

**NINETEENTH REPORT**  
**PUBLIC ACCOUNTS COMMITTEE**  
**(1985-86)**

(EIGHTH LOK SABHA)

**NATIONAL MALARIA ERADICATION PROGRAMME**

**MINISTRY OF HEALTH AND FAMILY WELFARE**

**[Action taken on 161st Report (Seventh Lok Sabha)]**



*Presented in Lok Sabha on 4 December, 1985*

*Laid in Rajya Sabha on 4 December, 1985*

**LOK SABHA SECRETARIAT**  
**NEW DELHI**

*November, 1985/Kartika, 1907 (Saka)*

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**PUBLIC ACCOUNTS COMMITTEE**  
**(1985-86)**

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## INTRODUCTION

1. The Chairman of the Public Accounts Committee, as authorised by the Committee, do present on their behalf this Nineteenth Report on action taken by Government on the recommendations of the Public Accounts Committee contained in their Hundred and Sixty-first Report (Seventh Lok Sabha) on National Malaria Eradication Programme.

2. In their 161st Report the Committee had observed that the National Malaria Eradication Programme which was implemented as a Centrally Sponsored Health Scheme (Category I) with cent-per-cent Central Assistance during 1969 to 1979 had suffered a set back due to conversion of the scheme into a Centrally Sponsored (Category II) to be implemented on 50:50 cost sharing basis between the Centre and the States as per the decision taken by the National Development Council. Inability of some of the States to provide matching funds to finance the Scheme resulted in non-utilization of even the Central share. In view of this, the Committee had recommended that financing of the scheme should be on the earlier basis when the Central Government defrayed the entire cost of the Programme. In their Action Taken reply, the Ministry of Health and Family Welfare have stated that converting the Scheme on 100 per-cent Central Assistance basis would need the approval of the National Development Council. In this Report, the Committee have recommended that Government should upgrade the Scheme as Category I Scheme in anticipation of the approval of the National Development Council if the same has not yet been considered by the Council.

3. The Committee had also pointed out in the earlier Report that there was a short fall in spraying in and around detected malaria cases to the extent of 91 to 98 percent during 1977 to 1980, despite the claim that supply of insecticides was adequate and stocks were even carried-over by the States from year to year. In their Action Taken Note the Ministry have reiterated their view that adequate quantities of appropriate type of insecticides were made available by the Central Government to the States. In view of adequacy of insecticides the Committee have in this Report desired that Government should take effective steps to ensure that their directives are spelt out realistically for implementation at the field level and are carried out faithfully and efficiently.

(vi)

4. In regard to excess consumption of anti-malarial drugs valuing at Rs. 111.55 lakhs during the years 1976 to 1980 by some States noted by the Committee in their earlier Report, the Committee have observed that Government have not taken adequate precautions to ensure that anti-malarial drugs in excess of their requirements are not administered and have desired that the Ministry should examine this matter thoroughly to ensure that the use of anti-malarial drugs is not resorted to on a mass scale without blood slide examination. Further, the accounting system was faulty and needed to be improved immediately.

5. In this Report the Committee have also recommended that the Ministry should take steps for removal of the weakness of the institutional framework of the Programme at field level which was mainly responsible for the shortfall in achieving the target set for spray operations so as to ensure that the programme functions efficiently.

6. The Committee considered and adopted this Report at their sitting held on 21 November, 1985. Minutes of the sitting form Part II of the Report.

7. For reference facility and convenience, the recommendations and observations of the Committee have been printed in thick type in the body of Report and have also been reproduced in a consolidated form in the Appendix to the Report.

8. The Committee place on record their appreciation of the assistance rendered to them in this matter by the Office of the Comptroller and Auditor General of India.

NEW DELHI;  
November 29, 1985  
Agrahayana 8, 1907 (S)

E. AYYAPU REDDY,  
Chairman,  
Public Accounts Committee.

## CHAPTER I

### REPORT

This Report of the Committee deals with action taken by Government on the Committee's recommendations/observations contained in their Hundred and Sixty-first Report (Seventh Lok Sabha) on paragraph 7 of the Advance Report of the Comptroller and Auditor General of India for the year 1980-81, Union Government (Civil) on National Malaria Eradication Programme relating to Ministry of Health and Family Welfare.

2. The Committee's 161st Report was presented to the Lok Sabha on 26 August, 1983 and contained 27 recommendations. Action Taken Notes have been received in respect of all the recommendations/observations. The Action Taken Notes received from the Government have been broadly categorised as follows :—

(i) Recommendations and observations that have been accepted by Government :

Sl. Nos. 1, 5, 6, 12, 14, 15, 23, 25, 27.

(ii) Recommendations and observations which the Committee do not desire to pursue in the light of the replies received from the Government :

Sl. Nos. 2-3, 7-8, 16-18, 24, 26.

(iii) Recommendations and observations replies to which have not been accepted by the Committee and which require reiteration :

Sl. Nos. 4, 9, 10, 11, 13, 19, 22.

(iv) Recommendations and observations in respect of which Government have furnished interim replies :

Sl. Nos. 20, 21.

3. The Committee will now deal with the action taken by Government on some of their recommendations/observations.

*Financing of National Malaria Eradication Programme*  
(S. No. 4, Para 1.24)

4. Recommending 100 per cent financing by the Central Government of National Malaria Eradication Programme, the Committee in paragraph 1.24 had made the following recommendation :

“The National Malaria Eradication Programme was implemented as a Centrally sponsored Health scheme with cent per-cent Central assistance from 1969 till 1979. Subsequently, in pursuance of the decision taken by the National Development Council, the cost of the scheme was equally shared between the Central and State Governments. However, on the basis of subsequent experience, the Ministry have found that this decision has adversely affected the programme because while adequate allocations covering 50 per cent share of expenditure from the Central Government have been made, some of the State Governments have not been able to provide matching funds to finance the scheme with the result that even the Central share has not been utilised. The Committee note the Ministry's view that for effective NMEP implementation, prime need is to cover the programme into a category I-100 per cent centrally assisted programme, the Committee recommend that the financing aspect of the entire programme should be on the earlier basis when the Central Government took upon itself the responsibility to defray the entire cost of the programme. It should be so, especially in view of the fact that Malaria Eradication Programme is basically a national health problem involving crores of people mainly coming from the weaker sections of our population.”

5. In their Action Taken note, the Ministry of Health have stated :

“The National Malaria Eradication Programme which was being implemented as a Centrally Sponsored Scheme on 100% Central Assistance basis w.e.f 4th Five Year Plan, was converted into a Centrally Sponsored (Category II) Scheme to be implemented on 50:50 sharing basis between the Centre and the States, as per the decision of the National Development Council 1979-80. However, it has been observed that whereas the Central Government has been providing the



funds corresponding to their share of expenditure on N.M E.P., the State Governments have not been able to make matching provision in their budgets. In view of this the question of reconverting the scheme as a Centrally Sponsored Scheme on 100% Central Assistance basis was taken up with the Planning Commission who have indicated that this needs the approval of the National Developmental Council.

In view of this, action will be taken for having the matter placed before the National Development Council for their favourable consideration at appropriate time."

6. The Committee desired to know if the matter had been placed before the National Development Council and if so, whether the scheme is being implemented on that basis from the 1st year the VII Five Year Plan. The Ministry of Health and Family Welfare have in a note furnished in October, 1985 stated that :

"The Proposal for conversion of NMEP into a Category I, Centrally Sponsored Scheme on 100% Central assistance has already been taken up with the Planning Commission for consideration by the National Development Council. The response of NDC is awaited."

7. The Committee note that the National Malaria Eradication Programme a Centrally Sponsored Category I Scheme with 100 per cent Central Assistance was converted into a Category II Centrally Sponsored Scheme to be implemented on 50 : 50 Cost-sharing basis between the Centre and the States consequent to the decision of the National Development Council in 1979-80. Since implementation of the Scheme, which was basically a National Health Scheme involving millions of people coming mainly from the weaker sections, had been adversely affected due to this decision, the Committee had recommended in their earlier Report that the Scheme should again be upgraded to Category I Centrally Sponsored Scheme. The matter is again stated to have been taken up with the Planning Commission for consideration of the National Development Council. The Committee understand that a meeting of the National Development Council has taken place recently. The Committee presume that the matter would have been placed before the National Development Council and a decision taken. If a decision in the matter is still pending, the Committee recommend that Government should upgrade the Scheme as Category I Scheme in

anticipation of the approval of the National Development Council to this effect.

*Use of sub-standard insecticides—(S. Nos. 9 and  
10 paras 1.47 and 1.48)*

8. Commenting on the use of sub-standard insecticides and lack of facilities to test-check the quality in Malaria control operations the Committee in paragraphs 1.47 and 1.48 had made the following observations :

“The success and effectiveness of Malaria Eradication Programme primarily depend upon the quality of insecticides used. Distressingly, the C & AG’s Report under examination has brought out a number of cases of the use of substandard insecticides valued at more than Rs. 53 lakhs. Earlier the C & AG’s Advance Report (1979-80) had also brought out various cases of the use of sub-standard insecticides worth Rs. 535 lakhs. In a few cases residual insecticides were replaced by the suppliers, while in a majority of cases sub-standard insecticides had been used. The fact that even a test check in audit could bring to light so many cases reveals that the supply and use of sub-standard insecticides are fairly wide-spread.

The Committee’s examination of the cases relating to Uttar Pradesh and Madhya Pradesh revealed that besides inadequacy of independent testing facilities under Government, there has been lack of quality control and technical facilities to ensure acceptance and use of quality insecticides. It is a pity that such inadequacies should persist even after twenty years of the start of the programme. The Committee desire that the Ministry should go into these deficiencies carefully with a view to taking remedial measures. The Committee note in this connection that the Ministry of Health and Family Welfare has mooted a proposal to set up nine Insecticides Testing Laboratories in different States.”

9. In their Action Taken reply, the Ministry of Health have stated :

“With regard to the observations of the Committee it may be mentioned that the Government have sanctioned nine Insecticides

Testing Laboratories in the States, including Uttar Pradesh and Madhya Pradesh, for exercising strict quality control on the supply of insecticides. The State Governments concerned have been impressed upon to establish these laboratories immediately. A copy of the letter addressed by the Ministry of Health to different States is enclosed at Annexure B & B 1.\* These nine laboratories are being set up, to start with, in assisting the States in timely procurement of standard material and timely testing of the carried forward stocks of insecticides before spray, so that only standard material is used in the Programme. These laboratories will also assist the States in taking timely steps for joint inspection and testing for protecting the legal aspect if the supplies are found sub-standard during the period of warranty and guarantee.

Besides, the cases against the firms are still under arbitration. Further action in this regard will be possible only after the decision of the arbitration is known."

10. In a further note furnished at the instance of the Committee in October, 1985 the Ministry of Health and Family Welfare have stated as under :

"According to the information furnished by the State Health authorities, necessary sanctions for creation of required posts and establishments of Insecticides Testing Laboratories has been issued by the State Governments of Maharashtra and Uttar Pradesh. The remaining States viz. Madhya Pradesh, Karnataka, Rajasthan, Gujarat, Orissa, Punjab and Haryana are taking necessary action in the matter. Report regarding establishment of laboratories are still awaited from them. They are being reminded to expedite establishment of these laboratories.

The cases against the suppliers of the sub-standard insecticides are under arbitration proceedings."

11. Pointing to the continuance of the aculescence of the malpractice of use of sub-standard insecticides in the absence of adequate independent testing facilities in the country the Committee had desired that Government should take remedial measures in this direction. The Committee note with satisfaction that recognising the need for setting up of independent insecticides testing facilities for exercising strict quality

control on the supply of insecticides Government have sanctioned setting up of 9 Insecticides Testing Laboratories in the States including Uttar Pradesh and Madhya Pradesh. The Committee, however, note that only two States viz. Maharashtra and Uttar Pradesh have complied with the directives of the Central Government in this regard. The Committee suggest that the Health Ministry should take it up with the States and advise them for establishment of remaining laboratories with utmost expedition and to ensure that this important matter is not allowed to drift.

12. In the earlier Report, the Committee had taken note of a number of cases of supply and use of sub-standard insecticides brought out in C & AG's Advance Report 1980 and since so many cases had come up as a result of test-check only the Committee had arrived at the conclusion that the supply and use of sub-standard insecticides had been fairly widespread. The Committee had then been informed in May, 1984 that the cases against the firms supplying sub-standard insecticides were under arbitration. The Committee find that the cases against the firms indulging in supply of insecticides are still under arbitration proceedings. The Committee desire that the arbitrators should be prevailed upon to decide these cases expeditiously and to ensure that there are no avoidable delays.

*Shortfall in spray operation—Need to take effective steps  
(S. No. 11—Paragraph 1.65)*

13. Expressing displeasure over the shortfall in the targeted Spray operation, the Committee, in Paragraph 1.65 of their 161st Report (Seventh Lok Sabha) had recommended as follows :

“The Committee are dismayed that during the period 1977 to 1980 substantial population area requiring regular spray were left unsprayed each year in different rounds of spray operations. Several States reported less than 50 per cent insecticidal spray operations over the targeted areas and several areas due for coverage in second and third rounds had not been covered. After hearing the representatives of the Ministry the Committee are of the view that weakness of the institutional framework of the programme at the field level and not so much lack of cooperation of people is mainly responsible for this shortfall in achieving the target of spray operations. This

weakness should be removed. The Committee further suggest that in rural areas the spraying operations should be conducted by giving sufficient advance notice to the household and by adjusting the same to convenience of the people. As the programme of malaria eradication is a mass programme it cannot succeed without the active cooperation of all the people. It is therefore, imperative that merits of spray operation are explained adequately and convincingly to people. Benefits of spray operations should be given wide publicity and cooperation of local and social organisations solicited."

1'. In their action taken note, the Ministry of Health and Family Welfare have stated as under :

"The recommendations of the Committee are noted. In this connection, it may be stated that under the Modified Plan of Operations for the N.M.E.P., people's participation is an important component for the control of the disease. With a view of creating awareness among the people, health education has been taken up in the N.M.E.P. The Directorate of NMEP has produced 607 copies of film on malaria entitled "A menace" and "A lesson to Remember". These films have been produced in regional languages and supplied to the States Field Publicity Units of the I & B Ministry, Railways, Defence and Medical Colleges.

Besides this printed material on malaria in the form of folders, posters etc. have been produced in all the regional languages and sent to the States for health education of the people.

Ministry of Health and Family Welfare (Department of Health) have requested the Health Secretaries of all the States/ Union Territories *vide* letter No. T. 14016/2/83-MAL dated 28.9.1983 (Annexure) regarding imparting Health Education on personal protection measures against mosquito bites and thereby preventing Malaria.

15. While the Committee appreciate the measures taken by the Ministry to educate the people about the operations of the National Malaria Eradication Programme through films and printed material etc., they are constrained to observe that the Ministry's reply is silent on the

question regarding removal of the weakness of the institutional framework of the Programme at field level, which was mainly responsible for the shortfall in achieving the target set for spray operations. The Committee regret that the Ministry have not furnished any details of the action taken to rectify the weakness in pursuance of the Committee's recommendation. The Committee desire that the Ministry should examine this aspect forthwith and take effective steps to ensure that the programme functions efficiently at the field level.

*Deficiency in insecticidal spray*  
(S. No. 13 Para 1.67)

16. Commenting on the shortfall in the coverage of insecticidal spray, the Committee in Para 1.67 of the Report had observed :

“The technical guidelines envisaged that population area having API below 2 (i.e. less than 2 cases per 1000 population) were normally not to be covered by regular insecticidal spray, but 50 houses around a detected malaria case were to be given insecticidal spray. The Committee are shocked to learn that the shortfall in spraying in and around detected malaria cases in such areas varied between 91 to 98 per cent during 1977 to 1980 due to non-availability of insecticides at that time. This is particularly surprising in view of the claim made by the Ministry that supply of insecticides was adequate and stocks were being carried over by States from one year to another. The Committee would like to be apprised of the correct position in this regard.”

17. In reply to the above observations of the Committee, the Ministry of Health and Family Welfare in their Action Taken Note have stated :

“It may be mentioned in this connection that the adequate quantities of appropriate type of insecticides are made available by the Central Government to the States as and where necessary. It is also ensured that the insecticides reach the periphery well in time as per the spray schedule. A statement indicating the position of the insecticides available with the States during 1977-78 to 1980-81 year-wise is enclosed at Annexure D\*. It will be apparent from the same that there were adequate quantities of the appropriate insecticides with the States for carrying out focal spray.”

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\*See Chapter IV.

18. In their earlier Report, the Committee had pointed out that there was a shortfall in spraying in and around detected malaria cases to the extent of 91 to 98 per cent during 1977 to 1980 due to non-availability of insecticides at that time. The Committee had observed that this was despite the claim of the Ministry that supply of insecticides was adequate and even that the stocks were being carried over by the States from one year to another year. The Committee had desired to be apprised of the correct position in this regard. In their Action Taken Note, the Ministry have reiterated the position that adequate quantities of appropriate type of insecticides were made available by the Central Government to the States as and where necessary. Further that it was ensured that the insecticides reached the periphery well in time as per the spray schedule. To support their argument, the Ministry have been furnished a statement indicating the position of insecticides available with the States during this period. The Committee, therefore, conclude that the States did not carry out their functions efficiently. They desire that Government should take effective steps to ensure that their directives are spelt out realistically for implementation at the field level and are carried out faithfully and efficiently.

*Excess Consumption of anti-malarials*  
(Sl. No. 19, Para 1.86)

19. In regard to the excess consumption of anti-malarials in some states during 1976 to 1980, the Committee in their 161st Report had observed as under :

“The Committee note that during 1976 to 1980, the States of Assam, Bihar, Haryana, Maharashtra and Uttar Pradesh had reported excess consumption of 2265 lakh 4 AQ tablets and 652 lakh 8 AQ tablets over and above the standard prescribed dosages valued at Rs. 111.55 lakh. The reasons for excess consumption of the anti-malarials has not been adequately and precisely explained to the Committee. They would therefore like the Ministry of Health and Family Welfare to look into the matter and ascertain the precise reasons for excess consumption of anti-malarials on such a large scale.”

20. In their Action Taken reply, the Ministry of Health and Family Welfare stated :

“Reasons of excess consumption of AQ tablets over the standard

dose or presumptive treatment and Radical Treatment to positive cases are as under :—

(A) 4 AQ Tablets :—

1. Excess consumption due to mass therapeutic measures in areas with high API, to contain the disease in selected areas in addition to insecticidal spray.

2. DDCs are required to give 4 AQ tablets to a fever case without collection of blood smear.

3. When the stocks are issued by the Districts to the periphery, they record in their registers as consumption whereas the drugs are available with peripheral workers.

(B) 8 AQ Tablets :—

1. Mass therapeutic measures in high incidence areas. Mass radical treatment is given to entire population of the villages in selected areas without blood slide examination.

2. Issue from the District stock is indicated as consumption, where as tablets are available in pipeline.”

21. The Committee are surprised that Government did not take adequate precautions to ensure that people do not make use of anti-malarial drugs in excess of their requirements. They desire that the Ministry should examine this matter thoroughly and to ensure that the use of anti-malarial drugs is not resorted to on a mass scale without blood slide examinations.

22. The other reasons for excess consumption of anti-malarials is stated to be recording the issue of 4 AQ and 8 AQ Tablets to field workers as consumption by the Districts whereas the supplies were still in pipe-line and had not in fact been issued to public. This in the opinion of the Committee is a faulty accounting system and needs to be improved immediately so as to ensure that all the drugs supplied to the field level organisations are fully and factually accounted for.

*Irregular use of insecticides-Need for analysing the reasons therefor,  
(S. Nos. 20 and 21-Paras 1.96 and 1.97)*

23. Commenting on the excessive or deficient use of insecticides and calling upon the Government to analyse the reasons for sub-



stantially low and excessive consumption of insecticides in spray operations in various states, the Committee in paragraphs 1.96 and 1.97 of their 161st Report had recommended as under :

“The Committee find that in some of the States here had been excessive or deficient use of insecticides to a substantial extent against the standard laid down. In Bihar during the years 1977 to 1980 the quantity of DDT used was only 37 to 58 per cent of the quantity prescribed. In Arunachal Pradesh the quantity of DDT consumed during 1976 to 1980 ranged between 121 to 154 percent of the prescribed quantity while in Madhya Pradesh 13.58 lakh pounds of insecticides were consumed during 1976 to 1979 against the possible consumption of 8.17 lakh pounds of insecticides. This excess consumption of 5.41 lakh pounds insecticides resulted in an extra expenditure of Rs. 15.79 lakhs.

The Committee are astonished to find that while there had been very low consumption of insecticides ranging from one third to a little more than half in Bihar there had been substantial excess consumption in Madhya Pradesh and Arunachal Pradesh during the year 1976 to 1980. The excess consumption has been stated to be due to higher discharge from nozzle of spray pumps. However, if the explanations for the low and excess consumption insecticides are viewed in totality intriguing picture emerges. Refusal and closed houses cannot be confined to Bihar only nor can excessive discharge from nozzle tips, be confined to Madhya Pradesh and Arunachal Pradesh. These factors could have operated universally. The Committee would like the Ministry to analyse reasons for excessive and deficient consumption of insecticides in depth for ensuring suitable action especially for properly regulating the supplies and use in future. The Committee would like to be apprised, in due course of the action taken in this regard.”

24. In their Action Taken Notes, the Ministry of Health and Family Welfare have stated :—

“1.96 The Ministry of Health and Family Welfare have noted the recommendations of Committee in regard to the use of

insecticide and regulation of supplies and provision of accessories for operations. The Government is proposing to have an In-depth evaluation of NMEP operation shortly which will go into details and find out the reasons for such deficiencies and take suitable remedial action as and where necessary. The result of the in-depth evaluation of the National Malaria Eradication Programme will be intimated to the Committee in due course.

1.97 The Ministry of Health and Family Welfare have noted the recommendations of Committee in regard to the excessive and deficient consumption of insecticides. The Government proposes to set up a Committee to analyse the reasons in depth and take suitable remedial measures for regulating the supplies and the results and action taken thereon will be intimated to the Committee in due course."

**25. The Committee find that the Ministry of Health and Family Welfare proposes to set up a Committee to make an indepth Evaluation of National Malaria Eradication Programme which would *inter-alia* analyse the reasons for substantially excessive use of anti-malarial durgs in some cases and deficient use thereof in some other cases, as against the prescribed norms. The Committee would like to be informed, in due coruse, of the findings of the Indepth Evaluation Committec and concrete action taken in pursuance thereof.**

*Use of DDT and Malathion for Agriculture*  
(Sl. No. 22 Para 1.98)

26. Expressing their disapproval of the use of DDT and Malathion for agricultural operations, the Committee in para 1.98 had stated :—

"The Committee are concerned to note that insecticides supplied for public health use had been diverted in some cases for use as pesticides for agricultural operations and also for storage of grain to ward off insects. The wide spread use of DDT and malathion in agricultural operations can pose a grave health problem. The Committee are told by an eminent scientist that in this country the people in their body fats carry a rather high level of DDT which is perhaps one of the highest in the world. The Committee are convinced that some drastic action is required in this

regard to prevent indiscriminate use of DDT and Malathion. In this connection the Committee feel that Ministry of Health and Family Welfare's suggestion that use of DDT, BHC and Malathion should be confined to only public health and for agricultural operations some other effective pesticides should be used merits consideration. The Committee note that the ICMR Group is looking into this matter and their expert advice would be available to the Government shortly. The Committee would like to be apprised of the final action taken in this regard."

27. In their Action Taken Note the Ministry of Health have replied :

"The Ministry of Health and Family Welfare is seeking the expert advice of Indian Council of Medical Research regarding the instructions on the use of DDT and Malathion to be confined only to public health and take necessary action on the recommendations. A copy of the letter issued to the Director-General, ICMR is at Annexure 'Q'."

28. In reply to a further clarification by Committee, the Ministry of Health and Family Welfare stated :

"The report of the Expert Group is still awaited from the Indian Council of Medical Research."

29. The Committee note that Government have been actively considering for some time to restrict the use of DDT and Malathion to public health only and in this respect they have sought expert advice of the Indian Council of Medical Research. The Committee hope that this would be dealt with utmost urgency and a decision in the matter will be taken soon. The Committee would like to have a further report in this regard.

30. The Committee desire that the final replies to the recommendations included in Chapter V, duly vetted by Audit, may be furnished to the Committee at an early date.

## CHAPTER II

### RECOMMENDATIONS OR OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY GOVERNMENT

#### Recommendation

Malaria is one of the most malicious maladies afflicting our country. In endangering the health of the people on a massive scale, it is one of the major factors retarding the socio-economic development of the country.

At the time of Independence, the incidence of malaria in the country was about 75 million with 0.8 million deaths annually. With the objective of containing malaria morbidity in highly malarious areas of the country, the Government of India launched in 1953 a National Malaria Control Programme (NMCP). Encouraged by the success achieved under NMCP, Government switched over to National Malaria Eradication Programme (NMEP) from April, 1958. The Programme was initially a Centrally aided Scheme to be implemented by the State Governments to protect the population in malarious areas irrespective of the degree of malariousness and finally to eradicate malaria from the country in 6-7 years or by 1965.

As a result of various measures taken, the number of malaria cases came down to 0.1 million in 1965 with no death. However, subsequently, the number of malaria cases again started rising and were as high as 6.5 million in 1976. Government reviewed the position and from April 1977 by which time Rs. 352 crores has been spent on the Programme, a Modified Plan of Operation is being implemented with the objective of effectively controlling malaria and ultimately eradicating the disease. Although the number of malaria cases has decreased gradually the number is still high (2.7 million in 1981).

[Serial No. 1, Paras 1.7, 1.8 & 1.9 of the 161st Report of the PAC (Seventh Lok Sabha) on para 7 of the Report of the C&AG for the year 1980-81 relating to Union Government (Civil) on National Malaria Eradication Programme].

### **Action Taken**

The observations are factual. No comments are necessary.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

### **Recommendation**

The Committee note that large amounts are due for recovery from States for the period 1974-75 to 1980-81 on account of incidental charges in respect of insecticides, anti-malarials and other material supplied to them. Only a sum of Rs. 29.55 lakhs could be recovered so far out of the account of Rs. 124.66 lakhs on this account. Again, only Rs. 13 lakhs could be realised out of the outstanding amount of Rs. 85.69 lakhs representing the cost of insecticides from various States. In view of what has been stated in the foregoing paragraph, the Committee feel that the amounts representing their share of expenditure from 1979-80 and 1980-81 due from the States should be reconciled and adjusted and the amounts representing their liability otherwise, should be utilised in conjunction with the Centre as and when a hundred per cent centrally sponsored scheme, as was in vogue upto 1979, comes in for implementation as recommended by the Committee.

[Serial No. 5, para 1.25 of the 161st Report of the PAC (Seventh Lok Sabha) on para 7 of the Report of the C&AG for the year 1980-81, Union Govt. (Civil) relating to N.M.E.P.]

### **Action Taken**

Observations made by the Committee are noted. All out efforts are being made to expedite the recovery of balance amount from the concerned States.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

### **Recommendation**

According to Audit, there have been a number of cases wherein opening balances of stocks of anti-malarials with States varied considerably from the stock position maintained by the Directorate of N.M.E.P. However, the Committee regret to observe that no steps were taken

by the NMEP Directorate to monitor and reconcile the opening stock balances of anti-malarials held by the States with the supplied made by the Directorate till Audit pointed out glaring discrepancies in the stock position whereafter verification was taken up and each case reconciled over a period of years. The Committee are not convinced by the reply of the Ministry that monitoring and reconciliation was not considered necessary as the NMEP was implemented through the State Governments. The statement that the work involved in reconciliation would have entailed enormous staff and expenditure on TA/DA etc. does not also hold good in view of the subsequent statement that all the discrepancies pointed out by the audit were reconciled. The Committee feel that as huge quantities of insecticides involving large amounts of money are being supplied by Central Government it is their duty to ensure that these are properly accounted for by the concerned State Governments as in its absence, the chances of the same being not properly used cannot be ruled out. The Committee recommend that proper monitoring and reconciliation arrangements in this regard should be evolved expeditiously.

[Serial No. 6 para 1.32 of the 161st Report of the PAC  
(Seventh Lok Sabha) on para 7 of the Report of the  
C&AG for the year 1980-81, Union Government (Civil)  
relating to N.M.E.P.]

#### **Action Taken**

The recommendation made by the Committee is accepted. Necessary instructions are being issued to the Directorate of NMEP. In this connection a copy of the letter issued to them is at Appendix 'O'.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

APPENDIX 'O'

**MOST IMMEDIATE**  
**PAC RECOMMENDATION**

P.R. DASGUPTA  
Joint Secretary

Government of India  
Ministry of Health & Family Welfare  
New Delhi-1'0011.

D.O. No. G24015/6/83-MAL (B) Dated March 15, 1984.

Dear Dr. Sharma,

It may be recalled that in their 161st Report on para 7 of the Report of the C&AG for the year 1980-81 relating to NMEP, the PAC have also commented upon the necessity of the proper monitoring and reconciliation arrangements in respect of the supplies of antimalarials etc. made to the States/UTs. In the light of the observations of the PAC, you had furnished to us a proposal for the creation of a Monitoring Cell at the Directorate of NMEP for effecting proper monitor and reconciliation arrangements in respect of the materials etc. supplied by the Dte. NMEP to the States/UTs. under the Programme.

2. While the decision on that proposal may take some time, it is imperative that in the meantime the proper monitoring and reconciliation of the supplies of anti-malarials etc. by the Dte. NMEP to the States/UTs is adequately done. It is therefore, felt necessary that you give your personal attention in this matter and ensure that regular monitoring of the stock-position of the anti-malarials, insecticides etc. with the States/UTs is done if necessary, even by deputing periodically officers from the Dte. NMEP and the Regional Offices to the concerned States/UTs. I hope you would take immediate action in this regard under intimation to me.

With regards,

Yours sincerely  
Sd/-  
(P.R. DASGUPTA)

DR. G.K. SHARMA,  
Director,  
NMEP,  
22-Shamnath Marg, New Delhi-54.

### Recommendation

Though theoretically, the guidelines provided that houses left unsprayed by regular spray teams should be quickly covered by spray squads in mopping up operations, yet in practice the picture is found to be altogether different. The Committee find that in some districts of Uttar Pradesh and Rajasthan mopping up operations were not carried out at all during the years 1977 to 1980 although the houses left unsprayed by the main teams ranged between 10 to 21 per cent in Uttar Pradesh and 32.6 to 41.8 per cent of the rooms sprayed in Rajasthan. The shortfall has been explained in terms of inadequate spray gangs and spray pumps. It has been stated that the cost of spray gangs was to be met from the State's contribution to the Programme since 1979-80 and that a few of the States had not been able to engage requisite number of spray gangs as per the prescribed pattern. However, the Committee find that picture before 1979-80 in this regard had also not been satisfactory when the Programme was a cent per cent Centrally Sponsored Scheme. As the overall responsibility with regard to its implementation and monitoring vests with the Ministry of Health & Family Welfare, it is for them to ensure that the Programme is implemented effectively and targets are achieved. The Committee, therefore, recommend that the union Ministry of Health and Family Welfare should thrash out these problems with the States and find solution thereto. In any case, it must be ensured that the spray operations are not allowed to fall in arrears. The Committee desire that atleast 1/3rd of population should be covered by spray operations every year.

[Serial No. 12 para 1.66 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### Action Taken

The observations of the Committee have been noted and necessary instructions are being issued to the States/UTs to ensure that they achieve maximum spray coverage. A copy of the letter issued to the States/UTs is at Appendix 'K'.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984]



**APPENDIX—K**

**MOST IMMEDIATE  
PAC RECOMMENDATION**

**P. R. DASGUPTA, IAS**  
Joint Secretary

Government of India  
Ministry of Health & F.W.  
Nirman Bhavan, New Delhi-11  
Dated the 21st March, 1983.

D.O No. G. 24015/6/83—MAL

Dear Shri

In their 161st Report, the Public Accounts Committee have *inter alia* made the following observations/recommendations on para 7 of the Report of the C & AG for the year 1980-81. Union Government (Civil) relating to National Malaria Eradication Programme :

“Though theoretically the guidelines provided that house left unsprayed by regular spray teams should be quickly covered by spray squads in mopping up operations, yet in practice the picture is found to be altogether different. The Committee find that in some districts of Uttar Pradesh and Rajasthan mopping up operations were not carried out at all during the years 1977 to 1980 although the houses left unsprayed by the main teams ranged between 10 to 21 per cent in Uttar Pradesh 32.6 to 41.8% of the rooms sprayed in Rajasthan. The shortfall has been explained in terms of inadequate spray gangs and spray pumps. It has been stated that the cost of spray gangs was to met from the State's contribution to the Programme since 1979-80 and that a few of the States had not been able to engage requisite number of spray gangs as per the prescribed pattern. However, the Committee find that picture before 1979-80 in this regard had also not been satisfactory when the Programme was a Cent per cent Centrally Sponsored Scheme. As the overall responsibility with regards to its implementation and monitoring vests with the Ministry of Health & Family Welfare it is for them to ensure that the Programme is implemented effectively and targets are achieved. The Committee therefore recommend that the Union Ministry of Health & Family Welfare should thrash out these problem with the

States and find solution thereto. In any case it must be ensured that the spray operations are not allowed to fall in arrears. The Committee desire that at least 1/3rd of population should be covered by spray operations every year."

With regards to the above recommendations, this Ministry have assured the PAC that "the observations of the Committee have been noted and necessary instructions are being issued to the States/UTs to ensure that they achieve maximum spray coverage."

2. The necessity of the maximum spray coverage, at least, the targetted spray coverage has repeatedly been stressed upon the State/UT Governments by us. The observations made by the PAC, mentioned above, are fully shared by this Ministry and the cooperation of the States/UTs is solicited so that we may stand to the assurance given to the PAC. I shall, therefore, be grateful if you could look into this personally and issue necessary instructions to the concerned authorities to ensure that maximum spray coverage as per schedule is achieved. It is also to be ensured that houses left unsprayed by regular spray teams should be quickly covered by spray squads in mopping up operations. As and where necessary, technical guidance/help of the Director, NMEP may be sought, if need be.

With regards,

Yours sincerely,

S/d

(P. R. DASGUPTA)

CC : Copy to the Director, NMEP, 22-Sham Nath Marg Delhi.

S/d

(P.R. DASGUPTA)

#### **Recommendation**

The Committee note from the Audit Report that blood smears had not been collected in a large number of fever cases during the years 1977 to 1980. Of the 295 lakhs, 297 lakh, 301 lakh, 194 lakh cases of fever detected during 1977 in 4 States, 1978 in 5 States, 1979 in 5 States and 1980 in 3 States blood smears had not been collected in 144 lakh, 143 lakh, 143 lakh and 90 lakh cases respectively. In one State viz., Uttar Pradesh, alone out of 267 lakh cases of fever detected during the years 1978 and 1979, blood smears were collected in 99 lakh cases only. This has happened in spite of the technical directions issued by the NMEP. Directorate envisaging screening of all fever cases with the objective of detecting malaria infection in the community. It has been stated that the existing surveillance machinery could screen about 10 per cent of the

population in their districts and in the case of high incidence of fever, the surveillance workers could not cope with the workload of collection of blood smears in all the cases of fever. The Committee wish to stress that in order to detect cases of malaria and completely sterilise the patients of malarial parasite timely blood test is a must. The arrangements in this regard should be augmented early.

[Serial No. 14 para 1.73 of the 161st Report of the PAC  
(Seventh Lok Sabha) on para 7 of the Report of the  
C & AG for the year 1980-81 Union Government (Civil)  
relating to N.M.E.P.]

#### **Action Taken**

The observations/recommendations made by the Committee are accepted. Necessary instructions are being issued to the States/UTs to augment the arrangements in this regard with a view to ensure that timely blood test is carried out in fever cases so that the patients are sterilised of the material parasite. A copy of the letter issued to States/UTs is at Appendix 'L'.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May. 1984.]

**APPENDIX—L**

**MOST IMMEDIATE  
PAC RECOMMENDATION**

**P.R. DASGUPTA, IAS**  
Joint Secretary

Government of India  
Ministry of Health & Family Welfare  
Nirman Bhavan, New Delhi-110011.

D.O.No. G. 24015/6/83-MAL

Dated the 21st March, 1984.

Dear Shri

In their 161st Report on para 7 of the Report of the C & AG for the year 1980-81, Union Government (Civil) relating to National Malaria Eradication Programme the P.A.C. have *inter alia* made the following observations :

“The Committee note from the Audit Report that blood smears had not been collected in a large number of fever cases during the year 1977 to 1980. Of the 295 lakhs, 297 lakhs, 301 lakhs, 194 lakh cases of fever detected during 1977 in 4 states, 1978 in 5 States, 1979 in 5 States and 1980 in 3 States blood smears had not been collected in 144 lakh, 143 lakh and 90 lakh cases respectively. In one State viz. Uttar Pradesh, alone out of 267 lakh cases of fever detected during the years 1978 and 1979 blood smears were collected in 99 lakh cases only. This has happened in spite of the technical directions issued by the NMEP Directorate envisaging screening of all fever cases with the objective of detecting malaria infection in the community. It has been stated that the existing surveillance machinery could screen about 10 per cent of the population in their districts and in the case of high incidence of fever, the surveillance workers could not cope with the workload of collection of blood smears in all the cases of fever. The Committee wish to stress that in order to detect cases of malaria and completely sterilise the patients of malarial parasite timely blood test is a must. The arrangements in this regard should be augmented early.”

This Ministry has assured the PAC that necessary instructions are being issued to the States/U T.s to augment the arrangements in this regard with a view to ensure that timely blood test is carried out in fever cases so that the patients are sterilised of the malarial parasite.

2. It may be mentioned in this connection that as per the technical requirements of the Programme, it is necessary that all fever cases are screened with the objective of detecting the malaria infection in the community. In order to enable the carrying out of the thorough screening of all fever cases, we have stressed upon the State/Union Territory Governments to provide the surveillance staff under the Programme on the mid-year population basis. As such, it is expected that there blood smears are thoroughly collected in fever cases. I shall, therefore, request you kindly to issue necessary instructions in this regard to all concerned stressing the recommendations made by PAC for necessary action under intimation to me.

With regards,

Yours sincerely,  
(P.R. DASGUPTA)

CC : Director, NMEP, 22-Sham Nath Marg, Delhi-110054.

(P.R. DASGUPTA)

### Recommendation

Operations guide on surveillance procedures envisaged that theoretical time lag between blood smear collection and its examination should not exceed a maximum period of 72 hours. According to technical directions given by the Directorate of National Malaria Eradication Programme, the maximum time lag permissible between the collection of blood smear and its examination ranged between 7 and 10 days under certain conditions. However, there had been inordinate delay in the examination of blood smears in some States. Out of the 1.38 lakh cases of blood smears collected in some districts of Assam, Gujarat and Uttar Pradesh only 0.89 lakh cases could be examined within the stipulated time schedule. The delay in the examination of blood smears ranged from 11 days to 90 days and in some cases it was more than 90 days. There were heavy arrears of blood smears for examination in Karnataka and Maharashtra States at the end of each year between 1977 and 1980 though in the annual reports furnished by Malaria Department, Maharashtra to the NMEP Directorate, no backlog had been reported. The delays in the examination

of blood smears beyond stipulated period defeated the very purpose of taking blood smears. The Committee desire that the Ministry should ensure that the organisational and other inadequacies in this regard are attended to early.

[Serial No. 15 para 1.74 of the 161st Report of PAC (Seventh Lok Sabha) on para 7 of the Report of the C & AG for the year 1980-81 Union Government (Civil) relating to N.M.E.P.].

#### **Action Taken**

The valued recommendation of the Committee is accepted. Necessary directions are being given to the States/UTs to ensure that there is speedy and timely examination of the blood smear collected and no inordinate time lag is allowed between the collection of the blood smear and its examination. A copy of the letter issued to States/UTs is at Appendix 'M'.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984].

**APPENDIX—M**

**MOST IMMEDIATE  
PAC RECOMMENDATION**

**P.R. DASGUPTA, IAS**  
Joint Secretary

Government of India  
Ministry of Health & F.W.  
Nirman Bhavan, New Delhi-11.

D.O. No. G. 24015/6/83-MAL

Dated the 21st March, 1984.

Dear Shri

The Public Accounts Committee in their 161st Report on Para 7 of the C & AG for the year 1980-81, Union Govt. (Civil) relating to N.M.E.P. have *inter alia* made the following observations :—

“Observations guide on surveillance procedures envisaged that theoretical time lag between blood smear collection and its examination not exceed a maximum period of 72 hours. According to technical directions given by the Dte. of NMEP the maximum time lag permissible between 7 and 10 days under certain conditions. However, there had been inordinate delay in the examination of blood smears in some States. Out of the 1.38 lakh cases of blood smears collected in some districts of Assam, Gujarat and Uttar Pradesh only 89 lakh cases could be examined within the stipulated time schedule. The delay in the examination of blood smears ranged from 11 days to 90 days and in some cases it was more than 90 days. There were heavy arrears of blood smears for examination in Karnataka and Maharashtra States at the end of each year between 1977 and 1980 though in the annual reports furnished by Malaria Department Maharashtra to the NMEP Directorate no backlog had been reported. The delays in the examination of blood smears beyond stipulated period defeated the very purpose of taking blood smears. The Committee desire that the Ministry should ensure that the organisational and other inadequacies in this regard are attended to early.”

This Ministry have assured the PAC that necessary directions are being given to the States/UTs to ensure that there is speedy and timely

examination of the blood smear collected and no inordinate time lag is allowed between the collection of the blood smear and its examination.

2. It may be mentioned in this connection that adequate diagnostic facilities have been provided under the Modified Plan of Operations of the NMEP for the purpose of blood smears' examination with no loss of time. Against this background, the observations of the PAC can be fully appreciated. The necessity of the timely examination of the blood smears collected has time and again been stressed upon the State/UT Governments. As aptly observed by the PAC, the inordinate delay in the examination of blood smears beyond stipulated period defeats the very purpose of taking blood smears. In view of this the need of timely examination of blood smears cannot be over-emphasised and I shall be grateful if you could ensure that organisational functioning of the Programme in your State is toned up and necessary instructions issued to the effect that the blood smears collected are examined without any loss of time.

With regards,

Yours sincerely,  
(P.R. DASGUPTA)

CC : The Director, NMEP, 22-Sham Nath Marg, Delhi-110054.  
(P.R. DASGUPTA)

### **Recommendation**

The Committee commend the suggestion of an eminent medical expert that use of insecticides may be minimised by adopting integrated approach for malaria control through environmental improvement. Some work in this respect has already been done in some selected pockets and the results achieved are encouraging. They wish that public opinion be mobilised and voluntary organisations involved in this programme of environmental improvement and it should be extended to other parts of the country with a view to achieve vector control.

[Serial No. 23, para 1.99 of the 161st Report of the PAC (Seventh Lok Sabha) on para 7 of the Report of the C & AG for the year 1980-81 Union Government (Civil) relating to N.M.E.P.].

### **Action Taken**

The integrated approach of malaria control through environmental improvement and public cooperation is still in a conceptional stage.



The research studies on the integrated malaria control methods in the field have been carried out in Gujarat State. The results obtained are being analysed. Another study is contemplated in Haryana. After sufficient number of studies have been carried out in different ecological conditions of the country, the results will be evaluated whether such methods can be implemented through out the country under the prevailing circumstances and whether they will prove more efficient and will be commensurate on cost effective basis compared to the present methodology of malaria control.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

### **Recommendation**

Under the Programme, apart from routine 'Active' and 'Passive' surveillance, mass blood smear survey was also to be conducted for the entire population of selected areas. Under the technical directions issued by the Directorate of NMEP, each surveillance worker was expected to visit each house in this area twice a month. However, it is seen that in a unit in Madhya Pradesh surveillance was conducted monthly instead of fortnightly from 1959 to March, 1981. In some other units, surveillance workers did not visit the houses for months together. The failure on the part of State Governments to meet their financial obligations and the consequential inadequacy of staff strength were stated to be the reasons for this state of affairs. Nevertheless, the Committee are constrained to observe that such lapses on the part of surveillance machinery may result in nullifying the effectiveness of the programme. The Committee would like early remedial measures to be taken in this regard.

[Serial No. 25, para 1.110 of the 161st Report to the PAC (Seventh Lok Sabha) on para 7 of the Report of the C&AG for the year 1980-81, Union Government (Civil) relating to N.M.E.P.]

### **Action Taken**

Recommendations/Observations of the Committee have been noted and necessary instructions are being given to the States/Union Territories in this regard. A copy of the letter issued to States/UTs is at Appendix 'N'.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

**APPENDIX-N**

**MOST IMMEDIATE  
PAC RECOMMENDATION**

**P.R. DASGUPTA, IAS**  
Joint Secretary

Government of India  
Ministry of Health & F.W.  
Nirman Bhavan, New Delhi-11

D.O. No. G. 240 15/6/83-Mal

Dated the 21st March, 1984.

Dear Shri

The Public Accounts Committee in their 161st Report on para 7 of the Report of the C&AG for the year 1980-81 relating to National Malaria Eradication Programme have *inter alia* made the following observations/recommendations :

“Under the Programme apart from routine Active and Passive surveillance made blood smear survey was also be conducted for the entire population of selected areas. Under the technical directions issued by the Directorate NMEP, each surveillance worker was expected to visit each house in this areas twice a month. However, it is seen than in a unit of Madhya Pradesh surveillance was conducted monthly instead of fortnightly from 1958 to March 1981. In some other units, surveillance workers did not visit the houses for months together. The failure on the part of the State Governments to meet their financial obligations and the consequential inadequacy of staff strength were stated to be the reasons for this State of affairs. Nevertheless, the Committee are constrained to observe that such lapses on the part of surveillance machinery may result in nullifying the effectiveness of the programme. The Committee would like early remedial measures to be taken in this regard.”

This Ministry have assured the Committee that the Recommendations/observations of the Committee have been noted and necessary instructions are being given to the States/Union Governments in this regard.

2. It may be mentioned in this connection that adequate surveillance is the back-bone of the Programme. Under the Modified Plan of Operation of the N.M.E.P., sufficient surveillance staff had been provided to the States/UTs. Subsequently, the States/UTs were authorised to provide surveillance staff on the basis of mid-year population. As such, it will be expected that there is no let-up in the required surveillance activities including the timely mass blood smear survey. I shall therefore, request you kindly to review the position of surveillance operations under the Programme in your State UT with a view to remove the deficiencies in this regard also to ensure that proper and timely surveillance activities are undertaken in the State/UT.

With regards,

Your sincerely,

Sd/-

(P.R. DASGUPTA)

C.C. Director, NMEP, 23 Shamnath Marg, Delhi-110054.

Sd/-

(P.R. DASGUPTA)

#### **Recommendation**

The National Malaria Eradication Programme has been a joint endeavour on the part of Central and State Governments. The C&AG of India has conducted an evaluation Audit of the Programme in various States and submitted his reports to the concerned State Legislatures highlighting the various deficiencies found. The report of the C&AG of India for 1980-81 relating to the States of Karnataka, Uttar Pradesh, Bihar, Tamilnadu, Orissa and Maharashtra have enumerated various deficiencies found in the implementation of NMEP. The Committee regret that these Reports were not taken notice of by the Ministry of Health. The Health Secretary was frank enough to admit before the Committee : "We have been amiss, I might say, not to have kept a track of them". He assured the Committee that it would be done and follow up action ensured. He also promised to evolve the mechanism to keep a track of such Audit Reports whenever presented in future. The Committee would like to be informed of the action taken in the matter. The Committee would further like the Planning Commission and the Ministry of Finance to evolve an arrangement where by such Reports of the C&AG are examined for necessary action both by themselves and by the other concerned Ministries/Departments of the Government of India in so far as the responsibilities of the Central Government are concerned.

(Serial No. 27 para 1.115 of the 161st Report of the PAC (Seventh Lok Sabha) on para 7 of the Report of C&AG for 1980-81 Union Government (Civil), relating to N.M.E.P.)

**Action Taken**

Observations of the Committee have been noted. It may be mentioned that action has been initiated by this Ministry in consultation with the Dte. NMEP and the concerned States, as and where necessary, with a view to institute correctional measures in the light of the observations of the C&AG made in his Report on the implementation of the N.M.E.P. in the concerned States.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

## CHAPTER III

### RECOMMENDATIONS OR OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN THE LIGHT OF THE REPLIES OF GOVERNMENT

#### Recommendations

The Committee note with concern that after a steep fall in the incidence of Malaria (From 75 million cases to 0.1 million cases and number of deaths from 0.8 million to nil) there should again have been a phenomenal increase in the incidence of malaria and of death because of it. It is apparent that after attaining initial success, the authorities became complacent. The Committee cannot but express their deep anguish over this state of affairs, which compelled the nation to pay dearly both in financial as well as in physical terms. The reasons for shortcomings for recurrence of malaria given by Government viz. short supply and the late arrival of DDT, inadequate transport, inadequate laboratory services, inadequate development of basic health services in many States are such that could have been removed if only there was proper planning and monitoring as well as prompt efforts. It is a matter of great concern that as pointed out subsequently in the Report mosquitos are developing greater resistance to the traditional insecticides like DDT and cases of cerebral malaria which in many cases prove fatal are on the increase. The Committee feel that this poses a national challenge which has to be met by the concerted efforts of the Government of India, States as well as researchers in the medical field. Already two Committees appointed by the Government had carried on in-depth studies and pin-pointed the lacunae in the programme in its implementation phase. The Government, therefore, cannot take the plea that they are unaware of the reasons for re-emergence of malaria in this country in a vicious form. The Committee feel that the Government should immediately formulate concrete action programmes on the basis of the findings of the two In-Depth Evaluation Committees as well as this Report and take concerted efforts with the object of totally eradicating this disease from the country. The Committee would like to be apprised of the concrete action programme that Government may adopt in the light of the above observations.

As per norms prescribed under the NMEP, the population of units having API 0.5 per cent and above (i. e. one case and above per 2000 population) had to be kept in 'attack' phase where attention was focussed on insecticidal spray operations. Phasing arrangements envisaged that area units would be shifted from 'attack' to 'consolidation' and then to maintenance phases on the basis of independent appraisals of progress achieved in the implementation of the programme. The Committee are unhappy to note that large areas were maintained under 'consolidation' and 'maintenance' phases in spite of the fact that those were having incidence of more than 2 API (i. e. more than 2 cases per 1,000 population). Consequently when the modified plan of Operation was introduced in 1977, areas covering population of 25 crores had to be sprayed each year regularly against the area covering 9.75 crores sprayed earlier. The explanation of the Ministry is that the reversion to earlier status was not considered feasible because of enormous administrative and financial inputs involved. The Committee are not convinced by this reasoning as a realistic rephasing was evidently necessary in order to avoid serious set-back in implementation. It is therefore, surprising that when incidence of malaria had been increasing during the period 1969-74, more and more units were recommended for entry into 'consolidation' and 'maintenance' phases. This is indicative of negligence and casual attitude on the part of those entrusted with the task of protecting the health of the people. The Committee expect a detailed explanation from the concerned authorities for this.

[Serial No. 23 para 1.10 of the 161st Report of the PAC (Seventh Lok Sabha)].

#### **Action Taken**

While sharing the anxiety and anguish of the Committee, Government would like to submit that the situation is under close and constant review. A Technical Advisory Committee consisting of experts has been constituted to provide the necessary operational advice to the Dte. NMEP on several technical aspects of the programme, e.g, determination of appropriate type of insecticides for spraying in a particular area in view of the emergence of vector resistance, administration of proper drugs in fever cases etc. 14 specific research schemes have been taken up under the auspices of Indian Council of Medical Research in order to explore more know-how for the better implementation of the programme. The conclusions arrived at in some of the research projects which have been completed are being evaluated at present. The results of the

evaluation will be sent to the Committee in due course. Adequate staff has been provided in the Modified Plan of Operation to the various States/UTs for better implementation of and supervision of the programme. The implementation of the programme is reviewed from time to time at various levels and correctional steps are taken whenever and wherever necessary. A proposal is under consideration at present to conduct an indepth evaluation of the programme to assess its impact as well as the identified scope for improvement for various aspects of the programme.

As regards the observations made by the Committee regarding indiscriminate conversions of areas from "attack" phase to "consolidation" phase, it may be stated that a set of specific criteria was laid down in 1967 for reversion of areas from "Consolidation" and "Maintenance" to "Attack" phase. It was stipulated that any UNIT/PHC/Block/Sector/Section recording an incidence of over 0.2 per thousand population or over 200 cases per million may be reverted to "Attack" phase for spraying operation, provided the foci of indigenous transmission are scattered and cannot be liquidated by urgent remedial measures under the existing resources and organisations of the area. On this basis a realistic rephasing of the programme based on the incidences was carried out in 1968-69 and 51.785 units from "Consolidation" phase and 19.60 units from "Maintenance" phase having total population of 91 million were reverted to "Attack" phase. Subsequently Independent Appraisal Teams were constituted during the period 1969 to 1975 to visit the States and recommend about the phasing of the programme. The details of transfer of areas to "Consolidation" and "Maintenance" phase as per the recommendations of the Independent Appraisal Teams during these years may be seen at Appendix 'A'. It may also be stated that during this period the sub-classification of "Attack" phase areas was as under :—

Year	Attack Phase			Total
	Existing	Reverted from		
		Consolidation	Maintenance	
1968-69	41.60	51.785	19.60	112.985
1969-70	40.837	52.223	14.404	107.464
1970-71	59.372	51.483	14.404	105.259
1971-72	39.112	50.513	10.404	100.029
1972-73	38.382	49.893	10.154	98.429
1973-74	37.842	49.713	9.854	97.409

The figures from 1974-75 to 1976-77 are the same for all the columns. From the Statement above, it may be seen that several areas which were under "Consolidation" phase were once again brought back to "Attack" phase. There was no change in the phasing of the programme from 1974-75 to 1976-77 when the recommendations made by an indepth Evaluation Teams was under consideration of the Government.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984].



APPENDIX—A

INDEPENDENT APPRAISAL TEAMS—1969

Sl. No.	States	Withdrawal of Spray Operations.				Districts/ Units involved	Entry into Maintenance Phase.				Districts/ Units involved.
		Project		Recommended			Projected		Recommended		
		Unit area	Pop. in mill	Unit area	Pop. in mill		Unit area	Pop. in mill	Unit area	Pop. in mill	
1	2	3	4	5	6	7	8	9	10	11	12
1.	Andhra Pradesh	0.30	—	0.16	0.18	Adilabad	4.04	—	3.07	3.99	1. Bobbili 2. Anakapalli 3. Vijayawada 4. Tenali 5. Guntur 6. Nalgonda 7. Nellore 8. Nizamabad
2.	Assam	0.24	—	—	—	—	—	—	—	—	—

1	2	3	4	5	6	7	8	9	10	11	12
3.	Jammu & Kashmir	0.09	—	—	—	—	1.50	—	0.34	0.39	1. Jammu
4.	Maharashtra	—	—	—	—	—	0.71	—	0.02	0.03	1. Satara
5.	Mysore	—	—	—	—	—	0.93	—	0.68	0.81	1. Bijapu 2. Gulbarga 3. Raichur
6.	Orissa	0.34	0.04	0.34	0.04	Sambalpur	—	—	—	—	—
7.	Uttar Pradesh	0.67	—	0.57	0.74	Kheri Bahariach	—	—	—	—	—
8.	Delhi	—	—	—	—	—	0.50	1.25	0.50	1.25	1. Delhi Urban South
9.	Goa	—	—	—	—	—	0.50	0.69	0.50	0.69	1. Goa
	TOTAL	1.33	—	0.76	0.25	—	8.18	—	5.11	7.36	

**INDEPENDENT APPRAISAL TEAMS—1970**

1	2	3	4	5	6	7	8	9	10	11	12
1.	Andhra Pradesh	0.20	0.24	0.18	0.22	1 Adilabad	0.91	1.36	0.42	0.54	1. Cudhpah 2. Guntur 3. Tenali
2.	Assam	—	—	—	—	—	0.19	0.20	0.11	0.09	1. North Lakhimpur
3.	Bihar	0.415	0.60	0.415	0.60	Raxaul Sikarpur	—	—	—	—	—
4.	Jammu & Kashmir	—	—	—	—	—	1.15	1.39	1.16	1.39	1. Sri Nagar 2. Baramula
5.	Madhya Pradesh	1.75	1.98	1.00	1.01	Betul Mandla	—	—	—	—	—
6.	Mysore	—	—	—	—	—	0.66	0.49	0.04	0.05	1. Shimoga 2. Jajapur
7.	Orissa	0.36	0.65	0.33	0.56	Phulbani Bhawanipatna	0.49	0.71	0.49	0.71	
8.	Uttar Pradesh	0.28	0.32	0.28	0.32	Kheri(S)	0.50	0.58	0.50	0.57	1. Gorkhpur (W)
	<b>TOTAL</b>	<b>8.05</b>	<b>3.79</b>	<b>2.205</b>	<b>2.71</b>		<b>3.91</b>	<b>4.73</b>	<b>2.72</b>	<b>3.35</b>	

**INDEPENDENT APPRAISAL TEAMS—1971**

1	2	3	4	5	6	7	8	9	10	11	12
1.	Bihar	—	—	—	—	—	1.75	2.35	1.00	1.44	1. Darbhanga 2. Sitamarhi 3. Bela at Parih
2.	Uttar Pradesh	1.47	2.20	1.18	1.77	1. Bandra 2. Allahabad 3. Mirjapur 4. Rampur	1.53	1.86	1.03	1.34	1. Allahabad 2. Meerut(E) 3. Baharaich 4. Dehradun 5. Najibabad 6. Muzaffar Nagar
<b>TOTAL</b>		1.47	2.20	1.18	1.77		3.28	4.21	2.03	2.78	

### INTERNAL EVALUATION TEAMS—1971

Recommendations of internal evaluation team for re-entry into maintenance phase during 1971-72 of the unit areas reverted from maintenance phase to attach phase.

Sl, No.	State	Entry into Maintenance Phase				Districts/Units involved
		Projected		Recommended		
		Unit Area	Pop. in mill	Unit Area	pop in million	
1.	Uttar Pradesh	4.25	6.05	4.00	5.65	1. Kanpur, 2. Etawah 3. Mainpuri, 4. Agra, 5. Mathura, 6. Farrukhabad 7. Unnao, 8. Fatehpur, 9. Allahabad, 10. Partapgarh, 11. Raibareli.

INDEPENDENT APPRAISAL TEAMS—1972

Sl. No.	States	Withdrawal of Spray Operations				Entry into Maintenance Phase					
		Projected		Recommended		Districts/ Units involved	Projected		Recommended		Districts/ Units involved
		Unit Area	Pop. in mill	Unit Area	Pop. in mill		Unit Area	Pop. in million	Unit Area	Pop. in mill	
1.	Assam	0.37	—	—	—	0.11	—	—	—		
2.	West Bengal	0.53	—	—	—	2.66	—	1.56	2.27	1. Murshidabad(S) 2. 3. Malda	
3.	Sikkim	—	—	—	—	0.50	—	—	—		
<b>TOTAL</b>		<b>0.90</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>3.19</b>	<b>—</b>	<b>1.56</b>	<b>2.27</b>		

**INTERNAL EVALUATION TERM—1972**

**Recommendations of Internal Evaluation Team for reentry into Maintenance phase during 1972-73 of the unit areas reverted from maintenance phase to attack phase.**

Sl No.	State	Entry into Maintenance Phase				Districts/Units involved
		Projected		Recommended		
		Unit Area	Pop. in million	Unit Area	Pop. in million	
1.	Uttar Pradesh	0.45	0.30	0.38	0.25	1. Muzaffar Nagar 2. Allahabad 3. Jalaun
<b>TOTAL</b>		0.45	0.30	0.38	0.25	

### Recommendation

The Committee are not happy over the manner in which the NMEP authorities had acted in the matter of supply and use of insecticides. The technical directions envisaged that there would be no fresh malaria cases after 2-3 years if spray operations were conducted thoroughly with the right type of insecticide. As effectiveness of spray operations depended on susceptibility of vector mosquito to the insecticide sprayed, entomological surveys were a basic requirement in the selection of right type of insecticide. However, in a number of cases in Andhra Pradesh, Karnataka, Madhya Pradesh, Bihar, Tamil Nadu, J&K, Himachal Pradesh and Mizoram entomological surveys had not been carried out at all even under the Modified Plan of Operation or were conducted only partially. Though inadequacy of entomological studies was realised at the time of framing the strategy for the Modified Plan of Operation (1976-77) and subsequently 72 Entomological Zones had been established, many of the States have yet to appoint proper personnel to man these entomological Cells. This is evident from the fact that as many as 12 posts of Assistant Entomologists, 19 posts of Laboratory Technicians and 10 posts of Insect Collectors are vacant in 72 Entomological Cells sanctioned. The Committee need hardly emphasise that immediate steps should be taken to fill up these posts and ensure that entomological coverage is not allowed to fall in arrears.

[Serial No. 7 para 1.38 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### Action Taken

The recommendation of the Committee regarding the need to take immediate steps to fill up the vacant posts have been noted. As a result of the persistent follow-up done with concerned State Governments the situation has improved to a considerable extent. The Committee had noted that as many as 12 posts of Assistant Entomologists, 19 posts of Lab. Technicians and 10 posts of Insect Collectors were vacant in 72 Entomological Cells. As against that the present position is 3 posts of Assistant Entomologists, 5 posts of Lab. Technicians and 1 post of Insect Collector are vacant. Efforts are being made through the State Governments to get all these posts filled up vide letter No. 5-28/83-NMEP—Ent./MPO dated 8-3-1983 (copy enclosed) at Appendix 'P'.

[D/Health O.M. No. G. 24015/6/83—MAL Dt. 8th May, 1984].



**APPENDIX 'P'**

No. 5—28/83/NMEP—Est./MPO  
Government of India  
Dte. of National Malaria Eradication  
Programme, 22-Shamnath Marg.  
Delhi-110054.

Dated the 8th March, 1983.

To

The Director of Health Services,  
of all States under MPO Mizoram, Meghalaya, Nagaland  
and Andaman & Nicobar Islands and  
All RH&FW Offices.

Subject :—Entomological Zone—regarding.

Sir.

Kindly furnish the latest information regarding the entomological staff working at Zonal Office in your State as per the table given below :—

S. No.	Name of the Post	No. of post Sanctioned	No. of post vacant	REMARKS. Training Status of A.E.
1.	State Entomologist			
2.	Assistant Entomologist			
3.	Laboratory Technician			
4.	Insect Collector			

If the post is not filled up or vacant due to some reason it may be clarified. Necessary action may be taken to fill up the said posts at the earliest. So that the entomological work should not suffer.

Yours faithfully,  
Sd/-  
for DIRECTOR, NMEP

Copy for information to :—

The Regional Director, ROH&FW,  
(As per list attached).

*State Malariologists of**Regional Directors RH&FW*

1. Andhra Pradesh	1. Simla—Himachal Pradesh
2. Andaman & Nicobar Islands	2. Bangalore—Karnataka
3. Arunachal Pradesh	3. Trivandrum—Kerala
4. Assam	4. Bhopal—Madhya Pradesh
5. Bihar	5. Imphal—Manipur
6. Gujarat	6. Poona—Maharashtra
7. Haryana	7. Bhubaneswar—Orissa
8. Simla	8. Jaipur—Rajasthan
9. Karnataka	9. Madras—Tamil Nadu
10. Kerala	10. Lucknow—Uttar Pradesh
11. Madhya Pradesh	11. Srinagar—J&K
12. Mizoram	12. Hyderabad—Andhra Pradesh
13. Shillong	13. Calcutta—W. Bengal
14. Maharashtra	14. Shillong—Meghalaya
15. Nagaland	15. Patna—Bihar
16. Orissa	16. Ahmedabad—Gujarat
17. Punjab	17. Chandigarh—Punjab.
18. Rajasthan	
19. Tamil Nadu	
20. Uttar Pradesh	
21. West Bengal	
22. Jammu & Kashmir	
23. Meghalaya	

**Recommendation**

The Committee are distressed to find that in a number of States like Haryana, Uttar Pradesh, Gujarat and Karnataka in large areas covering lakhs of population supply and consumption of insecticides had not been regulated in accordance with the results of entomological surveys. These areas were sprayed with DDT and BHC though susceptibility tests had shown vector resistance to these insecticides. That this has to be done on financial and administrative considerations does not carry conviction with the Committee as no positive results can be expected by spraying a particular type of insecticide in an area where there was vector resistance to that insecticide. It is, therefore, no sur-

prise that in some of these areas there was a rise in malaria cases. However, the use of wrong insecticides results not only in wastage of resources but is also likely to lead to avoidable environmental pollution entailing serious adverse repercussions. The Committee need hardly stress that supply and consumption of insecticides should be regulated strictly in accordance with the results of entomological surveys.

[Serial No. 8 Para 1.39 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

#### **Action Taken**

The susceptibility status of malaria vector is determined by WHO susceptibility test kit method. However it may be mentioned in this connection that the insecticide resistance detected by this method should not be taken as the only criterion for effecting change in the use of insecticide. The relevant epidemiological and entomological factors are also taken into consideration besides the insecticide susceptibility test result for changing the insecticide. Controlled studies carried out by Malaria Research Centre of the ICMR in some areas in Faridabad in Haryana and the Maharashtra State Malaria Organisation in Chandrapur and Pune districts have shown reduction of malaria incidence of spraying DDT/BHC to which the vector species were found to be resistant as per WHO Test Kit Method. Also, the Technical Advisory Committee on Malaria is also consulted by the NMEP for effecting change in the insecticide being used for indoor residual spray in the concerned area on the basis of epidemiological and entomological data. It may also be mentioned that the WHO Expert Committee on Insecticides Technical Report Series NC. 585 have stated that the discontinuance of use of the same insecticide in a given area cannot be determined solely by resistance tests. General epidemiological and entomological factors are also necessary to be kept in view for this. It is on the basis of all these considerations that the appropriate type of insecticide is used for spray operations in a given area. With the constantly decreasing trend of the incidence of malaria over the years, it is evident that the suitable and appropriate insecticides are being used in the Programme.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th, May 1984.]

### Recommendation

According to guidelines radical treatment with primaquine (15 mg per day) for 5 days was required to be administered at the earliest to sterilise infection in all the fever cases found positive. The Committee are concerned to note that of the 15 lakh positive malaria cases in certain districts of Andhra Pradesh, Bihar, Gujarat, Haryana, Himachal Pradesh, Madhya Pradesh and Maharashtra, radical treatment was administered in a very large number of cases after considerable delay, exceeding 90 days after the collection of blood smears in some cases. What is still more disturbing is that in some States like Karnataka, Maharashtra, Haryana and Arunachal Pradesh radical treatment was not administered at all in respect of 1.80 lakh out of 31.26 lakh malaria positive cases. Shortage of drugs has been stated to be the reasons by some State Governments for this. On the other hand, the Ministry of Health have contended that States of Haryana and Karnataka had reported a carry-forward stock of 33.28 lakh primaquine tablets as on 1 January, 1977 and that with this quantity, it would have been possible to treat all the malaria cases. Shortage of man-power, has also been stated to be the the reason for not administering the radical treatment. The Committee have been informed that the existing organisation was not able to cope with the heavy load of work in districts with high incidence. It has also been contended that augmentation of staff to cover all cases would require heavy outlay of resources and continuity of their services after main malaria season would also be a problem. Nevertheless the Committee apprehend that in the absence of radical treatment to such a large proportion of malaria cases, it would not be possible to eradicate malaria in the foreseeable future. The Committee therefore urge that ways and means be devised to arrange sufficient manpower and resources for this important Health Programme.

[Serial No. 16 para 1.77 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### Action Taken

For the purpose of radical treatment in case of infection of malaria, adequate quantities of the Primaquine tablets are made available to the States. A statement indicating the position of stocks

of Primaquine tablets available with the States is enclosed at Appendix E which would indicate that the States were having these tablets in adequate quantities to carry out the radical treatment of positive cases. Necessity for the timely administration of radical treatment in the positive cases has been stressed upon the States. To cope with the demand of adequate manpower, the States have been authorised to augment the peripheral staff on population basis. Also with the introduction of the multi-purpose workers scheme, one village health guide has been provided for every 1,000 population. The States which find difficulty in administering radical treatment to positive cases through existing surveillance machinery, have been authorised to administer radical treatment to positive cases through village health guides/ANMS.

[D, Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984]

**APPENDIX—E***(Opening balance of Primaquine Tablets in lakhs) held by States/UTs from 1976 to 1980*

S.No.	Name of the State	As on 1.1.76	As on 1.1.177	As on 1.1.78.	As on 1.1.79	As on 1.180
1.	Andhra Pradesh	17.24	15.14	1.67	43.07	98.00
2.	Assam	6.88	15.09	6.60	12.91	47.47
3.	Bihar	5.89	NR	NR	2.41	40.67
4.	Gujarat	14.16	78.88	NR	NR	305.65
5.	Haryana	—	33.28	31.13	23.12	219.41
6.	Himacha Pradesh	0.44	2.84	7.22	9.49	14.17
7.	Jammu & Kashmir	1.35	4.73	1.74	3.16	10.60
8.	Kerala	—	0.12	0.43	4.13	NR
9.	Madhaya Pradesh	46.13	117.21	116.34	58.00	378.83
10.	Maharashtra	3.00	54.50	96.50	142.49	288.61
11.	Manipur	NR	0.25	0.04	0.24	—
12.	Meghalaya	0.10	0.67	1.60	0.04	3.48

13. Karnataka	3.66	14.80	NR	41.86	184.57
14. Nagaland	0.04	0.30	0.41	0.14	0.69
15. Orissa	18.23	63.12	NR	NR	224.23
16. Punjab	10.51	5.00	37.26	16.47	43.09
17. Rajasthan	1.50	5.65	47.18	NR	NR
18. Tamil Nadu	3.98	3.36	NR	46.27	109.86
19. Tripura	0.04	NR	0.61	7.50	30.60
20. Uttar Pradesh	10.56	24.02	NR	24.18	74.39
21. West Bengal	9.72	15.92	NR	9.09	62.84
22. Arunachal Pradesh	1.17	3.90	4.29	NR	NR
23. A & N Islands	0.85	0.70	0.07	0.37	0.22
24. Chandigarh Administration	—	0.65	2.04	0.48	2.98
25. Goa	0.01	0.07	0.26	1.04	1.24
26. Delhi	0.29	0.14	5.02	13.05	23.90
27. Sikkim	0.12	0.18	0.08	0.02	0.06
28. Mizoram	—	2.00	0.54	2.56	12.96
29. Pondicherry	0.60	0.16	0.13	0.11	0.19

### **Recommendation**

Another disquietening feature of malaria eradication programme has been the use of sub-standard anti-malarials, in a number of States discoloured sub-standard primaquine tablets have been supplied. The Committee note that the case regarding supply of sub-standard and discoloured primaquine tablets in Haryana is being investigated. The Committee would like to be apprised of the outcome of these investigation as well as remedial measures taken to guard against the recurrence of such cases.

[Serial No. 17, para 1.84 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### **Action Taken**

The Ministry have taken adequate measures for the quality control of the drugs to be supplied to States/UTs. All concerned States/UTs have been requested not to use sub-standard/dicoloured tablets if they come across with such material at any time. As regardz the case of supplies of discoloured tablets of Primaquine to Haryana (Gurgaon District) the investigations have revealed that out of 1,00,000 Primaquine tablets supplied 59,000 discoloured tablets were returned to the concerned firm in 1979 and again 30,072 tablets returned in 1981. The remaining quantity of 10,428 tablets had already been consumed at the periphery before the receipt of instructions to stop its use. A copy of the letter received from the District Malaria Officer, Gurgaon, Haryana who investigated the case is enclosed at Appendix F. There is no report of untoward reaction because of use of the discoloured primaquine tablets from this area.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984]



**APPENDIX—F**

From :—

The Distt. Malaria Officer,  
Gurgaon.

To

The Director,  
N.M.E.P.,  
22-Sham Nath Marg.  
DELHI.  
No. Mal tech/M-6/82/4964  
Dated Gurgaon, 25/X/82

Subject : Use of sub-standard/Dis-coloured 8-A.Q. Tab.

Reference your Ends. No. 2-2/82-NMEP (Stores) Genl. dated  
12.10 82.

Out of ont lakh. 8-AQ tablets 59500 were returned to the firm in  
1979 and 30072 have been returned during 1981. Remaining 10428  
tablets were consumed in the field because the supply was issued in the  
field before conveying instructions regarding its stop.

Sd/-25/10/1982  
Distt. Malaria Officer  
Gurgaon.

No. Mal'

Copy forwarded to the Jt. Director, Health Services (Mal.)  
Haryana, Chandigarh. This disposes of his telegram received in the office  
on 23/10 82, and endst No. 6044 dt. 22.10.82.

Sd/-  
Distt. Malaria Officer  
Gurgaon

**Recommendation**

The Committee are at a loss to understand why the drugs purchas-  
ed for malaria programmes had not been purchased from registered

firms. The DGS & D's insistence that 20 per cent of the tenders for supply of drugs should be floated to un-registered firms appears to be curious and needs clarification. The committee would like to emphasise that in the matter of purchase of drugs strict quality control has to be exercised.

[Serial No. 18 para 1.85 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### Action Taken

The Department of Supply has been consulted and their views/comments are as under :—

“DGS & D procures stores against the demands of various Departments on the basis of open competitive bids wherein all firms whether registered or not are free to participate. According to the then extant instructions in case of ordinary demands, 80% of the quantity on indent is straight away covered on registered/tried suppliers. The balance 20% is reserved for coverage against competitive bids received from un-registered/untried firms. Orders are placed on such firms only if their capacity to manufacture the stores involved is satisfactory as reported by the inspection officer (in case of Drug items the inspection agency is the Chief Inspectorate of Material, Ministry of Defence, Kanpur). In all cases, whether orders are placed on registered or unregistered firms stores supplied are accepted only if passed in inspection/testing.

Open bids are issued and placement of orders on unregistered/untried firms considered with a view to widen the field of competition and to bring new suppliers to the field. Capacity verification prior to Placement of orders and acceptance of stores on prior inspection are expected to ensure quality and conformity to the specification.”

The procedure indicated in paras 2 and 3 above was being followed in respect of all stores including drug items upto 1982. However, the question of applying these instructions to drug items was reviewed de novo in 1982 and the Department decided that from September, 1982 orders for drug items

will be placed only on firms registered/registered on trial basis. This was done because of the special nature of drug items and not to take any chance on quality and to ensure that these are purchased only from firms registered or registered on trial basis."

A copy of their order No. P-111/24(7)/82 dated 7.8.1982 in this regard is enclosed at Appendix G.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984].

**APPENDIX -- G**

No. PIII—4(7)/82  
Government of India  
Ministry of Supply & Rehabilitation  
Department of Supply

New Delhi, the 7th Sept., 1983.

To

The Director General of Supplies & Disposals,  
Parliament Street,  
NEW DELHI. (Shri Kaushal Kumar)

Subject : Purchase of Drug Items by D.G.S. & D.

Sir,

The procedure for procurement of the Drug items by the DGS & D has been under review and the following decisions have been taken with the approval of the Ministry of Finance:

- (i) In case of procurement of Drug Items against Ad hoc contracts only limited Tender Enquiry will be issued irrespective of the value of the indents or the classification of the indents. Rate/Running Contracts for drug Items also will be concluded on the basis of limited Tender Enquiries.
- (ii) The coverage will be made on the firms which are registered/registered on trial basis by H.P.C. (Drugs).
- (iii) For a period of six months from the issue of these orders, the coverage will also be considered on the un-registered firms if they are past suppliers for the relevant Drug Items.
- (iv) The limited tender enquiry will be issued to the firms which are registered/registered on trial basis with HPC/unregistered firms if past suppliers. After six months the tender enquiries will not be issued to these unregistered firms who fail to get themselves registered.

2. Wide publicity may be given to the above decisions so that unregistered firms could take a note of this and get themselves registered with DGS & D in time.

3. The decisions are to be implemented with immediate effect.

4. These instructions issued with concurrence of F.A. vide their U.O. No. F.A./722 dated 2.9.1982.

Yours faithfully,  
Sd/-

(R. Srivastava)

Director, Government of India

Copy to :—

1. Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.
2. Ministry of Defence, South Block, New Delhi.
3. Director of Audit, (CW & M), New Delhi.

#### **Recommendation**

The Committee notes with distress that progress reports on spray coverage sent by various State Governments to the Union Ministry of Health and Family Welfare generally contained exaggerated claims of achievement. This fact has been amply brought out by the independent appraisal teams which visited States during February to April, 1981 at the instance of the Government of India. It was observed that in Gujarat effective spray coverage never exceeded 40 to 50 per cent although the State Government reported 90 to 95 per cent in various returns. In Karnataka the PHCs visited by independent appraisal teams had reported spray coverage to the extent of 80 per cent though the actual coverage did not exceed 30 per cent of the sprayable surfaces and the favourable resting places of mosquitoes had invariably been left out. In Punjab during 1980, the spray coverage was claimed to be over 75 per cent, but on verification the team found that effective survey did not exceed 40 per cent and would be nearer to 30 per cent. In Haryana there had been no regular spray during 1979-80; selected village-wise spray in one round only was done in some of the villages with high incidence of malaria. This clearly shows a lack of reliable monitoring and supervision of the programme. The Committee desires that the

monitoring machinery be strengthened and concrete follow-up action taken in all cases where deficiencies in the programme are pointed out by the appraisal teams.

[Serial No. 24 para 1.102 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

#### **Action Taken**

On the basis of the epidemiological situation reports, being received every month, States are ranked according to their performance. However, these returns are scrutinised and discrepancy, if any, brought to the notice of the concerned authorities for taking suitable action. A copy of the consolidated monthly report on the epidemiological situation is also sent to all the States as feed-back. Regular submission of reports and returns for monitoring, of the programme have been impressed upon the State Health authorities many times. To enable the States for adequate monitoring, the Government of India now decided that for bigger States, 2 Statistical Assistants and for smaller States one Statistical Assistant should be provided at the State Headquarters. A letter in this regard has been sent to the all States/UTs and a copy of the letter No A. 11013/1/80-MAL dated 27.3.82 is enclosed (Appendix H) Now the Director General of Health Services will function as a model point for computerisation of data in respect of health programme for each district. A format has been prepared for different activities of NMEP and the districts have been instructed to send information direct to the D G H.S. Ministry of Health has established 17 Regional Offices for monitoring of health programmes including malaria eradication programme. The officers from these offices extensively tour in their respective areas for inspection and supervision of spray operations and discuss with the State Health authorities, suggest appropriate remedial measures for improving operations. In order to maintain adequate surveillance activities year after year, the Government of India have given clearances to the States/UTs for augmenting surveillance staff each year as per mid-year population.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984.]

## APPENDIX-H

No. A. 11013/1/80-MAL  
Government of India  
Ministry of Health & Family Welfare  
(Department of Health)  
(Malaria Section)

New Delhi dated 27-3-82

To

Health Secretaries of all States/UTs.

**SUBJECT :** NMEP—Modified Plan of Operations—Implementation in different States/UTs—Provision of Statistical Cell at Headquarters level—

Sir,

Under the Modified Plan of Operations of National Malaria Eradication Programme as introduced *vide* this Ministry's letter No. T. 14011/7/76/MAL-C&CD. dated 23-11-1976, various proformae have been prescribed for maintenance of data at the PHC, District and State level. This data is to be furnished from different enhelons from time to time for assessing the implementation of the Programme. Regular submission of these reports and returns has been impressed upon the State Health Organisations many times. But in many instances these reports and returns have been inrodinately delayed and are not received regularly in time. This is not in the interest of the Programme. The main reason for the delay in the submission of these reports is reported to be the absence of Statistical staff at the State Headquarters level. Consequently realising the importance of the Statistical Staff at State Headquarters level, it was recommended in the Annual Malaria and Filaria Workers, Conference held in August, 1979, that some Statistical Staff may be provided at Headquarters level. Keeping in view the area of the bigger States, it has been decided that two posts of Statistical Assistants may be created at the Headquarters in each State i.e. in Andhra Pradesh, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Taiml Nadu, Uttar Pradesh and West Bengal. In the reamining States and UTs, one Post each may be created at the Headquarter level. You

are, therefore, requested kindly to take necessary action to create the requisite post/posts of Statistical Assistant in your State/UT immediately to ensure that the requisite information in the prescribed performae is sent to the concerned authorities regularly and well in time.

2. The expenditure involved will initially be borne by the State Governments and subsequently shared between the State Governments and the Central Government on 50 : 50 basis.

3. This issues is with the concurrence of the Finance Division *vide* their Dy. No. 11073/82-Fin. I dated 15.3.1982.

Yours faithfully,  
Sd/-  
(L. C. BANSAL)  
DIRECTOR (PH)

Copy forwarded for information and necessary action to the following :

1. The Director, NMEP, Delhi.
2. The DHS of all States/UTs.
3. Finance Division.
4. Sanction Register.

Sd/-  
(L.C. BANSAL)  
DIRECTOR (PH)

#### **Recommendation**

The Committee are gravely concerned to note that of late cerebral malaria which had been confined to North-Eastern States, Madhya Pradesh, Orissa, Bihar and Maharashtra has spread to some Northern States because of migration of labour, population from cerebral malarious areas to Northern States and also because of increased irrigation facilities in these States. Insufficient supply and non-availability of insecticidal sprays in these States had also partly contributed to the spread of cerebral malaria which is an acute manifestation of some of the Pf infections and proves fatal in many cases. The Committee need hardly emphasise that urgent preventive measure should be taken up in right earnest not only to contain this disease but to eradicate it effectively in those areas in the country where is at present prevalent.

[Serial No. 26 para 1.111 of the 16 st Report (Seventh Lok Sabha)]



### Action Tanken

One of the objectives of the Modified Plan of Operations for NMEP is prevention of mortality. Due to spread of *P. falciparum* species of malaria in some areas, the Government of India have already launched a *P. falciparum* Containment Programme with the assistance from the Swedish International Development Agency through World Health Organisation to control the spread of this particular strain to other parts of the country. At present 80 districts of the country are under *P. falciparum* Containment Programme. There are 4 zones with the Headquarter located at Shillong, Bhubaneswar, Patna and Bhopal. Each zone is headed by a Senior Epidemiologist-cum Coordinator who is assisted by the special Epidemiologist/Senior District Epidemiologist/District Epidemiologist. Technicians and Administrative Staff. Certain equipments like vehicles, microscopes etc have been provided to strengthen the anti-malaria activities in the affected States/UTs. Under *P. falciparum* Containment programme, flying squads have also been provided to take prompt containment measures in areas where *P. falciparum* outbreaks are reported. To deal with the congregation of labour population in the projects resulting in spread of malaria, Union Health Secretary has written a letter to all Chief Secretaries and other Ministries (Copy enclosed at appendix I) to cooperate in taking timely measure to fight malaria in the projects. Director of Health Services has also written to all the Director of Health Services of States/UTs focussing their attention for the correct diagnosis of cerebral malaria and prompt remedial measures (Appendix J)

[D/Health O. M. No. G. 24015/6/83—Mal Dt. 8th May, 1984.]

**APPENDIX—I**

**KRIPA NARAIN**

**D.O. No. Z. 20019/2/80-PH(MAL)**  
**Government of India**  
**Secretary**  
**Ministry of Health & Family Welfare**  
**New Delhi-110011**  
**Dated 3rd May, 1980**

**My Dear**

I am writing this letter to draw your attention to the need for providing adequate arrangements for fighting Malaria in the major Projects set up in your States, both in the construction and in the operation phases.

2. As you are aware, under the National Malaria Eradication Programme together with its P. falciparum Containment Programme, a massive campaign to bring down the incidence of Malaria, particularly, the P. falciparum type, which causes cerebral malaria and even deaths has been mounted with sizeable assistance from WHO/SIDA. I have written separately to you in regard to the need for energetic action for the implementation of this programme.

3. One point which has disturbed us in several cases, is that for a large number of Projects set up by the Central Government, as also the State Government, no specific provision is made for necessary Anti-malaria activities. Both, during the construction phase and maintenance phase in a major project, inter-State Movement of large labour force often takes place, some of which is from highly endemic malarial areas. The result is that there have been serious outbreaks of Malaria in some of these Project areas. Normal machinery set up in a State for fighting malaria is based on the normal population in the concerned districts and cannot cover the large labour force residing in the labour colonies of such Projects. Consequently, this has led to serious out-breaks of Malaria with high morbidity and mortality rates.

4. You will kindly appreciate, that it is important that for each major Project, there should be adequate arrangements for controlling

the incidence of malaria in large labour population tied to the Projects. These facilities should be provided as normal and standing requirement for all such major Projects right at the Planning stage, taking into account the endemicity in the area, where the Project has to be located and the likely sources from which the labour force is to be drawn. For planning the necessary Anti-malaria, operational set up and facilities to be proved in such Projects, technical assistance and guide lines can be obtained by the Project authorities from the Director, National Malaria Eradication Programme, 22, Sham Nath Marg, Delhi. May I request you kindly to issue proper instruction to all the existing Project authorities under your control to review and comply with this requirement? You may also kindly ensure that *ab initio* action in this regard is taken in respect of new projects in future. A copy of the instructions issued by you may kindly be sent to this Ministry for information.

5. I would like to add for your information that I have already requested Secretary, Energy, Irrigation, Industry, Defence, Agriculture & Cooperation, Communication, Labour and Chairman, Railway Board for issue of similar instructions in regard to Central Projects.

Yours Sincerely,  
Sd/-  
(KRIPA NARAIN)

**To**

All Chief Secretaries,  
States/Union Territories.

Copy forwarded to :—

1. The Director, NMEP, 22-Sham Nath Marg, Delhi-110054.
2. The regional Director (HFW), All Regional Health and Family Welfare Offices.

Sd/-  
(I.C. BANSAL)  
DIRECTOR (PH)

**APPENDIX—J**

**DR. D.B. BISHT**  
Director General of Health  
Services

D.O. No. 9-1/83-NMEP (Asstt.)  
Government of India  
Director General of Health  
Services, Nirman Bhawan,  
NEW DELHI-110011.  
Dated the 10th October, 1983

Dear Dr,

I would like to draw your kind attention to the subject of reports on the incidence and deaths due to cerebral malaria in *P. falciparum* infection. This subject has drawn the attention of the public as well as Members of Parliament. I may like to mention that only a small percentage of cases of *P. falciparum* infection causes cerebral malaria. Symptoms are due to cedema of the brain caused by extravascular permeability of fluid on account of blockage of capillaries with swollen endothelial and red blood cells normal and parasitised and other factors.

In the course of investigation of many deaths in patients with cerebral symptoms suspected to be due to *P. falciparum* infection and labelled as deaths due to malaria, it was revealed that in large number of cases, blood smears were not examined for malaria parasite to confirm the diagnosis of *P. falciparum* infection.

The clinical picture of a case of cerebral malaria usually presents high fever of varying degrees and disturbance of sensorium associated with disorientation, delirium and even coma. Occasionally there may be neck rigidity and convulsions associated with other symptoms of shock.

In such cases to confirm the diagnosis of *P. falciparum* infection which is the only plasmodium which causes cerebral malaria, repeated examination of thick and thin smears is necessary.

If treatment is started early with intravenous injection of chloroquine quinine in adequate dosage along with supportive treatment, even

the serious cases can usually be saved. (Sometimes, it is observed that a case with cerebral symptoms, positive for Pf malaria, after treatment and initial improvement in the clinical picture, sometimes dies at a later stage. In such cases, cause/causes of death may be due to other complications arising during courses of treatment or a concomittent disease and the death may not be primarily due to *P. falciparum* infection).

In order to avoid the misunderstanding regarding reporting of deaths due to cerebral malaria, it is requested that if a case with cerebral signs and symptoms show *P. falciparum* parasite, the case can be diagnosed as cerebral malaria and if inspite of treatment, death occurs within a short time, because of late diagnosis or delay in starting specific treatment, the cause of death may be regarded as due to cerebral malaria *P. falciparum* infection. But in case, the patient shows improvement after the treatment with malarials and the parasite disappears from the blood and the patient expires at a later stage due to secondary infection/complications arising out of treatment of concomittent diseases, cause of death may not be labelled as cerebral malaria *P. falciparum* infection. In other words, the death "may be associated with malaria infection" but not 'due to malaria'.

I request that all physicians and Medical Officers incharge of Hospitals, PHC and other health agencies should be requested to make entries in the history sheets after careful consideration of the above. The incidence of cerebral malaria and death due to malaria should be redorted promptly to the State Malaria Organisation as well as to the Directorate of NMEP. These precautions will enable the Dte. of NMEP to prevent subsequent anomalies in the reporting of morbidity and mortality due to malaria, submitted to various organisations. A uote on cerebral malaria death due to is enclosed for information and circulation to the concerned Medical Officers.

Yours sincerely,

Sd/-

(D.B. BISHT)

To

Dr ..(All Directors of Health Services)

Copy to :-

Director, NMEP.

## CHAPTER IV

### RECOMMENDATIONS AND OBSERVATIONS REPLIES TO WHICH HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH REQUIRE REITERATION

#### Recommendation

The National Malaria Eradiction Programme was implemented as a Centrally sponsored Health scheme with cent per cent Central assistance from 1969 till 1979. Subsequently, in pursuance of the decision taken by the National Development Council, the cost of the scheme was equally shared between the Central and State Governments. However, on the basis of subsequent experience, the Ministry have found that this decision has adversely affected the programme because while adequate allocations covering 50 per cent share of expenditure from the Central Government have been made, some of the State Governments have not been able to provide matching funds to finance the scheme with the result that even the Central share has not been utilised. The Committee note the Ministry's view that for effective NMEP implementation prime need is to cover the programme into a category I-100 per cent centrally assisted programme, the Committee recommend that the financing aspect of the entire programme should be on the earlier basis when the Central Government took upon itself the responsibility, to defray the entire cost of the programme. It should be so, specially in view of the fact that malaria eradication programme is basically a national health problem involving crores of people mainly coming from the weaker sections of our population.

[Serial No. 4, para 1.2, of the 161st Report of the PAC  
(Seventh Lok Sabha)]

#### Action Taken

The National Malaria Eradication Programme which was being implemented as a Centrally Sponsored Scheme on 100% Central Assistance basis w.e.f. 4th Five Year Plan, was converted into a Centrally

Sponsored (Category II) Scheme to be implemented on 50 : 50 sharing basis between the Centre and the States, as per the decision of the National Development Council 1970-80. However, it has been observed that whereas the Central Government has been providing the funds corresponding to their share of expenditure on N.M.E.P., the State Governments have not been able to make matching provision in their budgets. In view of this the question of reconverting the scheme as a Centrally Sponsored Scheme on 100% Central Assistance basis was taken up with the Planning Commission who have indicated that this needs the approval of the National Development Council. In view of this, action will be taken for having the matter placed before the National Development Council for their favourable consideration at appropriate time.

[D/Health O.M. No. G. 24015/6/83-MAL Dt. 8th May, 1984].

### **Recommendations**

The success and effectiveness of Malaria Eradication Programme primarily depend upon the quantity of insecticides used. Distressingly, the C&AG's Report under examination has brought out a number of cases of the use of substandard insecticides valued at more than Rs. 53 lakhs. Earlier the C&AG's Advance Report (1979-80) had also brought out various cases of use of sub-standard insecticides worth Rs. 535 lakhs. In a few cases residual insecticides were replaced by suppliers, while in a majority cases sub-standard insecticides had been used. The fact that even a test check in audit could bring to light so many cases reveals that the supply and use of sub-standard insecticides are fairly wide-spread.

The Committee's examination of the cases relating to Uttar Pradesh and Madhya Pradesh revealed that besides inadequacy of independent testing facilities under Government, there has been lack of quality control and technical facilities to ensure acceptance and use of quality insecticides. It is a pity that such inadequacies should persist even after twenty years of the start of the programme. The Committee desire that the Ministry should go into these deficiencies carefully with a view to taking remedial measures. The Committee note in this connection that the Ministry of Health and Family Welfare has mooted a proposal to set up nine Insecticides Testing Laboratories in different States.

[Serial No. 9 and 10 para 1.47 and 1.48 of 161st Report of  
the PAC (Seventh Lok Sabha )

**Action Taken**

With regards to the observations of the Committee it may be mentioned that the Government have sanctioned nine Insecticides Testing Laboratories in the States, including Uttar Pradesh and Madhya Pradesh, for exercising strict quality control on the supply of insecticides. The State Governments concerned have been impressed upon to establish these laboratories immediately. A copy of the letter addressed by the Ministry of Health to different States is enclosed at Appendix B & B1. These nine laboratories are being set up, to start with, in assisting the States in timely procurement of standard material and timely testing of the carried forward stocks of insecticides before spray, so that only standard material is used in the Programme. These laboratories will also assist the States in taking timely steps for joint inspection and testing for protecting the legal aspect if the supplies are found substandard during the period of warranty and guarantee.

Besides, the cases against the firms are still under arbitration. Further action in this regard will be possibly only after the decision of the arbitration is known.

[D/Health O.M. No. G. 24015/6/83-MAL Dt, 8th May, 1984]



**APPENDIX—B**

**MOST IMMEDIATE**

**P.R. DASGUPTA**  
Joint Secretary

D.O. No. T. 14020/1/80-MAL  
Government of India  
Ministry of Health and Family Welfare  
NEW DELHI-110011  
Date the 9th September, 1983

Dear Shri

Kindly refer to this Ministry's letter of even number dated 15.4.1983 *vide* which you were requested to take necessary action for the establishment of Insecticide Testing Laboratory in the State Headquarters under National Malaria Eradication Programme for the testing of the insecticides like DDT 50% w.d.p., BHC 50% w.d.p. and Malathion 25% w.d.p. You were also requested kindly to endorse a copy of the sanctioned order issued in this regard by the State Govt. to this Ministry and the Director National Malaria Eradication Programme.

2. As we have not heard so far from you in this regard, I would request you kindly to intimate the action taken by you in the matter at your earliest.

With regards,

Yours sincerely,  
Sd/-  
(P.R. DASGUTA)

Shri (BY NAME)

Secretary to the Govt. of Gujarat, Haryana, Madhya Pradesh, Maharashtra, Deptt. of Health and Family Welfare, Karnataka, Orissa, Punjab, Rajasthan and Uttar Pradesh.

**Copy to :—** Director, NMEP, Delhi with the request that they may kindly pursue this matter with the concerned State Health Authorities and intimate to this Ministry the action taken by them in this regard.

2. The concerned Regional Directors for Health and Family Welfare, with the request that this may kindly take up the matter with the concerned State Health Authorities and intimate the action taken by them to this Ministry immediate.
3. Director of Health Services of concerned State,

Sd/-  
(P.R. DASGUPTA)  
*Jt. Secretary to the Govt. of India*

**APPENDIX—B—I**

**No. 9-8/B-80-NMEP (II)  
Government of India  
National Malaria Eradication Programme  
22-SHAM NATH MARG, DFLHI-54**

**Dated the**

**CIRCULAR**

Kindly refer to the enclosed copy of D.O. circular letter No. T. 14020/1/80-MAL dated 9th Sept., 1983 from Joint Secretary, Ministry of Health and Family Welfare, New Delhi addressed to the State Health Secretaries regarding Establishment of Insecticide Testing Laboratory in the State Headquarter under National Malaria Eradication Programme for testing of Insecticides like DDT 50%, BHC 50% and Malathion 25%.

You are requested to please take follow-up action with the State Health authorities in the subject matter and inform the Joint Secretary, Ministry of Health and Family Welfare, New Delhi accordingly under intimation to this office.

**Sd/- 5/10/83  
for Director,  
NMEP, Delhi**

**Copy to :—**

**The Regional Director, Regional Office for Health  
and Family Welfare.**

**Sd/-  
for Director,  
NMEP, Delhi**

**Recommendations**

The Committee are dismayed that during the period 1977 to 1980 substantial populations areas requiring regular spray were left unsprayed each year in different rounds of spray operations. Several States reported less than 50 per cent insecticidal spray operations over

the targeted areas and several areas due for coverage in second and third rounds had not been covered. After hearing the representatives of the Ministry the Committee are of the view that weakness of the institutional framework of the programme at the field level and not so much lack of cooperation of people is mainly responsible for this shortfall in achieving the target of spray operations. This weakness should be removed. The Committee further suggest that in rural areas the spraying operations should be conducted by giving sufficient advance notice to the households and by adjusting the same to convenience of the people. As the programme of malaria eradication is a mass programme it cannot succeed without the active cooperation of all the people. It is therefore, imperative that merits of spray operation are explained adequately and convincingly to people. Benefits of spray operations should be given wide publicity and cooperation of local and social organisations solicited.

[Serial No. 11 para 1.65 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

#### **Action Taken**

The recommendations of the Committee are noted. In this connection it may be stated that under the Modified Plan of Operations for the N.M.E.P. people's participation is an important component for the control of the disease. With a view of creating awareness among the people, health education has been taken up in the N.M.E.P. The Dte. of NMEP has produced 607 copies of film on malaria entitled "Amenace" and "A lesson to Remember". These films have been produced in regional language and supplied to the States Field Publicity Units of the I&B Ministry, Railways, Defence and Medical Colleges.

Besides this printed material on malaria in the form of folders, posters etc. have been produced in all the regional language and sent to the States for health education of the people.

Ministry of Health and F.W. (Department of Health) have requested the Health Secretaries of all the States/Union Territories regarding imparting Health Education on personal protection measures against mosquito bites and thereby preventing malaria. A copy of the letter issued in this regard is also enclosed (Appendix C).

[D. Health O.M. No. G. 24015/6'83-MAL Dt. 8th May. 1984]

**APPENDIX—C**

No. T. 14016/2/83—MAL  
Government of India  
Ministry of Health & Family Welfare  
(Department of Health)

New Delhi, dated the 28-9-1983

To

The Health Secretaries,  
All States/Union Territories.

**SUBJECT : N.M.E.P.—Health Education on personal protection measure for preventing mosquito bite and thereby preventing malaria.**

Sir,

As you are aware, the Modified Plan of Operations of NMEP, was launched in 1977 with the objective of the control of incidence of malaria and reduce the rate of mortality on this account. One of the objective of the Modified Plan of Operations was to involve the public cooperation so as to involve them actively in the implementation of the Programme. Stress in this behalf has been laid on the education of the masses for taking measures for personal protection. The Modified Plan of Operations has yielded very appreciable results, it is a fact that the measures regarding health education on personal protection can be made more effective and for this purpose it has been felt advisable for the States/UTs to adopt various possible media publicity in this regard such as :—

- (a) Broadcast over Radio at Regular intervals.
- (b) Issue of pamphlets in local languages to be circulated amongst household by the surveillance staff as well as the spray staff.
- (c) Inter-personal communication through opinion leaders.

The material for pamphlets to be issued by the State Government in their local language regarding personal protection measures to be taken by the Community/individual and also for preparation of pamph-

lets for inter-personal communication through opinion leaders is enclosed. A list of Radio spots expected to prove effective in prevention/control of malaria is also enclosed which may be broadcast in regional/local languages.

2. Keeping in view the importance of these measures, you are requested kindly to take necessary action immediately for the implementation of these publicity measures in your State/UT under intimation to this Ministry.

Yours faithfully,

Sd/-

(K CHANDRAMOULI)

*Under Secretary to the Govt. of India*

Copy forwarded for information and necessary action to the following :—

1. The Dte. of NMEP, 22-Sham Nath Marg, Delhi.
2. The Dte. of Health Services, All States/UTs.

Sd/-

*Under Secretary to the Govt. of India*

### **Recommendation**

The technical guidelines envisaged that population areas having API below 2 (i.e. less than 2 cases per 1000 population) were normally not to be covered by regular insecticidal spray, but 50 houses around a detected malaria case were to be given insecticidal spray. The Committee are shocked to learn that the shortfall is spraying in and around detected malaria cases in such areas varied between 91 to 98 per cent during 1977 to 1980 due to non-availability of insecticides at that time. This is particularly surprising in view of the claim made by the Ministry that supply of insecticides was adequate and stocks were being carried over by States from one year to another. The Committee would like to be appraised of the correct position in this regard.

[Serial No. 13 para 1.67, of the 161st Report of the PAC (Seventh Lok Sabha)] on para 7 of the Report of the Report of the C&AG for the year 1980-81 Union Government (Civil) on N.M.E.P.]

**Action Taken**

It may be mentioned in this connection that the adequate quantities of appropriate type of insecticides are made available by the Central Government to the States as and where necessary. It is also ensured that the insecticides reach the periphery well in time as per the spray schedule. A statement indicating the position of the insecticides available with the States during 1977-78 to 1980-81 year-wise is enclosed at Appendix D. It will be apparent from the same that there were adequate quantities of the appropriate insecticides with the States for carrying out focal spray.

[D/Health O.M. No. G. 24015/6/83—MAL Dt. 8th May, 1984.]

APPENDIX—D

*Opening Stocks of Insecticides available with various States from 1977-78 to 1980-81 (in MTs)*

States	1977-78			1978-79			1979-80			1980-81		
	DDT 75%	BHC 50%	Mala. 25%	DDT 75%	BHC 50%	Mala. 25%	DDT 75%	BHC 50%	Mala. 25%	DDT 75%	BHC 50%	Mala. 25%
1. Andhra Pradesh	225.80	80.00	—	235.00	350.00	—	201.00	30.0	—	292.00	112.00	—
2. Assam	50.25	53.69	—	43.32	54.00	—	197.00	—	—	30.00	—	—
3. Bihar	374.00	NA	—	NA	—	—	200.00	—	—	257.00	—	—
4. Gujarat	117.66	1157.20	749.13	117.66	1782.92	975.00	10.35	729.78	1434.16	6.60	200.00	80.00
5. Himachal Pd.	22.60	0.10	—	73.24	2.85	—	NA	4.15	—	74.00	10.55	—
6. Haryana	138.85	166.00	—	121.70	208.18	—	28.40	110.62	—	170.00	—	—*Cea-
7. Jammu & Kashmir	40.76	—	—	2.63	77.72	—	6.10	41.95	—	36.95	162.69	—sed
8. Madhya Pradesh	736.11	471.92	—	562.05	3606.20	—	464.00	1503.07	—	316.19	737.13	—by PPO
9. Maharashtra	405.64	474.21	2121.64	614.67	3301.00	1500.00	322.19	3301.00	1775.40	3.0.00	3301*	1775.00
10. Manipur	39.05	—	—	3.52	—	—	12.80	—	—	17.00	—	—
11. Meghalaya	152.50	—	—	64.74	—	—	25.40	—	—	30.00	—	—
12. Karnataka	143.50	157.40	—	347.78	970.00	—	497.15	1250.67	523.36	309.10	794.12	244.00
13. Nagaland	123.87	—	—	26.70	—	—	12.00	—	—	30.00	—	—



14. Orissa	590.52	335.57	—	881.00	360.00	—	567.00	640.76	—	154.14	727.15	—
15. Rajasthan	93.00	116.49	—	260.00	80.00	—	278.33	222.33	—	325.00	120.00	—
16. Punjab	94.33	21.31	—	82.36	817.55	—	228.00	—	—	170.00	65.00	—
17. Sikkim	0.10	—	—	0.03	—	—	4.30	—	—	2.23	—	—
18. Tripura	25.72	—	—	15.33	—	—	53.00	—	—	12.00	—	—
19. Tamil Nadu	143.97	0.75	—	161.31	181.45	—	60.00	150.00	—	94.05	—	—
20. Uttar Pradesh	229.00	103.00	—	372.00	1448.00	—	200.00	2000.00	—	263.00	220.00	—
21. West Bengal	187.00	—	—	329.72	—	—	141.60	22.00	—	—	50.00	—
22. A & N Islands	60.00	—	—	29.40	—	—	8.70	—	—	—	—	—
23 Chandigarh	1.67	—	—	2.00	—	—	6.50	—	—	6.00	—	—
24. Arunachal Pd.	138.71	—	—	73.40	—	—	60.00	—	—	18.00	—	—
25. Goa	8.30	—	—	5.43	—	—	16.60	—	—	10.00	13.00	—
26 Lakshadweep	0.08	—	—	5.73	—	—	1.90	—	—	4.00	—	—
27. Mizoram	3.90	—	—	7.37	—	—	5.30	—	—	—	—	—
28. Pondicherry	0.43	—	—	5.10	—	—	12.00	—	—	3.05	—	—
29. Delhi	35.50	—	—	21.90	—	—	4.30	80.80	—	—	—	—

N A. == Information Not Available.

— == Insecticide was not used.

### Recommendation

The Committee note that during 1976 to 1980, the States of Assam, Bihar, Haryana, Maharashtra and Uttar Pradesh had reported excess consumption of 2265 lakh 4 AQ tablets and 652 lakh 8 AQ tablets over and above the standard prescribed dosages valued at Rs. 111.55 lakh. The reasons for excess consumption of the anti-malarials has not been adequately and precisely explained to the Committee. They would therefore and like the Ministry of Health and Family Welfare to look into the matter and ascertain the precise reasons for excess consumption of anti-malarials on such a large scale.

[Serial No. 19, para 1.86 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### Action Taken

Reasons of excess consumption of 4 AQ tablets over the standard dose or presumptive treatment and Radical Treatment to positive cases are as under :—

**(A) 4 AQ Tablets :—**

1. Excess consumption due to mass therapeutic measures in areas with high API, to contain the disease in selected areas in addition to insecticidal spray.
2. DDCs are required to give 4 AQ tablets to a fever case without collection of blood smear.
3. When the stocks are issued by the Districts to the periphery, they record in their registers as consumption whereas the drugs are available with peripheral workers.

**(B) 8 AQ Tablets :—**

1. Mass therapeutic measures in high incidence areas. Mass radical treatment is given to entire population of the villages in selected areas without blood slide examination.
2. Issue from the District stock is indicated as consumption, whereas tablets are available in pipeline.

[D/Health O M. No. G. 24015/6/83—MAL Dt. 8th May, 1984.]

### Recommendations

The Committee find that in some of the State there had been excessive or deficient use of insecticides to a substantial extent against the standard laid down. In Bihar during the years 1977 to 1980 the quantity of DDT used was only 37 to 59 per cent of the quantity prescribed. In Arunachal the quantity of DDT consumed during 1976 to 1980 ranged between 121 to 154 per cent of the prescribed quantity while in Madhya Pradesh 13.88 lakh pounds of insecticides were consumed during 1976 to 1979 against the possible consumption of 8.17 lakh pounds of insecticides resulted in an extra expenditure of Rs. 15.79 lakhs.

[Serial No. 20, para 1.96 of the 161st Report of the PAC  
(Seventh Lok Sabha)]

### Action Taken

The Ministry of Health and Family Welfare have noted the recommendations of Committee in regard to the use of insecticide and regulation of supplies and provision of accessories for operations. The Government is proposing to have an In-depth Evaluation of NMEP operation shortly which will go into details and find out the reasons for such deficiencies and take suitable remedial action as and where necessary. The request of the in-depth evaluation of the National Malaria Eradication Programme will be intimated to the Committee in due course.

[M]Health O.M. No. G. 24015/6'83—MAL Dt. 8th May, 1984.]

**MOST IMMEDIATE  
PACE RECOMMENDATION**

**P.R. DASGUPTA**  
Joint Secretary

Government of India  
Ministry of Health & F W  
New Delhi-110011.

D. O. No. G. 24015/6/83-MAL

Dated 16th March, 1984.

Dear Dr. V. Ramalingaswami

In their 161st Report, the Public Accounts Committee have *inter alia* made the following observations/recommendations on para 7 of the Report of the C&AG for the years 1980-81, Union Government (Civil) relating to National Malaria Eradication Programme :—

“The Committee are concerned to note that insecticides supplied for public health use had been diverted in some cases for use as pesticides for agricultural operations and also for storage of grain to ward off insects. The wide spread use of DDT and Malathion in agricultural operations can pose a grave health problem. The Committee are told by an eminent scientist that in this country the people in their body fats carry a rather high level of DDT which is perhaps one of the highest in the world. The Committee are convinced that some drastic action is required in this regard to prevent indiscriminate use of DDT and Malathion. In this connection the Committee feel that Ministry of Health and Family Welfare’s suggestion that use of DDT, BHC and Malathion should be confined to only public health and of agricultural operations some other effective pesticides should be used *mertis consideration*. The Committee note that the ICMR Group is looking into this matter and their expert advice would be available to the Government shortly. The Committee would like to be apprised of the final action taken in this regard.”

With regards to the observations as mentioned above, this Ministry has informed the Public Accounts Committee as follows :—

“The Ministry of Health and Family Welfare is seeking the expert advice of the Indian Council of Medical Research regarding the instructions of the use of DDT and Malathion to be confined only to public health and take necessary action on the recommendations.”

2. In view of the position explained above, I shall be grateful if you could let me know the findings of Expert Group in this regard immediately.

Kindly accord it **PRIORITY**

Yours sincerely

Sd/-

(P. R. DASGUPTA)

Dr. V. Ramalingaswami,  
Director General, ICMR,  
Ansari Nagar, New Delhi.

## **CHAPTER V**

### **RECOMMENDATIONS AND OBSERVATIONS IN RESPECT OF WHICH GOVERNMENT HAVE FURNISHED INTERIM REPLIES**

#### **Recommendation**

The Committee are astonished to find that while there had been very low consumption of insecticides ranging from one third to a little more than half in Bihar there had been substantial excess consumption in Madhya Pradesh and Arunachal Pradesh during the year 1976 to 1980. The excess consumption has been stated to be due to higher discharge from nozzle of spray pumps. However if the explanations for the low and excess consumption insecticides are viewed in totality intriguing picture emerges. Refusal and closed houses cannot be confined to Bihar only nor can excessive discharge from nozzle tips, be confined to Madhya Pradesh, and Arunachal Pradesh. These factors could have operated universally. The Committee would like the Ministry to analyse reasons for excessive and deficient consumption of insecticides in depth for ensuring suitable action especially for properly regulating the supplies and use in future. The Committee would like to be apprised in due course of the action taken in this regard.

[Serial No. 21, para 1.97 of the 161st Report of the PAC  
(Seventh Lok Sabha) on para 7 of the Report of the  
C&AG for the year 1980-81, Union Government (Civil)  
relating to N.M.E.P.]

#### **Action Taken**

The Ministry of Health and Family Welfare have noted the recommendations of Committee in regard to the excessive and deficient consumption of insecticides. The Government proposes to set up a Committee to analyse the reasons in depth and take suitable remedial measures for regulating the supplies and the results and action taken thereon will be intimated to the Committee in due course.

[ D/Health O. M. No. G. 24015/6/83—MAL Dt. 8th May, 1984.]

### Recommendations

The Committee are concerned to note that insecticides supplied for public health use had been diverted in some cases for use as pesticides for agricultural operations and also for storage of grain to ward off insects. The wide spread use of DDT and malathion in agricultural operations can pose a grave health problem. The Committee are told by an eminent scientist that in this country the people in their body fats carry a rather high level of DDT which is perhaps one of the highest in the world. The Committee are convinced that some drastic action is required in this regard to prevent indiscriminate use of DDT and malathion. In this connection the Committee feel that Ministry of Health and Family Welfare's suggestion that use of DDT, BHC and Malathion should be confined to only public health and of agricultural operations some other effective pesticides should be used merits consideration. The Committee note that the ICMR Group is looking into this matter and their expert advice would be available to the Government shortly. The Committee would like to be apprised of the final action taken in this regard.

[Serial No. 22, para 1.98 of the 161st Report of the PAC (Seventh Lok Sabha) on para 7 of the Report of the C&AG for the year 1980-81 Union Government (Civil) relating to N.M.E.P.]

### Action Taken

The Ministry of Health and Family Welfare is seeking the expert advice of the Indian Council of Medical Research regarding the instructions of the use of DDT and Malathion to be confined only to public health and take necessary action on the recommendations. A copy of the letter issued to the Director-General, ICMR is at Appendix 'Q'.

[D/Health O.M. No. G. 24015/6.83-MAL Dt. 8th May, 1984.]

NEW DELHI;  
November 29, 1985  
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Agrahayana 8, 1907 (S)

E. AYYAPU REDDY  
Chairman,  
Public Accounts Committee

**PART II**  
**MINUTES OF THE 27TH SITTING OF THE PUBLIC**  
**ACCOUNTS COMMITTEE (1985-86) HELD ON**  
**21 NOVEMBER, 1985.**

The Committee sat from 1530 hrs. to 1630 hrs. in Room No. 51, Parliament House, New Delhi.

**PRESENT**

Shri E. Ayyapu Reddy—*Chairman*

**MEMBERS**

1. Shri Amal Datta
2. Shri Ranjit Singh Gaekwad
3. Shrimati Prabhawati Gupta
4. Shri Harpal Singh
5. Shri G. Devaraya Naik
6. Shri Raj Mangal Pandey
7. Shri H.M. Patel
8. Shri Simon Tigga

**SECRETARIAT**

1. Shri K. H. Chhaya—*Chief Financial Committee Officer*
2. Shri R. C. Anand—*Senior Financial Committee Officer*
3. Shri Brahmanand—*Senior Financial Committee Officer*

**REPRESENTATIVES OF AUDIT**

1. Shri C.S. Menon—*ADAI (RC)*
2. Shri D K. Chakravarty—*DAC RI*
3. Shri P.S. Wagle—*Joint Director (Report)*

2. The Committee considered the draft Report on action taken by Government on the 161st Report (7th Lok Sabha) of Public Accounts Committee relating to National Malaria Eradication Programme and adopted the same with certain modifications/amendments as shown in the Annexure.

3. The Committee authorised the Chairman to present the Report to the House.

*The Committee the adjourned.*



**ANNEXURE**

*Modifications/Amendments made by the Public Accounts Committee in their sitting held on 21.11.1985 in draft Report on action taken on 161st Report relating to National Malaria Eradication Programme.*

P. No.	Line	for	read
4	1 to 21	The Committee note..... .. opportunity.	The Committee note that the the National Malaria Programme a Centrally Sponsored Category I Scheme with 100 per cent Central Assistance was converted into a Category II Centrally Sponsored Scheme to be implemented on 50 : 50 sharing basis between the Centre and the States consequent to the decisions of the National Development Council in 1979-80. Since implementation of the Scheme, which was basically a National Health Scheme involving millions of people coming mainly from the weaker sections, had been adversely affected due to this decision, the Committee had recommended in their earlier Report that the Scheme should again be upgraded to Category I Centrally Sponsored Scheme. The matter is again stated to have been taken up with the Planning Commission for consideration of the National Development Council. The Committee understand that a meeting of the National Development Council has taken place recently.

P. No.	Line	for	read
7	1	to	<p>The Committee presume that the matter would have been placed before the National Development Council and a decision taken. If a decision in the matter is still pending, the Committee recommend that Government should upgrade the Scheme as Category I Scheme in anticipation of the approval of the National Development Council to this effect.</p>
	25	<p>Pointing to..... expeditiously.</p>	<p>Pointing to the continuance of the acquiescence of the malpractice of use of sub-standard insecticides in the absence of inadequate independent testing facilities in the country the Committee had desired that Government should take remedial measures in this direction. The Committee note with satisfaction that recognising the need for setting up of independent insecticides testing facilities for exercising strict quality control on the supply of insecticides Government have sanctioned setting up of 9 Insecticides Testing Laboratories in the States including Uttar Pradesh and Madhya Pradesh. The Committee, however, note that only two States viz. Maharashtra and Uttar Pradesh have complied with the directives of the Central Government in this regard. The Committee suggest that the Health Ministry should take it up with the States and advise them for establishment of remaining labora-</p>

P. N.	Line	for	read
			tories with utmost expedition and to ensure that this important matter is not allowed to drift.
8 1 to 4	The Committee ..... awards.		<p>In the earlier Report, the Committee had taken note of a number of cases of supply and use of sub-standard insecticides brought out in C&amp;AG's Advance Report 1980 and since so many cases had come up as a result of test-check only the Committee had arrived at the conclusion that the supply and use of sub-standard insecticides had been fairly widespread. The Committee had been informed in May, 1984 that the cases against the firms supplying sub-standard insecticides were under arbitration. The Committee find that the cases against the firms indulging in supply of insecticides are still under arbitration proceedings. The Committee desire that the arbitrators should be prevailed upon to decide these cases expeditiously and to ensure that there are no avoidable delays.</p>
11 1 to 20	While the... early date.		<p>While the Committee appreciate the measures taken by the Ministry to educate the people about the operations of the National Malaria Eradication Programme through films and printed material etc., they are constrained to observe that the Ministry's reply is silent on the question regarding removal of the weakness of the institutional framework of the Programme at field</p>

P. No.	Line	For	Read
			<p>level, which was mainly responsible for the shortfall in achieving the target set for spray operations. The Committee regret that the Ministry have not furnished any details of the action taken to rectify the weakness in pursuance of the Committee's recommendation. The Committee desires that the Ministry should examine this aspect forthwith and take effective steps to ensure that the programme functions efficiently at the field level.</p>
13	1 to 27	<p>In the Original ..... ..... success.</p>	<p>In their earlier Report, the Committee had pointed out that there was a shortfall in spraying in and around detected malaria cases to the extent of 91 to 98 per cent during 1977 to 1980 due to non-availability of insecticides at that time. The Committee had observed that this was despite the claim of the Ministry that supply of insecticides was adequate and even that the stocks were being carried over by the States from one year to another year. The Committee had desired to be apprised of the correct position in this regard. In their Action Taken Note, the Ministry have reiterated the position that adequate quantities of appropriate type of insecticides were made available by the Central Government to the States as and where necessary. Further that it was ensured that the insecticides reached the periphery well in time as per the spray schedule. To support</p>

P. No.	Line	For	Read
			<p>their argument, the Ministry have even furnished a statement indicating the position of insecticides available with the States during this period. The Committee, therefore, conclude that the States did not carry out their functions efficiently. They desire that Government should take effective steps to ensure that their directives are spelt out realistically for implementation at the field level and are carried out faithfully and efficiently.</p>
16	1 to end	The Committee are..... improved.	<p>The Committee are surprised that Government did not take adequate precautions to ensure that people do not make use of anti-malarial drugs in excess of their requirements. They desire that the Ministry should examine this matter thoroughly and ensure that the use of anti malarial drugs is not resorted to on a mass scale without blood slide examinations.</p> <p>The other reason for excess consumption of anti-malarials is stated to be recording the issue of 4 AQ and 8 AQ Tablets to field workers as consumption by the Districts whereas the supplies were still in pipe-line and had not in fact been issued to public. This in the opinion of the Committee is a faulty accounting system and needs to be improved immediately so as to ensure that all the drugs supplied to the field level organisations are fully and factually accounted for.</p>

P. No.	Line	For	Read
19	1 to 12	The Committee find..... recurrences.	The Committee find that the Ministry of Health and Family Welfare proposes to set up a Committee to make an indepth Evaluation of National Malaria Eradication Programme which would <i>inter alia</i> analyse the reasons for substantially excessive use of anti-malarial drugs in some cases and deficient use thereof in some other cases, as against the prescribed norms. The Committee would like to be informed, in due course, of the findings of the Indepth Evaluation committee and concrete action taken in pursuance thereof.

## APPENDIX

### *Recommendations/Conclusions*

Sl. No.	Para No.	Ministry/Deptt. concerned	Recommendations/Conclusions
1	7	Health & F.W.	The Committee note that the National Malaria Eradication Programme a Centrally Sponsored Category I Scheme with 100 per cent Central Assistance was converted into a Category II Centrally Sponsored Scheme to be implemented on 50 : 50 cost-sharing basis between the Centre and the States consequent to the decision of the National Development Council in 1979-80. Since implementation of the Scheme, which was basically a National Health Scheme involving millions of people coming mainly from the weaker sections, had been adversely affected due to this decision, the Committee had recommended in their earlier Report that the Scheme should again be upgraded to Category I Centrally Sponsored Scheme. The matter is again stated to have been taken up with the Planning Commission for consideration of the National Development Council. The Committee under-

stand that a meeting of the National Development Council has taken place recently. The Committee presume that the matter would have been placed before the National Development Council and a decision taken. If a decision in the matter is still pending, the Committee recommend that Government should upgrade the Scheme as Category I Scheme in anticipation of the approval of the National Development Council to this effect.

Pointing to the continuance of the acquiescence of the malpractice of use of sub-standard insecticides in the absence of adequate independent testing facilities in the country the Committee had desired that Government should take remedial measures in this direction. The Committee note with satisfaction that recognising the need for setting up of independent insecticides testing facilities for exercising strict quality control on the supply of insecticides Government have sanctioned setting up of 9 Insecticides Testing Laboratories in the States including Uttar Pradesh and Madhya Pradesh. The Committee, however, note that only two States viz. Maharashtra and Uttar Pradesh have complied with the directives of the Central Government in this regard. The Committee suggest that the Health Ministry should take it up with the States and advise them for establishment of remaining laboratories with utmost expedition and to ensure that this important matter is not allowed to drift.



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Health & F. W.

In the earlier Report, the Committee had taken note of a number of cases of supply and use of sub-standard insecticides brought out in C & AG's Advance Report 1980 and since so many cases had come up as a result of test-check only the Committee had arrived at the conclusion that the supply and use of sub-standard insecticides had been fairly widespread. The Committee had then been informed in May, 1984 that the cases against the firms supplying sub-standard insecticides were under arbitration. The Committee find that the cases against the firms indulging in supply of insecticides are still under arbitration proceedings. The Committee desire that the arbitration should be prevailed upon to decide these cases expeditiously and to ensure that there are no avoidable delays.

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While the Committee appreciate the measures taken by the Ministry to educate the people about the operations of the National Malaria Eradication Programme through films and printed material etc., they are constrained to observe that the Ministry's reply is silent on the question regarding removal of the weakness of the institutional framework of the Programme at field level, which was mainly responsible for the shortfall in achieving the target set for spray operations. The Committee regret that the Ministry have not furnished any details of the action taken to rectify the weakness in pursuance of the Committee's recommendation. The Committee desires that the

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Ministry should examine this aspect forthwith and take effective steps to ensure that the programme functions efficiently at the field level.

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Health & F. W.

In their earlier Report, the Committee had pointed out that there was a shortfall in spraying in and around detected malaria cases to the extent of 91 to 98 per cent during 1970 to 1980 due to non-availability of insecticides at that time. The Committee had observed that this was despite the claim of the Ministry that supply of insecticides was adequate and even that the stocks were being carried over by the States from one year to another year. The Committee had desired to be apprised of the correct position in this regard. In their Action Taken Note, the Ministry have reiterated the position that adequate quantities of appropriate type of insecticides were made available by the Central Government to the States as and where necessary. Further that it was ensured that the insecticides reached the periphery well in time as per the spray schedule. To support their argument, the Ministry have even furnished a statement indicating the position of insecticides available with the States during this period. The Committee, therefore, conclude that the States did not carry out their functions efficiently. They desire that Government should take effective steps to ensure that their directives are spelt out

realistically for implementation at the field level and are carried out faithfully and efficiently.

6            21            -do-

The Committee are surprised that Government did not take adequate precautions to ensure that people do not make use of anti-malarial drugs in excess of their requirements. They desire that the Ministry should examine this matter thoroughly and to ensure that the use of anti-malarial drugs is not resorted to on a mass scale without blood slide examinations.

7            22            -do-

The other reasons for excess consumption of anti-malarials is stated to be recording the issue of 4 AQ and 8 AQ Tablets to field workers as consumption by the Districts where as the supplies were still in pipe-line and had not in fact been issued to public. This in the opinion of the Committee is a faulty accounting system and needs to be improved immediately so as to ensure that all the drugs supplied to the field level organisations are fully and factually accounted for.

8            25            -do-

The Committee find that the Ministry of Health and Family Welfare proposes to set up a Committee to make an indepth Evaluation of National Malaria Eradication Programme which would *inter-alia* analyse the reasons for substantially excessive use of anti-malarial drugs in some cases and deficient use thereof in some other cases, as against the prescribed norms. The Committee would like to be informed, in due course, of the findings of the Indepth Evaluation Committee and concrete action taken in pursuance thereof.

1	2	3	4
9	29	Health & F. W.	<p>The Committee note that Government have been actively considering for some time to restrict the use of DDT and Malathion to public health only and in this respect they have sought expert advice of the Indian Council of Medical Research. The Committee hope that this would be dealt with utmost urgency and a decision in the matter will be taken soon. The Committee would like to have a further report in this regard.</p>
10	30	-do-	<p>The Committee desire that the final replies to the recommendations included in Chapter V, duly vetted by Audit, may be furnished to the Committee at an early date</p>

