25.00	21.12	25.00	11.50	25.00
7.	National Commission for Women	32.00	6.00	3.70	4.50	4.20	6.00
8.	National Credit Fund for Women (RMK)	148.00	1.00	0.00	1.00	0.00	1.00
9.	Distance Education	1.10	0.55	0.55	0.00		
10.	Scheme for Women in difficult circumstances (Swadhar)	100.00	15.00	4.04	15.00	1.00	3.00
11.	GIA to Central Social Welfare Board	280.00	37.30	32.72	47.00	47.61	56.00
	i) General Grant-in-Aid	170.00	16.00	16.00	23.00	24.26	30.00
	ii) Condensed Courses	13.10	2.00	2.00	4.00	4.00	6.00
	iii) Awareness Projects	21.90	4.30	4.30	5.00	5.00	5.00

Annexure 3.8.1 (i)

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
Department of Women and Child Development
Sceme-wise Outlay and Expenditure During the Tenth Five Year Plan (2002-2007)

Sl. No.	Name of the Scheme	Tenth Plan (2002-07)	Annual Plans				
			(2002-03)		(2002-04)		(2004-05)
		Outlay	B.E	Actual	B.E	R.E	B.E
1	2	3	4	5	6	7	8
	iv) Short Stay Homes)	75.00	15.00	10.42	15.00	14.35	15.00
	Total B	**946.10**	**124.85**	**92.63**	**127.50**	**89.31**	**126.00**
C.	**Grant-in-Aid and Other Schemes**						
12.	Other Grant-in-Aid	32.50	6.50	1.35	3.00	1.25	2.00
	i) Research & Monitoring	25.00	5.00	0.86	1.50	0.70	1.00
	ii) Innovative Work on Women & Child)	7.50	1.50	0.49	1.50	0.55	1.00
13.	Information and Mass Media	35.00	6.00	1.66	5.00	3.50	12.00
14.	Information Technology	2.50	0.50	0.42	0.50	0.22	5.00
	Total C	**70.00**	**13.00**	**3.43**	**8.50**	**4.97**	**19.00**
D.	**Food & Nutrition Board**						
15.	Implementation of National Nutrition Policy and Nutrition Education	10.00	2.00	1.55	2.00	1.97	2.00
	Total D	**10.00**	**2.00**	**1.55**	**2.00**	**1.97**	**2.00**
	Total I (A+B+C+D)	**1133.10**	**158.05**	**107.61**	**164.00**	**108.85**	**184.50**
II.	**CENTRALLY SPONSORED SCHEMES**						
A.	**Welfare & Development of Children**						
16	Integrated Child Development Services (ICDS)	10391.75	1635.44	1504.78	1675.97	1538.14	1837.44
17.	World Bank Assisted ICDS Projects	1292.86	288.48	378.75	600.00	410.00	270.00
18.	Training of ICDS Functionaries	462.26	72.00	59.10	85.00	53.00	60.00
19.	Balika Samriddhi Yojana (To be transferred to States-awaiting NDC's approval)	100.00	-	-	15.00	0.01	0.03
	Total A	**12246.87**	**1995.92**	**1942.63**	**2375.97**	**2001.15**	**2167.47**

Annexure 3.8.1 (i)

MINISTRY OF HUMAN RESOURCE DEVELOPMENT
Department of Women and Child Development
Sceme-wise Outlay and Expenditure During the Tenth Five Year Plan (2002-2007)

Sl. No.	Name of the Scheme	Tenth Plan (2002-07)	Annual Plans				
			(2002-03)		(2002-04)		(2004-05)
		Outlay	B.E	Actual	B.E	R.E	B.E
1	2	3	4	5	6	7	8
B.	**Welfare & Development of Women**						
20.	Integrated Women's Empowerment Programme (Swayamsidha)	200.00	20.00	6.86	20.00	9.00	20.00
21.	Rural Women's Development and Empowerment Project (Swashakti)	75.00	25.00	25.90	40.00	31.00	25.00
	Total B	**275.00**	**45.00**	**32.76**	**60.00**	**40.00**	**45.00**
	Total II (A+B)	**12521.87**	**2040.92**	**1975.39**	**2435.97**	**2041.15**	**2212.47**
III.	**NEW SCHEMES**						
A	**CENTRAL SCHEMES**						
22.	CRÈME	0.01	0.01		- -- Scheme Droped --		
23.	National Resource Centre for Women	25.00	0.01	-	-	-	-
24	Scheme on Rescue of Trafficked Women	-	-	-	-	-	3.00
	Total - A	**25.01**	**0.02**	**0.00**	**0.00**	**0.00**	**3.00**
B.	**CENTRALLY SPONSORED SCHEMES**						
24	National Nutrition Mission	100.00	1.00	-	0.03	0.00	0.03
25.	CIDA Assisted Programme for Himachal Pradesh	0.01	0.01		0.00		
26.	ICDS IV	0.01	-	-	-	-	-
	Total - B.	**100.02**	**1.01**	**0.00**	**0.03**	**0.00**	**0.03**
	Total III (A+B)	**125.03**	**1.03**	**0.00**	**0.03**	**0.00**	**3.03**
	Grand Total (I + II + III)	**13780.00**	**2200.00**	**2083.00**	**2600.00**	**2150.00**	**2400.00**

ANNEXURE - 3.8.1(ii)

PLAN TARGETS AND ACHIEVEMENTS OF DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

Sl. No.	Name of the Scheme	Units	Annual Plans			
			2002-03		2003-04	
			Targets	Ach.	Targets	Ach.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
I.	**CENTRAL SCHEMES**					
A.	**Welfare & Development of Children**					
1.	Creches/Day Care Centres for children	No. of Creches	14600	12470	12470	12470
	of Working/Ailing Mothers	Benef. (in lakhs)	3.65	3.11	3.11	3.11
2.	National Institute of Public Co-operation	No.of Train.Prog.	45	71	60	95
	& Child Development (NIPCCD)	No.of Res.Study	15	N.A.	15	10
3.	National Commission for Children		**—NON QUANTIFIABLE—**			
B.	**Welfare & Development of Women**					
4.	Hostels for Working Women	No of Addi.Hostels	40	9	30	13
	No of women Benef.		4000	741	3000	1188
5.	Training cum Production	No. of Women				
	Centres for Women (NORAD)	Benef. (in '000)	65	21	65	71
6.	Support to Training cum	No. of Women				
	Employment Programme (STEP)	Benef. (in '000)	35	25	40	16
7.	National Commission for Women		**—NON QUANTIFIABLE—**			
8.	National Credit Fund for Women (RMK)	— Money is for expension of corpus —				
9.	Distance Education		**—NON QUANTIFIABLE—**			
10.	Scheme for Women in difficult					
	circumstances (Swadhar)	No. of Centers	35	35	35	11
11.	Grant-in-aid to Central Social Welfare Board		**—NON QUANTIFIABLE—**			
	(i General Grant-in-Aid		**—NON QUANTIFIABLE—**			
	(ii Condensed Courses	No. of courses	400	89	400	392
	iii Awareness Projects	No. of camps	Not fixed	5000	5000	6602
	iv Short Stay Homes)	No. of new SSH	65	65	65	32
C.	**<u>Grant-in-Aid and Other Schemes</u>**					
12.	Other Grant-in-Aid					
	i) Research & Monitoring	No. of new studies	30	8	30	22
	No. of seminer		40	4	10	3
	Support to res. orgn		10	11	10	-
	ii) Innovative Work on Women & Child)	No. of orgn.	30	11	30	7
13.	Information and Mass Media	Vedeo Films/Sports	15	1	17	-
	Radio prog.		52	14	-	104
	Radion NER		52	22	-	-
	Telicast of TV Serial		-	24	-	-
14.	Information Technology		**—NON QUANTIFIABLE—**			

ANNEXURE - 3.8.1(ii)

PLAN TARGETS AND ACHIEVEMENTS OF DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT

Sl. No.	Name of the Scheme	Units	Annual Plans			
			2002-03		2003-04	
			Targets	Ach.	Targets	Ach.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
D.	**Food & Nutrition Board**					
15.	Implementation of National Nutrition Policy and Nutrition Education		—NON QUANTIFIABLE—			
II.	**CENTRALLY SPONSORED SCHEMES**					
A.	**Welfare & Development of Children**					
16	Integrated Child Development Services (ICDS)		—NON QUANTIFIABLE—			
17.	World Bank Assisted ICDS Projects	No. of new project	187	186	922	922
18.	Training of ICDS Functionaries	**1.** CDPO Training				
		a.Job Training courses	325	104	780	373
		b. Ref Training	400	39	1506	129
		II. Superviser Training				
		a.Job Training courses	2025	985	5940	1891
		b. Ref Training	2700	565	6132	1705
		III.AWW Training in ('000)	97	44	115	83
19.	Balika Samriddhi Yojana (To be transferred to States - awaiting NDC's approval)	No. of Benef.	-	-	30000	-
B.	**Welfare & Development of Women**					
20.	Integrated Women's Empowerment Programme (Swayamsidha)	No. of Blocks	650	574	650	650
21.	Rural Women's Development and Empowerment Project (Swa-shakti)	No. of new SHGs to be formed	650	650	17640	17640
	Mahila Samriddhi Yojana Women Empowerment Year-2001					
III.	**NEW SCHEMES**					
A.	**CENTRAL SCHEMES**					
22.	CRÈME		—NON QUANTIFIABLE—			
23.	National Resource Centre for Women		— TO BE SETUP —			
B.	**CENTRALLY SPONSORED SCHEMES**					
24	National Nutrition Mission		—NON QUANTIFIABLE—			
25.	CIDA Assisted Programme for Himachal Pradesh		—NON QUANTIFIABLE—			
26.	ICDS IV					

ANNEXURE - 3.8.2

STATEMENT SHOWING RELEASE OF CENTRAL SHARE UNDER THE CENTRALLY SPONSORED SCHEMES IN 2003-04

(Rs. in Lakhs)

Sl. No.	Name of State/ Union Territories	Central Share released in 2003-04 under the Centrally Sponsored Schemes of				
		ICDS (General)	World Bank assisted ICDS Project	Udisha ICDS Training Programme	Swyam-siddha	Swashakti
1	2	3	4	5	6	7
	STATES					
1	Andhra Pradesh	8364.10	1745.00	1026.78	--	--
2	Arunachal Pradesh	1552.73	--	--	--	--
3	Assam	4388.19	--	101.26	--	--
4	Bihar	1754.59	3600.00	--	--	75.00
5	Chhattisgarh	3157.19	3300.00	124.00	39.00	50.00
6	Goa	418.72	--	1.98	--	--
7	Gujarat	9112.10	600.00	182.44	--	250.00
8	Haryana	4019.04	343.00	83.84	69.00	20.00
9	Himachal Pradesh	1588.66	--	15.00	3.63	--
10	Jammu & Kashmir	2074.09	300.00	41.79	--	--
11	Jharkhand	1881.25	1200.00	--	51.01	75.00
12	Karnataka	10622.14	500.00	219.73	99.06	500.00
13	Kerala	5527.08	4000.00	58.42	33.89	--
14	Madhya Pradesh	7457.79	7900.00	644.98	--	400.00
15	Maharashtra	13824.43	5200.00	574.44	81.00	--
16	Manipur	1413.99	--	39.56	12.39	--
17	Meghalaya	876.52	--	5.00	6.00	--
18	Mizoram	832.80	--	19.83	5.00	--
19	Nagaland	1486.21	--	23.07	11.41	--
20	Orissa	10387.11	1000.00	136.70	50.00	--
21	Punjab	4432.80	468.00	41.41	--	--
22	Rajasthan	8042.75	3200.00	484.90	--	--
23	Sikkim	173.69	--	0.00	8.00	--
24	Tamil Nadu	8453.73	2000.00	401.54	70.00	--
25	Tripura	1797.81	--	25.01	9.00	--
26	Uttar Pradesh	14303.96	4500.00	291.27	122.44	50.00
27	Uttaranchal	1282.83	500.00	80.00	--	145.00
28	West Bengal	14820.34	737.00	316.35	76.98	--
	TOTAL (States)	**144046.64**	**41093.00**	**4939.30**	**747.81**	**1565.00**

ANNEXURE - 3.8.2

STATEMENT SHOWING RELEASE OF CENTRAL SHARE UNDER THE CENTRALLY SPONSORED SCHEMES IN 2003-04

(Rs. in Lakhs)

Sl. No.	Name of State/ Union Territories	Central Share released in 2003-04 under the Centrally Sponsored Schemes of				
		ICDS (General)	World Bank assisted ICDS Project	Udisha ICDS Training Programme	Swyam-siddha	Swashakti
1	2	3	4	5	6	7
	UNION TERRITORIES					
1	A & N Islands	189.70	--	3.48	--	--
2	Chandigarh	140.11	--	2.43	--	--
3	Dadra & Nagar Haveli	48.50	--	0.00	--	--
4	Daman & Diu	41.41	--	0.00	--	--
5	Delhi	1159.21	--	13.21	5.68	--
6	Lakshadweep	38.58	--	1.06	--	--
7	Pondicherry	203.36	--	2.18	--	--
	TOTAL (UTs)	**1820.87**	**0.00**	**22.36**	**5.68**	**0.00**
	GRAND TOTAL	**145867.51**	**41093.00**	**4961.66**	**753.49**	**1565.00**

Source :- State Plan Division

* Not yet Finalised

3.9 Art & Culture

Annual Plan 2004-05

The Ministry of Culture deals with both the tangible and intangible heritage of India. However, on a large scale, it is also addresses issues relating to national identity in conjunction with several other Ministries/ Departments such as Tourism, Education, Textiles and External Affairs. Ministry of Culture is responsible for promoting art and cultural mutual understanding and goodwill and for fostering close relations with foreign countries. The Ministry is also responsible for preservation of ancient and historic monuments and records, exploration and excavation of archaeological sites and remains, maintenance and expansion of libraries and museum of national importance.

2. The Plan programmes of the Ministry of Culture relating to the promotion, preservation and conservation of cultural heritage of the country are implemented through a network of 2 attached offices, 6 sub-ordinate office and 26 autonomous bodies. Ministry of Culture, directly operates 16 schemes for promotion and dissemination of art and culture. The entire activities of the Ministry have been organized under 11 broad heads; including promotion and dissemination, archaeology, museums, archives, anthropology, performing arts, libraries, Buddhist and Tibetan Institutes, IGNCA and activities of North-Eastern Region/ Other expenditure.

Review of Annual Plan 2003-04

3. An amount of Rs.250 crore is provided to the Ministry of Culture by the Planning Commission for the Annual Plan 2003-04. Out of which, an amount of Rs.250.31 crore spent during the year. There are no quantifiable physical targets and achievements indicated under all the central sector scheme. Ministry implements only one Centrally sponsored schemes i.e. Multi-Purpose Cultural Complexes.

4. Besides continuing its on going programme of promotion and preservation of various art and culture forms, cultural heritage, strengthening of inter- governmental network and introducing management oriented approach in administration of cultural institutions, emphasis have been given for computerization of records of the National Archives of India during the current financial year.

5. Major ongoing excavation projects in sub-sector archaeology are those at Dholavira (Kachchh, Gujarat), Dhalewa (Punjab), Sravasti (UP), Kanaganahalli Sannati (Karnataka), Hathab (Saurashtra, Gujarat), Udaigiri (Orissa), Boxanager (Tripura), Karenghar (Sibsgar, Assam), Arikamedu (Pondicherry), Dum Dum (Kolkata) and Bellie Guard (Lucknow). Initiatives taken under the ASI include protection of 3643 monuments as of date, which include identification of 22 monuments in 2003-'04 of which 20 are notified for protection. Of these 3643 centrally protected monuments, 16 are included in the World Heritage List. In all, 760 monuments were taken up for conservation, structural repair and chemical preservation, viz. Rebirth of Red Fort, Ajanta, Ellora, Dholavira, Saraswati Heritage Project, underwater archaeology, and restoration work in progress at the Ta-Prohm temple in Combodia.

6. In sub-sector museum, the scheme of financial assistance for strengthening of regional and local museums has also been revised widening its scope for assisting smaller museums. Museums have been directed to emphasize more on digitalization and documentation of work of art as a part of their plan activities. Simultaneously, work on eight new museums (which were started in the closing years of the Ninth Plan period) picked up during the period under review and

would be completed soon. These include the Cooch Behar Palace and Tamluk Museum in West Bengal, Sheik Chilli's Museum at Thaneswar in UP, one in Haryana and three new museums at Hampi.

7. The pace of modernization of preservation facilities relating to repairing and rehabilitation of records in sub-sector Archives & Records picked up substantially during the period under review. Augmentation of facilities to speed up the preparation of microfilms to facilitate easy accessibility of records housed in the NAI is being carried in right earnest. Besides, support for the preservation of the documentary heritage is continuing through financial schemes being operated by NAI. It is also proposed to develop the Conservation Research Laboratory, Lucknow equipped with various modern paper- testing equipment.

8. In the library sub-sector, retro-conversion of existing records in electronic formats was taken up in the National Library, the Central Secretariat Library and the Delhi Public Library. Similar efforts are being extended to the public libraries through the Raja Ram Mohan Roy Library Foundation. Conservation laboratories in the National Library and in the Oriental libraries, viz. Rampur Raza Library (Kolkata) and Khuda Baksh Oriental Public Library (Patna) have been upgraded. Also, the National Library (Kolkata) celebrated its centenary year and the long-pending Bhasha Bhavan (Kolkata) building project was completed during the period under review. The process of construction of new buildings and extensive renovations was begun at the Khuda Baksh Oriental Public Library, the State-Central Library, Mumbai, Thanjavur, Maharaja Serofji Sarasvati Mahal Library and Connemara Public Library Chennai.

9. During the period under review, the seven Zonal Cultural Centres (ZCCs) in the country continued to organize cultural programmes aimed at strengthening the cultural movement across India's States and UTs covering both rural and urban areas. Besides, they also continued to work for preservation, promotion and protection of tribal and folk art forms in association with the State Departments and Non-Government Organisations through the scheme of National Cultural Exchange Programme. Setting up documentation centres, which aim at protecting the vanishing and dying art forms and establishing shilpagrams for providing promotional and marketing facilities to artisans and craftsmen, are some significant activities of ZCCs during the period.

10. The Central Institute of Higher Tibetan Studies, Sarnath, and the Central Institute of Buddhist Studies, Leh, which strive for promotion of Buddhist and Tibetan studies, continued to receive financial assistance during the period.

Annexure-3.9.1

PERFORMANCE OF THE M/O CULTURE DURING ANNUAL PLAN 2004-2005 (Rs. in Crore)

Sl. No.	Name of Scheme	10th Plan Allocation (02-07)	AP(2002-03) Expdr.	AP(2003-04) Expdr.	AP(2004-05) Allocation/ Expdr.
a	b	c	d	e	f
I	Modernization & Computerization	4.39	0.77	0.76	2.75
II (A)	Promotion & Dissemination (Orgs./Grants/ Academies/Trg.)	362.43	52.98	64.85	90.96
III	Archaeology	284.83	61.42	46.42	70.00
IV	Archives & Records	74.11	8.18	8.23	35.08
V	Museums	304.13	43.59	47.08	68.51
VI	Anthropology & Enthnology	40.02	6.04	5.91	6.85
VIII	IGNCA	90.00	0.00	0.10	0.40
IX	Institutions of Buddhist & Tibetan Studies	45.70	8.83	6.54	9.90
X	Other Expenditure (Memorials)	49.35	8.50	8.52	10.90
XI	Activities for North-East Region	154.00	21.21	22.50	35.45
XII	Building Projects of the attached/subordinate offices of the Dept. of Culture	180.00	27.00	21.13	45.50
	Grand Total	**1720.00**	**254.06**	**250.31**	**400.00**

11. The Planning Commission continued to support the involvement of private sector (including travel) agencies through the Scheme of National Cultural Fund for management of monument and tourism sites. Similarly, the Science City Project at Jallandhar and at other places such as Lucknow continued under the expert guidance of NCSM.