

**ESTIMATES COMMITTEE
1961-62**

HUNDRED AND FORTY-FIFTH REPORT

(SECOND LOK SABHA)

MINISTRY OF HEALTH

**Action taken by Government on the recommendations
contained in the Forty-fourth Report (Second Lok Sabha)
of the Estimates Committee on the Ministry of Health**

PUBLIC HEALTH—PART II



**LOK SABHA SECRETARIAT
NEW DELHI**

October, 1961

Price Re. 1'00

LIST OF AUTHORISED AGENTS OF LOK SABHA SECRETARIAT

- | | | | |
|--|--|-----------------------|--|
| ANDHRA PRADESH | | KERALA | 30. The Good Companions, Rasputra, Baroda. |
| 1. G. R. Lakshminpathy Chetty & Sons, General Merchants & News Agents, Newpet, Candragiri, Chittoor District (Andhra Pradesh). | 17. C. V. Venkitachala Iyer, Near Railway Station, Chalakudi. | | 31. The Imperial Book Depot, 266, Mahatma Gandhi Road, Poona. |
| 2. Hindustan Diary Publishers, Market Street, Secunderabad. | 18. International Book House, Main Road, Trivandrum. | MADHYA PRADESH | 32. The International Book House, Private Ltd., 9, Ash Lane, Mahatma Gandhi Road, Bombay-1. |
| 3. Hyderabad Book Depot, Abid Road (Gun Foundry), Hyderabad. | 19. Modern Book House, 286, Jawahar Ganj, Jabalpur-1. | | 33. The International Book Service, Deccan Gymkhana, Poona-4. |
| 4. International Consultants Corporation, 48, C. Marredpally, (East), Secunderabad-3. | 20. The National Law House, Near Indore Library, Opposite Old High Court Building, Indore. | MADRAS | 34. Minerva Book Shop, Shop No. 1/80, Netaji Subhash Road, Marine Drive, Bombay-2. |
| 5. K. J. Asservadam and Sons, Cloughpet, P.O. Ongole, Guntur District (Andhra Pradesh). | | | 35. The New Book Company (P) Limited, Kitab Mahal, 188-90, Dr. Dada-bhai Naoroji Road, Bombay. |
| 6. M.S.R. Murthy & Company, Visakhapatnam. | 21. E. M. Gopalkrishna Kone, (Shri Gopal Mahal), North Chitrai Street, Madura. | | 36. The New Book Depot, Modi No. 3, Nagpur. |
| 7. People's Book House, B-2-829/1, Nizam Shahi Road, Hyderabad-1. | 22. The Kalpana Publishers, Booksellers, Trichinopoly-3. | | 37. The Popular Book Depot (Registered), Lamington Road, Bombay-7. |
| 8. The Triveni Publishers, Masulipatnam. | 23. The Presidency Book Supplies, 8-C, Pycroft's Road, Triplicane, Madras—5. | | 38. Sahitya Sangam, Booksellers, 44, Lok Manyu Vastu Bhandar, Dadar, Bombay-28. |
| BIHAR | | | MYSORE |
| 9. Amar Kitab Ghar, Diagonal Road, Jamshedpur-1. | 24. S. Krishnaswami and Company, P.O. Teppakulam, Trichirapalli-2. | | 39. H. Venkataramiah & Sons, Vidyanidhi Book Depot, New Statue Circle, Mysore. |
| 10. Book Centre, Opposite Patna College, Patna. | 25. The Swadesmitran Limited, Mount Road, Madras-2. | | 40. Makkalapustaka Press, Balamandira, Gandhi Nagar, Bangalore-9. |
| 11. 'Jagriti,' Bhagalpur-2. | | MAHARASHTRA | 41. People's Book House, Opp. Jaganmohan Palace, Mysore-1. |
| GUJARAT | | | 42. Pervaje's Book House, Koppikar Road, Hubli. |
| 12. Chanderkant Chiman Lal Vora, Law Publishers and Law Book Sellers, P.B. No. 163, 57/2, Ghandi Road, Ahmedabad. | 26. Charles Lambert & Company, 101, Mahatma Gandhi Road, Opposite Clock Tower, Fort, Bombay. | | 43. The S. S. Book Emporium, 'Mount-Joy' Road, Basavangudi, Bangalore—4. |
| 13. Gandhi Samirithi Trust, Bhavnagar. | 27. The Current Book House, Maruti Lane, Raghunath Dadaji Street, Bombay-1. | | ORISSA |
| 14. Lok Milap, District Court Road, Bhavnagar. | 28. D. B. Taraporevala & Sons, Co., (P) Limited, 210, Dr. Naoroji Road, Bombay-1. | | 44. The Cuttack Law Times Office, Cuttack-2. |
| 15. The New Order Book Company, Ellis Bridge, Ahmedabad-6. | 29. Deccan Book Stall, Fergusson College Road, Poona-4. | | |
| 16. Swadeshi Vastu Bhandar, Booksellers etc., Jamnagar. | | | |

CONTENTS

	PAGE
COMPOSITION OF THE COMMITTEE	(ii)
INTRODUCTION	(iii)
CHAPTER I Report	1
CHAPTER II Recommendations that have been accepted by Govern- ment	2
CHAPTER III Replies of Government that have been accepted by the Committee	41
CHAPTER IV Replies of Government that have not been accepted by the Committee	51
APPENDICES :	
1. Cooperation and Coordination among different agencies engaged in Research—Report of the Sub-Committee appointed by the Planning Commission	56
2. Note containing brief Summary of reply of State Governments re. setting up of Public Health Engineering Organisation	60
3. Note on the Recommendations of the Estimates Committee of Lok Sabha on Deficiency Diseases in India—by Dr. V. N. Patwardhan.	61
4. Copy of letter No. F. 462/C-38-59/13, dated the 1st April, 1960 received from the Secretary Medical Council of India, Temple Lane, Kotla Road, New Delhi addressed to the Secretary to the Government of India, Ministry of Health	65
5. Analysis of the action taken by Govt. on the recommendations con- tained in the 44th Report of the Estimates Committee (Second Lok Sabha)	67

ESTIMATES COMMITTEE

(1961-62)

CHAIRMAN

Shri H. C. Dasappa

MEMBERS

2. Shri Pramathanath Banerjee
3. Shri Chandra Shankar
4. Shri V. Eacharan
5. Shri Ansar Harvani
6. Shri H. C. Heda
7. Shri M. R. Krishna
8. Rani Manjula Devi
9. Shri Bibhuti Mishra
10. Shri J. G. More
11. Shri G. S. Musafir
12. Shri Padam Dev
13. Shri Jagan Nath Prasad Pahadia
14. Shri Chintamani Panigrahi
15. Shri Panna Lal
16. Shri Karsandas Parmar
17. Shri P. T. Thanu Pillai
18. Shri P. T. Punnoose
19. Shri Rajendar Singh
20. Shri K. S. Ramaswamy
21. Shri Satis Chandra Samanta
22. Shri Vidya Charan Shukla
23. Shri Kailash Pati Sinha
24. Shri M. S. Sugandhi
25. Shri Motisinh Bahadursinh Thakore
26. Shri Mahavir Tyagi
27. Pandit Munishwar Dutt Upadhyay
28. Shri Ramsingh Bhai Varma
29. Shri Balkrishna Wasnik
30. Shri K. G. Wodeyar

SECRETARIAT

Shri Avtar Singh Rikhy—*Deputy Secretary.*

Shri K. Ranganadham—*Under Secretary.*

INTRODUCTION

I, the Chairman of the Estimates Committee, having been authorised by the Committee, present this Hundred and Forty-fifth Report on action taken by Government on the recommendations contained in the Forty-fourth Report (Second Lok Sabha) of the Estimates Committee on the Ministry of Health—Public Health—Part II.

2. The Forty-fourth Report of the Estimates Committee was presented to Lok Sabha on the 26th March, 1959. Government furnished their comments on the recommendations contained in the Report on the 14th December, 1959. These were considered by the Study Group 'F' of the Estimates Committee (1959-60) on the 30th January, 1960. Government was requested to furnish further information on points arising out of their replies to some of the recommendations. The later replies were examined by the Study Group 'E' of the Estimates Committee (1960-61) on the 20th December, 1960. The draft Report on the action taken on recommendations was adopted by the Committee on the 26th September, 1961.

3. The Report has been divided into the following four Chapters:—

I. Report.

II. Recommendations that have been accepted by Government.

III. Replies of Government that have been accepted by the Committee.

IV. Replies of Government that have not been finally accepted by the Committee.

4. An analysis of the action taken by Government on the recommendations contained in the Forty-fourth Report (Second Lok Sabha) of the Estimates Committee is given in Appendix V. It would be observed therefrom that out of 77 recommendations made in the Report, 63 recommendations *i.e.* 81.8 per cent have been fully accepted by Government while 10 recommendations, *i.e.* 13 per cent have been accepted partly. Of the rest, replies of Government in respect of 3 recommendations *i.e.* 3.9 per cent have been accepted by the Committee, while that in respect of 1 recommendation has not been accepted by the Committee.

NEW DELHI;
October 31, 1961
Kartik 9, 1883(S).

(H. C. DASAPPA),
Chairman,
Estimates Committee.

CHAPTER I

REPORT

The Estimates Committee are glad that the points brought out in their Forty-fourth Report (Second Lok Sabha) have been replied to by Government generally to their satisfaction. There is, however, one recommendation reply to which has not been accepted by the Committee and has been commented upon in Chapter IV of this Report.

CHAPTER II

RECOMMENDATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Sl. No. (as in Appendix VI to 44th Report	Reference to para No. of the Report	Summary of Recommendation/Conclusion	Reply of Government
(1)	(2)	(3)	(4)
2	7	<p>The Governing Body of the Indian Council of Medical Research meets only once a year. The Committee recommend that it should meet more frequently to assess and guide the research programme more actively and also to formulate research programme for future needs of the country. Similarly the Scientific Advisory Board and Advisory Committees which also meet once a year should meet more often to tackle comprehensively the current research problems and also to prepare plans for future, according to the changing needs of the country.</p>	<p>Since the Committee appointed by the Governing Body of the Indian Council of Medical Research have already recommended that there should be at least three meetings per year of the Governing Body and has also suggested a modified procedure for the meeting of the Scientific Advisory Committee, no further action on the Estimates Committee's recommendation seems necessary.</p>
3	8	<p>The Committee are of the opinion that it would be desirable to associate some non-officials and heads of other research institutions on the Selection Sub-Committee of the Indian Council of Medical Research which at present consists of departmental people only.</p>	<p>The recommendation is being examined by the Indian Council of Medical Research.</p>
			<p>(Min. of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.)</p>
			<p>(Ministry of Health O.M. No. F. 7-35/59-B dated 14-12-59.)</p>

(Further information called for by the Committee)
Decision taken by the Indian Council of Medical Research on the recommendation may please be intimated.

The I.C.M.R. has intimated that the recommendation of the Estimates Committee is already being followed.

[Ministry of Health O.M. No. F. 7-35/59-B
(Pt. II), dated 27-7-60.]

5 10 The Committee feel that the Institutes which conduct researches in health matters should be under the Ministry of Health. The Committee, therefore, suggest that the feasibility of transferring the Central Drug Research Institute, Lucknow and other institutions which deal mainly with health problems from the Council of Scientific and Industrial Research to the Indian Council of Medical Research under the Ministry of Health may be examined by the Government.

The matter has been taken up with the Ministry of Scientific Research and Cultural Affairs. Further action will be taken on knowing their reaction.

(Ministry of Health O.M. No. F 7-35/59-B, dated 14-12-1959.)

6 12 The Committee feel that the work in the field of medical research is being done in an *ad hoc* manner. There is a pressing need for nationwide planning and co-ordination among all research institutions in the country, especially as there are certain problems which are of interest to the Indian Council of Medical Research, the Council of Scientific and Industrial Research and the Indian Council of Agricultural Research in their different aspects. The Committee, therefore, recommend that

6, 7 & 8. A sub-Committee of the Governing Body of the Indian Council of Medical Research has already considered these matters, and have recommended that the Indian Council of Medical Research should have a National programme of research and also have powers to organise application of results of research in the solution of such national problems. As a corollary, it has been recommended that a major portion of the funds of the Indian Council of Medical Research should be set apart for the national

(4)

programme of research, etc. referred to above. The Sub-Committee have also recommended that the Indian Council of Medical Research should have "Extension Services" on the lines of the Council of Scientific and Industrial Research, to popularise the discoveries made by the Indian Council of Medical Research in the health field. The Committee have also mentioned that it would be desirable to have a Standing Committee of representatives of the Council of Scientific and Industrial Research, Indian Council of Agricultural Research, and the Indian Council of Medical Research for ensuring a cooperative effort in all directions. In addition it is understood that the Scientific Advisory Committee of the Planning Commission has also constituted a sub-committee to examine the question of co-ordination and research between different Councils. The deliberations of this Sub-Committee are awaited.

(Ministry of Health O.M. No. F. 35/59-B, dated 14-12-1959.)

(3)

the research work may be done in a comprehensive and co-ordinated manner and suitable priorities fixed for tackling various subjects of research and then allocating them to the various institutions.

The Committee feel that the work of co-ordination between Indian Council of Medical Research, Council of Scientific and Industrial Research, and Indian Council of Agricultural Research is of considerable importance. In the meeting of the Sub-Committee of the Governing Body of Indian Council of Medical Research, a proposal was put forth that it would be desirable to have a Standing Committee of the Directors of the three Councils. The Committee suggest that the Ministry of Health and other Ministries concerned should take early steps to set up this Standing Committee and include in it certain non-official members also to achieve better co-ordination.

The Committee suggest that it would be useful to have once in a while, a joint conference of the members of the Council of Scientific and Industrial Research, Indian Council of Agricultural Research, and Indian Council of Medical Research for discussing common problems including items of research which

(1)

(2)

7

13

8

14

might be of interest to all, with a view to maintain close co-ordination and also to avoid overlapping of efforts.

(Further information called for by the Committee)

The decision of the sub-committee of the Planning Commission, if arrived at, may please be intimated.

(Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10-2-1960.)

The Working Group on Scientific Research of the Planning Commission has, on the recommendations of its Sub-Committee, suggested the Constitution of a Project Committee for a specific project to effect closer co-ordination between different agencies concerned with that Research Project. The Committee should consist of representatives drawn from the agencies responsible for the research. A copy of the report of the sub-Committee is at Appendix I.

Ministry of Health O.M. No. F. 7-35/59-B (Pl. II),
[dated 27-7-1960.]

At present no specific period or time has been earmarked for research work by the two professors maintained by the Indian Council of Medical Research at the School of Tropical Medicine, Calcutta. The Committee suggest that the whole position may be reviewed with a view to ensuring that the professors maintained by the Indian Council of Medical Research devote sufficient time to research. They should be

The recommendation has been accepted and the Government of West Bengal has been addressed in the matter. A copy of the communication has also been endorsed to the Chairman, Governing Body of the School of Tropical Medicine, Calcutta.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.)

(1)

(2)

(3)

(4)

mainly engaged on research work for fulfilling the object of the establishment of the professional chairs by the Indian Council of Medical Research.

11

The Committee suggest that the approach of the Indian Council of Medical Research should be more broadbased and the manner of encouraging medical research by assisting individual workers in different places may be combined with the establishment of centres of medical research with full time workers, who will be available for tackling specific problems in the field of medical research. In this connection the Committee also suggest that the feasibility of establishing a chain of laboratories doing medical research on the same lines as is done by the Council of Scientific and Industrial Research may be examined.

The suggestion regarding the establishment of centres of medical research with full time workers in the various medical colleges in the country is agreed to in principle.

As regards the establishments of a chain of laboratories doing medical research, it is noticed that the Governing Body of the Indian Council of Medical Research have already discussed this matter and have recommended that such laboratories should be established wherever feasible in selected fields of research.

(Ministry of Health O.M. No. F. 7-35/-59B, dated 14-12-1959.)

12

The Committee suggest that medical research should be taken up on a national scale and every medical institution and medical research scholar properly utilised so that some substantial results may be produced. The feasibility of having more schemes and wider fields of work with better finances being made available

Noted.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.)

for this purpose in the Third Plan should be examined.

The Committee understand that the funds utilised by the private research institutions, or drug houses for conducting medical research are exempt from taxes in some of the western countries in case they are liable to tax. The Committee suggest that Government should examine the question of tax relief in its application to our country.

(Further information called for by the Committee)

Kindly furnish the latest position in this respect.

(Lok Sabha Secretariat O.M. No. 30-EG-II/59, dated 10-2-1960.)

Ministries of Finance and Commerce and Industry have been addressed in the matter.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.)

The matter was referred to the Ministry of Finance, (Department of Revenue), and they have stated that clauses (xii), (xiii) and (xiv) of Sub-section (2) of Section 10 of the Indian Income Tax Act already provide adequate relief in respect of dealing with expenditure incurred by business concerns dealing with medical research. Further, Scientific Research Associations carrying on Medical Research which are approved by the prescribed authority (the Indian Council of Medical Research) also enjoy total exemption from tax in view of Section 4(3)(xiii) of the Income Tax Act. They, therefore, do not consider it necessary or feasible to extend such exemption to all types of commercial firms or unapproved associations claiming to be carrying on medical research.

[Ministry of Health O.M. No. F. 7-35/59-B (Pt.-II), dated 27-7-1960.]

15

The Committee recommend that the proposal to establish the Central Medical Library should be expedited and the feasibility of opening branches of this Library in the five zones of the country explored.

23

A Committee of five members was appointed to examine the proposal to establish a Central Medical Library at Delhi. This Committee has submitted its report which is under Government's consideration.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.*)

(*Further information called for by the Committee*)

Recommendation of the Committee (appointed to examine the proposal to establish a Central Medical Library at Delhi) and decision of the Government thereon may please be furnished.

(*Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10-2-1960.*)

The Committee appointed to put up proposals for the establishment of a Central Medical Library at Delhi recommended that there should be a Medical Library at the following three levels:—

- (i) Medical Services Libraries attached to the Colleges and Research Institutes.
- (ii) State Central Medical Libraries at the State Capitals.
- (iii) National Central Medical Library at New Delhi.

The scheme is likely to entail an expenditure of Rs. 37 lakhs non-recurring and Rs. 8.7 lakhs recurring.

In view of the non-availability of funds during the Second Five Year Plan, the scheme for the establishment of the National Central Medical Library with Zonal libraries is provided as an independent scheme in the Third Five Year Plan. After the Central Library has been established at Delhi, the work of opening the zonal libraries in the States and at Medical Colleges and Research Institutes will be taken up.

Regarding selection of the site for National Central Medical Library, the Committee appointed a sub-committee to explore the possibilities of finding a site of about 15 acres in the south of New Delhi, where some of the Colleges of Delhi University were coming up. A site at Ranjit Road has already been seen but it is now proposed to locate a site at Shahjahan Road.

[*Ministry of Health O.M. No. F. 7-35/59-B(Pt. II), dated 27-7-1960.*]

The Committee are of the opinion that it is desirable that a policy be laid down to have non-technical administrative help in the medical colleges apart from the technical people to relieve the professors and principals of their routine administrative burden and thus enable them to devote more time to research and teaching. Suitable steps may then be initiated in consultation with the State Governments and the Universities for the implementation of this policy.

24

16

The Government of India have already appointed an Administrative Officer in the Lady Hardinge Medical College and a similar post has been created in the Medical College, Pondicherry. The recommendation of the Committee has been commended to the State Government.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.*)

(1)

(2)

(3)

(4)

- 17 The Indian Council of Medical Research is still carrying out the medical aspect of the work of the Indian National Documentation Centre as the Centre is not yet able to take over such work. The Committee suggest that early steps should be taken to transfer this work to the Indian National Documentation Centre to which it legitimately belongs. Expert medical opinion should be made available to the Documentation Centre to enable it to assess the value of the medical documents.
- 18 The Committee suggest that in view of the general shortage of experienced medical personnel in the country, the knowledge and experience of outstanding retired medical personnel might be utilised on full or part time basis for rapid development of medical research work, provided the legitimate aspirations of younger men are not unduly thwarted.
- 19 The Committee recommend that a quarterly assessment of progress made in the opening of new centres should be made, if the tempo is to be sufficiently increased, to reach the target of 3000 Primary Health Centres by the end of the Second Plan. Further the Committee recommend that the entire country should be covered
- The recommendation has been accepted. The work will be transferred to the Indian Documentation Centre as soon as it is ready to take over the work.
- (Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).
- 25
- 26
- 29
- (i) It has already been decided that such assessment should be made. The proforma for the quarterly progress report has been prepared and sent to the Administrative Medical Officers.
- (ii) Regarding the coverage of the entire country by Primary Health Centres as quickly as possible,
- Noted for action in suitable cases.
- (Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

by Primary Health Centres as quickly as possible without lowering the staffing pattern of these Centres and for this purpose a suitable target date may be fixed in consultation with the State Governments. Availability of medical personnel should be carefully taken into consideration while fixing the target date.

taking into account the availability of medical personnel, a letter has recently been addressed to the State Governments asking for full details regarding the number of candidates who will pass out under each category during the remaining period of the 2nd Five Year Plan. When this data has been collected, it may be analysed with a view to getting a clearer picture regarding the number of Primary Health Centres that may be opened during each year for the next few years. After this has been done, the matter will be finalised in consultation with the State Governments.

(Ministry of Health O.M. No. F. 7-35/59-B,
dated 14-12-1959).

21

31

At present in certain areas, a Primary Health Centre is located at a place where a dispensary already exists although there are many places in the area without this facility and further some of the Centres are not even located at a central place. The Committee suggest that the location of a Primary Health Centre should be carefully worked out to provide medical facilities to all in a comprehensive manner taking all relevant factors into account.

22

32

The Committee suggest that the feasibility of having two doctors one of whom should be preferably a woman, at each Health Centre, should be examined.

11

The recommendation has been brought to the notice of the Ministry of Community Development and Cooperation and the State Governments for necessary action.

(Ministry of Health O.M. No. F. 7-35/59-B,
dated 14-12-1959).

It has already been tentatively decided that as far as possible a second medical officer, preferably a lady medical officer, should be posted to each Primary Health Centre.

(Ministry of Health O.M. No. F. 7-35/59-B,
dated 14-12-1959).

The recommendation has been brought to the notice of State Governments.

(*Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1959*).

Information received from most of the State Governments indicate that the recommendation is acceptable to them in principle. The State Governments are fully alive to the necessity of integrating the specialised services like malaria, filaria, B.C.G. vaccination, leprosy, etc. with the Primary Health Centres after adequate control in respect of these diseases has been achieved.

[*Ministry of Health O.M. No. F. 7-35/59-B (Pt-II), dated 27-7-1960*].

The recommendation has been brought to the notice of the State Governments for necessary action.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

The Committee recommend that early steps should be taken to implement the proposals mentioned in the Second Five Year Plan about the Health Units (referred to in para 36 of the Report).

(*Further information called for by the Committee*)

Please intimate specific action taken by the State Governments in this respect.

(*Lok Sabha Secretariat O.M. No. 30-EC-II-159, dated 10-2-1960*).

The Committee suggest that the Primary Health Centres should be linked with the district hospitals and medical college hospitals so that any serious case sent by a Primary Health Centre is admitted in one of those hospitals and information, as to the treatment given and after-care necessary, is sent to the Primary Health Centre when the patient is discharged. In addi-

tion experts from district hospitals etc. should visit the Primary Health Centres periodically to help the rural doctors and to see that proper standards of medical care are maintained at the Primary Health Centres.

25

The Committee suggest that a beginning should be made in certain Primary Health Centres to maintain family health records which would in course of time be extended all over. These records will give the medical history of each family and throw considerable light on the standard of health of the community served by the Centre and ways and means of improving it.

38

The Government of India consider that the maintenance of family health records will be desirable. Such records are being maintained at the three Oriental Training Centres in Singur, Poonamallee and Najafgarh for the Villages which they cover.

The State Governments have been requested that as an experimental measure a few Primary Health Centres in each State may be staffed adequately for maintaining family health records roundabout the areas served by it on an experimental basis, and that the minimum staff required for covering this additional item of work could be worked out in consultation with the Orientation Training Centres mentioned above.

33

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).

26

The Committee suggest that the facility of quarters should be extended to all the staff attached to various Health Centres. Rural people may be asked to help in providing such accommodation.

39

The recommendation has been brought to the notice of the State Governments/Administrations for necessary action.

(Ministry of Health O.M. No. F 7 35/59-B, dated 14-12-1959).

(1)

(2)

(3)

(4)

- 27 40 The Committee suggest that the Central Government should make efforts to see that all State Governments do give rural allowance to qualified doctors for serving in rural areas and to bring about a certain measure of uniformity in this respect in a phased manner.
- (*Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1959*).
- 28 41 In the 4th meeting of the Central Council of Health it was resolved that there is a vital need for fully qualified doctors to serve in rural areas and the Centre should give adequate subsidy to improve the term of service of rural doctors. The resolution of the Central Council of Health has not been carried out. The committee feel that such a subsidy on the part of the Centre may serve a useful purpose in remedying the existing state of affairs in the country and, therefore, suggest that the question may be reviewed again.
- 30 43 The Committee are of the opinion that the Ministry should work out a scheme of giving elementary training for preventive work to the practising Hakims, Vaidis etc. who are already working in rural areas and to make use of all these hundreds of thousands of workers scattered
- The State Governments have been asked to consider the question of granting rural allowance to qualified doctors for serving in rural areas in the Primary Health Centres so as to bring about a certain measure of uniformity in this respect in a phased manner.
- (*Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1959*).
- The Planning Commission were requested to examine/consider this recommendation. The Commission desire that the financial implications may first be examined by this Ministry. The matter is being examined in consultation with the Directorate General of Health Services.
- (*Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1959*).
- The recommendation has been brought to the notice of the State Governments for such action as they may consider necessary.
- (*Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1959*).

ed throughout the country in a properly co-ordinated pattern of Health Service. This scheme should also envisage a proper system of linking up with centres of more highly skilled medical care so that serious cases can be brought up for better treatment. Thus all available skill and talent would be able to function in co-ordinated pattern for the relief of human suffering and prevention of disease and the present atmosphere of rivalry and competition between different systems would be replaced by healthy co-operation. This suggestion implies that the auxiliary personnel should be picked up from amongst those already in the field and in fact all of them should serve as auxiliary personnel, reaching all the corners of the country.

(Further information called for by the Committee)

Please intimate whether a scheme as contemplated by the recommendation has been worked out by the Ministry of Health.

(Lok Sabha Secretariat O. M. No. 30-EC-II/59. dated 10-2-1960).

Maintenance of public health and provision of medical relief in rural areas are the primary responsibility of State Govts., and it was, therefore, left to them to work out a scheme as recommended by the Estimates Committee of Parliament.

The State Governments were accordingly requested to take action on the lines suggested by the Estimates Committee.

[Ministry of Health O.M. No. F-7-35/59-B (Pt.-II), dated 27-7-1960].

Steps have been taken to further accelerate the tempo of activities of this Centre. The area has been divided into eight sectors, each in charge of a Medical Officer, a Public Health Nurse, and a Health visitor for services other than Meternity & Child Health—and domiciliary services for which a separate team consisting of a lady doctor, a Nurse and a Health Visitor is detailed each for 2 sectors. This has come into force from March this year. Every attempt is being made to make the Centre serve as a model for other such centres in big cities, as and when established.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

The recommendation has been noted and action is being taken to include Hindi also in the name-plates and sign-boards in addition to regional language.

(*Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1960*).

It has been decided that 10 percent of the existing seats in the various health courses should be reserved for private candidates. In addition seats remaining vacant after filling quotas of

The Committee while noting with satisfaction that good work is being done at the urban Health Centre at Chetla (West Bengal) are of the opinion that the tempo of activities should be further accelerated so that it may not only serve as an adequate training centre for the All India Institute of Hygiene and Public Health, but also as a means of effectively supplying various health needs in the area and thus serve as a model for such Centres in other big cities as and when established, without interfering with the main object of the Centre.

The Committee recommend that it would be useful for the Union Government to issue a general directive that in all institutions under the management of the Central Government name plates and signboards should also be in the Official language of the Union in addition to the use of the regional languages.

The Committee are of the opinion that instead of keeping the field of public health closed pre-serve for a few employed in Government service, training in public health courses should be

thrown open to private candidates to attract talented persons to this line of work. They, therefore, suggest that various public health courses should be opened to private candidates having an aptitude for this kind of work and at least an adequate percentage of seats should be kept for those who wish to specialise in public health out of their own free choice. For this purpose number of seats should be increased and expansions effected, if necessary. This is particularly necessary in view of the fact that the State Governments are all the time advertising for doctors with training in public health.

35

A few seats remained vacant in the past in certain courses started by the All India Institute of Hygiene and Public Health due to the fact that candidates of the State Governments who were offered the seats did not join the courses. The Committee suggest that a panel of names of other students desirous of joining courses should be maintained so that if any candidate does not join the course, another candidate may be offered the vacant seat, and thus the training capacity of the Institute may be utilised to the maximum possible extent.

52

The Committee suggest that special steps should be taken to ensure the completion of the build-

37

The Committee suggest that special steps should be taken to ensure the completion of the build-

State sponsored candidates should be filled up by private candidates. Necessary orders in this respect have been issued.

(Ministry of Health O.M. No. F-7-35/59-B, dated 14-12-1959).

37

Necessary instructions in the matter have been issued to the Director, All India Institute of Hygiene and Public Health, Calcutta.

(Ministry of Health O.M. No. F- 7-35/59-B, dated 14-12-1959).

Plans have since been prepared by the C.P.W.D. and administrative approval accorded. The ex-

ing for the Public Health Engineering in the All India Institute of Hygiene and Public Health at an early date.

(*Further information called for by the Committee*)

Probable date when the building is expected to be completed may please be intimated.

(*Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10-2-1960*).

38 The Committee suggest that during these days of stringent financial conditions, re-air-conditioning of the whole building of the All India Institute of Hygiene and Public Health should not be resorted to and only such rooms should be air-conditioned which are absolutely necessary for scientific research.

39 The Committee were surprised to learn that though the scheme for the training of Lady Health Visitors during the Second Plan was only a continuation from the First Plan, the scheme for the Second Plan was sanctioned at the end of 1956-57 thus resulting in non-utilisation of Rs. 3,90,799 during that year. The

penditure sanction is expected to be issued by the Ministry of Works, Housing and Supply shortly.

(*Ministry of Health O. M. No. F. 7-35/59-B, dated 14-12-1959*).

The building in question is expected to be completed by the end of the Second Five Year Plan viz. 1960-61.

(*Ministry of Health O.M. No. F. 7-35/59-B (Pt. II), dated 27-7-1960*).

The suggestion has been noted. Only laboratories, libraries and class rooms will be air-conditioned.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

58 With a view to undertaking a large number of candidates in training, this Ministry had suggested central assistance of non-recurring nature for additional building & equipment. The Planning Commission did not, however, agree to give such an assistance to the existing institutions. The State Governments, therefore, took time to im-

Committee regret this delay on the part of authorities and suggest that such recurrence should be avoided in future.

plement the scheme. This delay was unavoidable. The suggestion of the Committee has been noted for future guidance.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

40 60 The Committee suggest that the Ministry should carry out a sample survey to find out how many deliveries in the areas served by the Primary Health Centres are being attended to by trained dais, the staff of the Health Centres, and by the untrained dais, so that the extent of the problem could be known and necessary provision made for additional trained dais including normal replacements.

The State Governments, etc., have been requested to carry out such surveys in 3-4 Primary Health Centres and to communicate the result thereof to the Government of India before the end of the calendar year.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*.)

42 64 The Committee feel that for the efficient working of dais in villages, it is necessary that the dais should be under the supervision of a Health Visitor and that there should be a scheme for supplying them with carefully fitted kits and for refilling of the kits after each delivery they conduct. They suggest that a workable scheme should be prepared and impelmented to provide for supply and refilling of kits of dais regularly in the rural areas. In the absence of Maternity Home Service for all, this is the least that must be done.

The State Governments/ Administrations have been requested to take necessary action in regard to the supervision of the dais by Health Visitors.

In regard to the supply of refills, it has been decided that with effect from 1-4-59 the Central Government will bear during the Second Five Year Plan period 50% of the cost of refills for the dais bags at the rate of Re. 1/- per midwifery case after the completion of training by the Dais under the scheme for the training of Dais.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

43

It is stated that certain States have surplus doctors, nurses, etc. but the other States are not prepared to take them on a permanent basis due to local prejudice. Even when they are employed by another State, they do not get equal chances of promotions etc., with the result that they feel insecure. It is an incongruous position that on the one side there is the problem of shortage of technical personnel while on the other, technical personnel is underemployed or unemployed. The Committee suggest that this position should be discussed in the Central Council of Health and suitable solution worked out in the over-all national interest.

65

This matter will be placed before the Central Council of Health.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).

44

The Committee feel that there should be a separate public health engineering organisation in every State so that the experts working in the direction of public health, continue to work in the jobs to which they were trained, gain experience and contribute their quota to the speedy implementation of the public health schemes.

70

The question of having a separate public health engineering organisation in every State has all along been stressed on the State Governments. The matter was discussed at the last conference of Public Health Engineers. A copy of the recommendation made by the conference has been sent to the State Governments asking them to report the action taken by them in this direction.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).

(Further information called for by the Committee)

Please furnish a copy of the recommendations made by the Conference of Public Health engineers

(Lok Sabha Secretariat O. M. No. 30-EC-II/59, dated 10-7-1960).

An extract of relevant recommendation from the Resolutions passed at the 3rd Conference of Public Health Engineers is given below:—

“A separate Public Health Engineering Organisation should be developed at the State level if the National Water Supply & Sanitation Programme of the country is to be properly executed. The Central Government should take some very effective steps to see that all the States in the country implement this recommendation in regard to the formation of a separate Public Health Engineering Department in each State with necessary and adequate staff. A workload of Rs. 10 to 15 lakhs per year should be considered as adequate justification for Public Health Engineering divisions in charge of execution.”

[Ministry of Health O.M. No. F. 7-35/59-B, (Pt. II), dated 27-7-1960].

The steps taken by the Central Govt. to see that the States implement the recommendation of the Conference may please be stated.

In July, 1959, all the State Govts. were asked to take action on the Recommendation of the 3rd Conference of Public Health Engineers relating to development of a separate P.H.E. Organisation at the State level. A summary* of the replies received from the State Govts. is enclosed. Replies are still awaited from the

*N.B.—Summary of replies received from the State Governments is reproduced as Appendix II.

(*Lok Sabha Secretariat O. M. No. 30-EC-II/59, dated 27-12-1960*).

Govts. of West Bengal, Orissa, Madras and Rajasthan. These State Govts. have been reminded.

(*Ministry of Health O.M. No. F. 7-35/59-B (Pt.), dated 20-5-1961*).

45 74 The Committee regret to note that there have been considerable shortfalls during the First Plan under Family Planning Programme. Considering the necessity and urgency of the problem, they are of the view that pre-planned and co-ordinated steps are urgently necessary on the part of the authorities concerned to utilise effectively the amount provided for during the Second Plan.

Steps have already been taken for a pre-planned co-ordinated implementation of the family planning programme during the Second Five Year Plan period. Detailed Plan is discussed at the meetings of the Central Family Planning Board to which members of the State Governments are invited. The programme is also discussed at the meetings of the Central Health Council and Administrative Medical Officers of the State Governments. Details of the plan and programme have been intimated to the State Governments and are discussed during the visit of the Director, Family Planning, in the respective States. Most of the States have already been covered.

To facilitate fuller utilisation of funds, the funds are released to State Governments as lump sum ways and means advances so that there may not be delay in receipt of funds in time. In case of local bodies and voluntary organisations, procedure for giving grants has been

simplified and the assistance is made flexible to suit the conditions prevailing in the parts where family planning programme is to be conducted.

(*Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959*).

46 The Committee suggest that full-time doctors (preferably lady doctors) may be appointed for family planning clinics in rural areas and part-time services of general practitioners utilised for this purpose in the cities.

80 State Governments have already been asked to appoint full time doctors in two pilot clinics in each State. The main difficulty is to find women doctors to work in the rural areas. Part-time employment of doctors in urban clinics has also been approved where full-time doctors are not available.

(*Ministry of Health O. M. No. F.-7-35/59-B, dated 14-12-1959*).

49 The Committee feel that more concerted efforts are necessary on the part of the Ministry to open family planning clinics in all the medical teaching institutions in the country and to see to it that all doctors and medical auxiliaries are automatically trained in family planning in their normal course of training.

83 Ministry of Health has persuaded the Medical Council of India and the Indian Nursing Council to recommend to medical teaching institutions to incorporate family planning in the normal courses of instruction. Inter-University Board has also recommended similar action. 1000 per cent central assistance is being offered to teaching institutions for opening clinics. State Governments have been requested to expedite implementation of this programme. Seventy-four Medical Teaching Institutions have opened family planning clinics.

(*Ministry of Health O.M. No. F.-7-35/59-B, dated 14-12-1959*).

The Committee suggest that early measures should be taken to provide adequate accommodation and staff to the Family Planning Training and Research Centre at Bombay. The Committee also suggest that some assessment of research work done at the Centre should be made.

Necessary action to get the ground floor vacated by shopkeepers who were in occupation of the building before it was purchased for training centre is being taken. The necessary staff has been sanctioned for the Family Planning Training and Research Centre, Bombay. The following staff has been sanctioned since the visit of the Estimates Committee to Family Planning Training and Research Centre, Bombay.

(1) Assistant Surgeon
Grade I.

(2) One L.D. Clerk, One
Health Visitor.

One Ayah.

One Mali-cum-Cleaner.

Sanctioned in October,
1958.

Sanctioned on 26th
August, 1958.

Further staff will be appointed as and when considered necessary. The research work done so far at this centre has been assessed and the observations made are included in the annual report of the Centre.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).

51 The Committee suggest that it would be desirable to open at least one Family Planning Training and Research Centre in each region.

52 The Committee suggest that by opening adequate number of training centres for family planning in each State, the required number of trained personnel, so essential for the success of the family planning programme, should be made available and utilised for the purpose of imparting necessary training to those desirous of receiving it.

S. Nos. 51 & 52.

Financial assistance has been offered to State Governments to develop 42 clinics as local training centres. The proposal to have a well developed regional training centre in each State is under consideration. Regional Centres have already been opened in Andhra Pradesh, Madras and West Bengal.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

53 The Committee are glad to learn that the Ministry of Community Development have agreed to include family planning as a subject in all their training centres in community development. They suggest that the position should be periodically reviewed jointly by the Ministries of Health and Community Development to ensure that the training facilities available for the personnel engaged in the work of Community Projects are adequately and properly used for imparting training in family planning and the personnel so trained work under medical supervision.

The Ministry of Health is in continuous touch with the Adviser, Health Programme, Ministry of Community Development and the progress of the family planning programme will continue to be periodically reviewed.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

54 The Committee suggest that the views of the Prime Minister with regard to family planning (mentioned in para 92 of the report) should be

The views of the Prime Minister mentioned in para 92 of the report have been published in the special issue of Swasth Hind which has been

properly emphasised to all the workers working in the field of family planning.

circulated in the States. These views have again being circulated to all Administrative Medical Officers for dissemination of information as widely as possible.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

56 94 The Committee hope that the experiments being conducted in regard to oral contraceptives will be successful and those that are found useful produced on a large scale to be within the reach of the ordinary person.

Research in oral contraceptives is being continued with a view to make available inexpensive, effective and acceptable contraceptives.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

58 98 The Committee are of the view that a comprehensive programme for improving the standard of health of school children is necessary and should be based on scientific data made available on the basis of sample surveys already conducted or to be undertaken. In this connection the Committee were informed that the Ministry propose to appoint an expert Committee presided over by a leading public man

interested in the subject to examine the lines on which health survey of school children should be conducted and also to suggest ways and means for the promotion of nutrition among school children. The Committee feel that this is a good proposal because if the health of the school children deteriorates, the future of the country is at stake. They, however, suggest that this Committee should also indicate as to how the various efforts made in this direction made by the different agencies can best be co-ordinated. They further suggest that such a Committee should consider the feasibility of harnessing the medical profession through the local medical associations for the purpose.

59

The Committee are of the opinion that proper surveys regarding the nutritional status of school children should be carried out by every Primary Health Centre periodically and steps should be taken to remove the causes of deficiencies in school children found out by such surveys. They are further of the opinion that a beginning should be made in a limited area, say in certain Primary Health Centres and to expand the diet of school students and to expand the scheme gradually so as to cover the whole country. They are also of the view that local medical personnel in the area could be harnessed in this work.

99

S. Nos. 58 & 59.

The question of appointing a Committee as proposed is under consideration in consultation with the Ministry of Education. This Committee will also consider the lines on which recommendation No. 59 can be implemented.

(*Ministry of Health O.M. No. F-7 35,59-B, dated 14-12-1959*).

(Further information called for by the Committee)

Decision, if any, taken in regard to appointing the Committee may please be intimated.

(*Lok Sabha Secretariat, O.M. No. 30-EC-II/59, dated 10th July, 1960.*)

60 101 The Committee suggest that in view of its nutritional value, production of multi-purpose food on a commercial basis should start early with international assistance from UNICEF, if necessary. The feasibility of selling the multi-purpose food at a subsidised price to overcome the widely prevalent protein malnutrition in the country may be examined.

(Further information called for by the Committee)

Please intimate the latest position in this respect.

(*Lok Sabha Secretariat O.M. N. 30-EC-II/59, dated 10th February, 1960.*)

(Further information called for by the Committee)

A committee has been set up under the Chairmanship of Shrimati Renuka Ray, M.P.

[*Ministry of Health O.M. No. F.7-35/59-B(Pt-II), dated 27th July, 1960.*]

The recommendation is being examined in consultation with the Central Food Technological Research Institute, Mysore.

[*Ministry of Health O.M. No. 30-EC-II, 59, dated 10th February, 1960.*]

The recommendation is being examined by the Directorate General of Health Services in consultation with the Central Food Technological Research Institute, Mysore.

[*Ministry of Health O.M. No. F.7-35/59-B (Pt-II), dated 27th July, 1960.*]

Conclusion, if any, arrived at by the Dte. G.H.S. in regard to this recommendation may please be furnished.

Two units with a capacity of 10 tons each per day for the production of edible groundnut flour are being set up by the Ministry of Food and Agriculture (Department of food) with UNICEF assistance in collaboration with private industry. One oil mill in Bombay which will collaborate with the Government and the UNICEF in the implementation of the project has been provisionally selected. It is expected that the selection of the second oil mill will also be finalised very shortly. The projects are expected to go into production in 1961. The Government has proposals for developing more such units during the Third Five Year Plan. Edible groundnut flour is an ingredient which will be utilised for the production of 'Multipurpose Food', 'Enriched Wheat Atta', 'Tapioca Macaroni Products', and 'Enriched Biscuits'. The question of providing subsidy and other suitable incentives wherever necessary is also under consideration of the Ministry of Food & Agriculture (Department of Food).

[Ministry of Health O.M. No. F.7-35/59-B(Pt) dated 20th May, 1961].

61 102 As the Committee consider that both the production and sale of cheap nutritious food are equally important, they suggest that the proposal to develop an industry in Public Sector, to utilise fully the gains of researches carried out at the Central Food Technological Research Institute, Mysore specially in regard

The recommendation is being examined in consultation with the Central Food Technological Research Institute, Mysore. (Ministry of Health O.M. No. F.7-35/59-B, dated 14th December, 1959).

to certain cheap nutritious food like Indian multi-purpose food, Tapioca Macaroni, Baby Food etc. and to sell the products through a network of co-operative societies, fair price shops etc. on "no profit, no loss" basis, may be examined by the Ministry of Health in consultation with the concerned Ministry.

(Further information called for by the Committee)

Please intimate the latest position in this respect. (Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10th February, 1960).

Conclusion, if any, arrived at in regard to this recommendation may please be furnished.

(L.S.S. O.M. No. 30-EC-II/59, dated the 27th December, 1960).

The recommendation is being examined by the Directorate General of Health Services in consultation with the Central Food Technological Research Institute, Mysore.

[Ministry of Health O.M. No. F.7-35/59-B (Pt-II), dated 27th July 1960].

The programmes of the Ministry of Food and Agriculture (Department of Food) under Subsidiary, Supplementary and Diversified Foods and Applied Nutrition in the Third Five Year Plan include among other projects development and popularisation of improved foodstuffs such as 'Multipurpose Food', 'Macaroni Products', 'Enriched Wheat Flour' and other nutritious foods.

[Ministry of Health O.M. No. F.7-35/59-B(Pt) dated 20th May, 1961].

The Committee suggest that Advisory Committees should be formed at all levels for distribution of milk and other products received from international agencies like the UNICEF consisting of representatives of (a) the Ministry of Health (b) State Governments/concerned Directorates and (c) the non-official agencies connected with social service instead of doing this work through the various Health Directorates.

The Committee suggest that the products received from the International agencies like UNICEF may be supplied to private maternity centres also under the guidance of the Advisory Committees referred to in para 104, of the Report. The Committee also suggest that the feasibility of decentralising the receipt and storage of these products received from the UNICEF may be examined.

The Committee suggest that to give publicity to the nutritional values of different types of food in the regional languages, the Ministry should arrange radio talks and publish interesting and illustrative articles, books and pamphlets in attractive style instead of Bulletins written in a technical manner which are hard to understand by the ordinary people. The Committee also suggest that suitable standard menus rich in nutritive values should be devised and introduced in various institutions such

62 and 63. The recommendations have been brought to the notice of the State Governments and UNICEF for necessary action.

(Ministry of Health O.M. No. F.7-35/59-B, date 14th December, 1959).

The Government of India are already giving publicity to the nutritional value of different types of food. The following pamphlets, posters, etc. have been prepared by the Central Health Education Bureau in simple language.

Pamphlets.

Fasting for Health
Nutrition for you
Meals for the Young
Nutrition
Balanced diet

as hotels, hostels, guest houses, rest houses, prisons, hospitals etc. under the management of Government. The feasibility of opening model kitchens to demonstrate the correct way of cooking and preserving nutritious ingredients may also be examined.

Children's Diet and Good eating Habits (Hindi)
Health Bulletin No. 23.

Posters.

Health and Vigour
Drink More Milk for Health
Our Children need Nutritious Food
Have your Daily Meals from each of the Six
Food Groups.

Films.

A.B.C.D. of Health
Food for Health
Health for Millions
Planning for Good Eating
Subsidiary Food

Filmstrips.

Foods and Nutrition
Food and People
Balanced Diet
Better Diet at low cost
Rice in Health

The State Governments are advised from time to time to publish the pamphlets in regional languages. The Central Health Education Bureau has prepared a pamphlet about cheap nutritious

food for supply to schools, etc. The suggestion that model kitchens to demonstrate the correct way of cooking and preserving nutritious ingredients has been commended to the State Governments for such action as they may consider necessary.

(*Ministry of Health O.M. No. F. 7-35/-59B, dated 14th December, 1959*).

(*Further information called for by the Committee*)

Please furnish reply to the suggestion of the Committee that suitable standard menus rich in nutritive values should be devised and introduced in various institutions such as hotels, guest houses, rest houses, prisons, hospitals, etc. under the management of Government.

(*Lok Sabha Secretariat O.M. No. 30-BC-III/59, dated the 10th February 1960*).

65 108

In certain areas the food habits of the people are deficient in some respects resulting in prevalence of certain deficiency diseases. The Committee suggest that special measures should be taken to study this aspect and to evolve and popularise for these areas suitable supplementary diet which would contain the elements that are lacking in their present diet.

The recommendation of the Estimates Committee regarding popularizing of suitable standard menus in Hospitals, Hostels etc. under the management of the Government, has been referred to National Nutrition Advisory Committee and necessary action will be taken on receipt of the Report of the Committee.

(*Ministry of Health O.M. No. F.7-35/59-B (Pt-II), dated the 27th July 1960*).

The suggestion was considered by the Nutrition Advisory Committee of the Indian Council of Medical Research at its meeting held in July, 1959 and a report in the matter from the Indian Council of Medical Research is awaited.

(*Ministry of Health O.M. No. F.7-35/59-B, dated 14th December, 1959*).

(Further information called for by the Committee)

Report of the Indian Council of Medical Research in the matter may please be furnished.

(Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10th February, 1960).

An extract from the report of the 39th meeting of the Nutrition Advisory Committee of the I.C.M.R. is given below. As suggested by that Committee, the State Governments/Administrations have been requested that effective Nutrition Departments should be created in the States/Administrations where these do not exist at present, and that existing Nutrition Departments in other States/Administrations should be strengthened and expanded, and the Nutrition Officers should be vested with sufficient authority to formulate and implement nutrition programmes.

"The Committee considered the recommendations of the Estimates Committee and discussed the note prepared by Dr. Patwardhan (copy at Appendix II) * in this connection. It generally approved of the note but desired that the following modifications might be made.

It might be emphasised in the note that the implementation of the suggestions of the Estimates Committee would be possible only if effective Nutrition Departments were created in those States where Nutrition Departments did not exist at present and the existing Nutrition

Departments in other States were strengthened and expanded and the Nutrition Officers were vested with sufficient authority to formulate and implement nutrition programmes.”
 [Ministry of Health O.M. No. F.7-35/59-B (Pt-II), dated 27th July 1960].

66 109 The Committee suggest that the Ministry of Health should carry out a survey of the areas where there are certain specific diseases and find out the causes and assist the State Governments appropriately in eliminating those causes.

(Further information called for by the Committee)

Please intimate the views of the Indian Council of Medical Research.

(Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10th February 1960).

The recommendation has been referred to the Indian Council of Medical Research whose views are awaited.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14th December, 1959).

A copy of the note prepared by Dr. V. N. Patwardhan regarding the carrying out of surveys in areas where there are specific diseases with a view to finding out causes of diseases is at Appendix III.

[Ministry of Health O.M. No. F.7-35/59-B (Pt-II), dated 27th July 1960].

68 111 The Committee suggest that the O. & M. Division should carry out a job analysis to find out what reduction in strength of staff of Directorate General of Health Services can be effected by rationalising the work, if necessary.

The O. & M. Division was requested to carry out a job analysis as proposed by the Committee. They have, however, regretted their inability to undertake the work at present. The matter will be pursued in due course.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14th December 1959).

*N.B.—Note by Dr. Patwardhan has been renumbered as Appendix III.

59 112 The Committee suggest that suitable steps should be taken with a view to ensure regular and prompt publication of annual statistical report of the Directorate General of Health Services every year.

The delay in bringing out the statistical reports is mainly due to the inability of the State Health Authorities to furnish information in time. Repeated attempts in the past to collect the data in time from the States have always proved futile and it has been a pious wish to publish the reports every year in some regulated manner. However, this year again the State Health Authorities have been requested to instruct their district authorities to forward the necessary data direct to the Directorate General of Health Services. This device may result in avoiding delay to some extent.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14th December, 1959).

70 113 The Committee suggest that the Government should look into the question of collecting reliable vital statistics throughout the country by improving the existing machinery, by subsidising or running model Statistical Centres, Statistical Bureaus and training men for Statistical Services for various States.

In accordance with resolution No. 10 passed at the meeting of the Central Council of Health at Shillong, a committee has been set-up under the Chairmanship of the Health Minister, Madras, to go into the whole question. The first meeting of the Committee was held on 10th June, 1959. The recommendations of the Committee are awaited.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-59.)

The Committee are of the opinion that the State Governments by themselves are often not in a position to control the impending epidemics and to store the required vaccines, sera etc. The Committee, therefore, suggest that there should be some machinery in the Directorate General of Health Services to keep itself well informed about the impending epidemics, availability of preventive sera etc., and to take adequate measures for the prompt supply of essential medicines to the State Governments at a moment's notice.

Statistical Bureau of Directorate General of Health Services maintains up-to-date statistics about incidence of infectious diseases. Assistant Director General (St.) helps the affected States in the supply of necessary medical stores as and when required by them. A post of an Assistant Director General (Epidemiology) has been sanctioned and is being filled through Union Public Service Commission. Assistant Director General (Epidemiology) will, in close collaboration with the Assistant Director General (Stores), be able to do what is suggested by the Estimates Committee.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-59.*)

One of the functions of the Central Health Education Bureau is to interpret the services of the Central Health Ministry so as to win support for the maximum use of its various services. The Committee suggest that the functions of the Bureau should not be restricted to the interpretation of the services only of the Central Health Ministry but should also cover the Health Services as such obtaining in the country. The Bureau should lay greater emphasis on spreading ideas about the positive aspect of how to maintain good health than on how to cure disease.

The recommendation has been accepted and action for its implementation is being taken.
(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.*)

The Committee suggest that the scheme to assist the State Governments in setting up State Health Education Bureaus, where they are not in existence, should be implemented early.

The recommendation has been accepted. Approval to the establishment of Health Bureaus in 7 States has been given. Applications from other States will be considered when received.

They also suggest that there should be close co-ordination between the Central and State Health Education Bureaus.

For the purpose of greater coordination between the Central Health Education Bureaus and the State Health Education Bureaus, the Central Health Education Bureaus will hold periodical meetings, conferences, seminars, etc. of Health Educators.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

74 119 A sum of Rs. 2,25,972 only has been spent during the years, 1956-57 and 1957-58, for the Scheme "Central Health Education Bureau" against a planned provision of Rs. 17.75 lakhs. It is stated that savings will be diverted to Malaria Eradication and Water Supply and Sanitation Schemes. The Committee suggest that this should be done early and the reasons for the excess plan provision should be analysed so that excessive estimates are avoided in future.

The position regarding the Plan provision *vis-a-vis* the anticipated expenditure (both recurring and non-recurring) has been reviewed. It is now anticipated that there is not likely to be any saving in the Plan provision.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*.)

75 120 Out of Rs. 10 lakhs provided in the Second Plan for the training and research in Medical Statistics only Rs. 30,000 could be utilised up-till 1957-58. It was explained that the Scheme had not yet been finalised. It is, therefore, obvious that the entire amount cannot be usefully spent during the Plan period. The Committee suggest that the Scheme

The unsatisfactory utilisation of the provision was due to the poor response from the State Governments to the scheme of training. The research aspect of the scheme has also been revised and the present intimation is to train Medical Record Officers and medical record technicians. The final anticipated expenditure for the entire scheme is Rs. 2 lakhs and action has been taken to divert

should be finalised soon, the financial requirements for the remainder of the Plan period correctly assessed, and the balance out of the Plan provision of Rs. 10 lakhs diverted for other pressing requirements.

76

121

The Committee suggest that the Ministry of Health should bring out a pamphlet both in English and Hindi giving details of all the Centrally administered and Centrally sponsored schemes so as to give publicity to these schemes and send a copy of such pamphlet to every Member of Parliament and if possible to every Member of the State Legislature also. In this connection the Committee also suggest that it would be useful to associate the Members of Parliament with various Committees appointed by the Ministry to deal with the problems of Medical Services and Public Health.

77

123

While appreciating the fact that medical education including specialisation in its various branches is expensive, the Committee feel that there is scope for standardisation of fees for the various types of medical services rendered, so that the results of modern medical research are brought within the reach of the average citizen of the country. The Committee, therefore, suggest that this aspect of the problem should be carefully looked into by the Committee proposed to be appointed by the Ministry of Health, referred to in para 8 of the Committee's Thirty-seventh Report.

the balance of Rs. 8 lakhs for other schemes of this Ministry.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

A brief compendium giving the necessary information is already under print in English and copies would be supplied to all concerned when received. Translation in Hindi would be done when the English print has been received.

As regards association of Members of Parliament on Committees appointed by this Ministry it is already being done.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

The recommendation has been placed before the High Power Committee on Health.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

(Further information called for by the Committee).

Please intimate whether the aspect referred to by the Committee has been included in the terms of reference of High Power Committee.

(*Lok Sabha Sectt. O.M. No. 30-EC-II/59 dated 10-2-1960.*)

This has not been included formally in the terms of reference. However, the recommendation has been specifically brought to the notice of the Mudaliar Committee and the Committee has confirmed that the matter is being examined by them.

[*Ministry of Health O.M. No. F. 7-35/59-B (Pt. II), dated 27-7-1960.*]

REPLIES OF GOVERNMENT THAT HAVE BEEN ACCEPTED BY THE COMMITTEE

Sl. No. (as in Appendix VI to 44th Report	Reference to para- graph No. of the Report	Summary of Recommendation/Conclusion	Reply of the Government
1	2	3	4

1 6 The Committee are of the opinion that it would be useful, if some qualified experts of Ayurvedic and other indigenous systems of medicine are appointed on the Governing Body of the Indian Council of Medical Research so that researches in these systems of medicine can be properly directed and intensified. They suggest that a special Advisory Committee of the Council may also be constituted for research in Ayurvedic and other indigenous systems of medicine.

The Government are of the opinion that it will not serve the purpose to expand the membership of the Governing Body of the Indian Council of Medical Research by the inclusion of experts of Ayurvedic and other indigenous systems of medicine. A separate National Advisory Council for indigenous systems of medicine would be a better move. The question of establishing a Central Council of Indian medicine (to look after the education, practice, etc. of Ayurved) and a Central Council of Ayurvedic Research (to look after the research aspects of Ayurveda) is separately under consideration consequent on the recommendations of the Udupa Committee recently set up by this Ministry. The two Councils mentioned above

will also look after the interests of Siddha and Unani Systems for the time being.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).

(Further information called for by the Committee:

Please intimate the latest position in regard to the establishment of (i) Central Council of Indian Medicine and (ii) Central Council of Ayurvedic Research.

(Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10-2-1960).

A Central Council of Ayurvedic Research has since been constituted and the first meeting of this Council was held on the 18th and 19th December, 1959. The Council discussed the various recommendations of the Udupa Committee and appointed three Zonal Committees for visiting various institutions to inspect and study the programme of research. The question of constituting a Central Council of Indian Medicine is under consideration.

[Ministry of Health O.M. No. F.7-35/59-B (Pt.II), dated 27-7-1960].

The Committee suggest that advertisements for recruitment to vacancies in the Indian Council of Medical Research may be issued in all the important newspapers including Indian language papers within the normal allotment of funds.

The procedure suggested by the Committee is already being followed by the Indian Council of Medical Research in the case of posts carrying lower salaries. The schemes under Indian Council of Medical Research cannot employ scientific workers without knowledge of English. It is, therefore, considered that ad-

of the Ministry of Health and other institutions like the Haffkine Institute, Bombay, and the School of Tropical Medicine, Calcutta may be utilised for the purpose. The Committee suggest that the Indian Council of Medical Research should undertake investigations to find out suitable ways and means of large scale application of the findings as a result of medical research and to that end an extension service similar to that adopted by the institutions under the Council of Scientific and Industrial Research should be instituted. The Committee also recommend that some machinery should be devised to encourage private pharmaceutical concerns to utilise the results of the researches made under the guidance of the Indian Council of Medical Research so that the benefits of the same may be made available to the common man without undue time lag.

(Further information called for by the Committee).

Please intimate whether the I.C.M.R. propose to set up an extension service, as suggested.

(Lok Sabha Secretariat O.M. No.-ECII/59, dated 10-2-1960).

dustry Ministry. It is not the normal function of the Medical Store Depots to enter the Commercial field although it may not be difficult for them to take up the manufacture of such drugs where necessary.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959).

The question regarding the establishment of an Extension Service under the Indian Council of Medical Research was considered by the Governing Body of the Council at its meeting in June, 1959. The Governing Body was of the view that this programme did not fall

within the purview of the Council. The Governing Body also felt that it was not practicable to establish Extension Service as the Council had no means and machinery to undertake this work. The Governing Body was of the opinion that this work should be taken up by Central and State Governments to whom the results of researches carried out under the Council would be communicated for application in the field.

(Ministry of Health O.M. No. F.7-35/59-B (Pt.II), dated 27-7-1960).

20 The Committee feel that an objective study of the functioning of Primary Health Centres is necessary to evaluate the work done by such Centres so far, and learn from the experience gained. They, therefore, suggest that some organisation like the Programme Evaluation Organisation for the Ministry of Community Development may be established for the Ministry of Health for this and such other purposes.

(Further information called for by the Committee).

Reply, if any received from the Planning Commission and decision taken thereon may please be intimated.

(Lok Sabha Secretariat O.M. No. 30-EC-II/59, dated 10-2-1960).

30 An enquiry has been made from the Planning Commission (P.E.O.) inviting their suggestions e.g. the setting up of a similar organisation for the Ministry of Health.
(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

experience gained may be undertaken either by a Unit under the Ministry of Health or such work may be entrusted to them for initiating such a study. Among the various proposals considered in this connection, one was that a Committee should be set up for evaluation of all programmes including the one relating to the establishment of Primary Health Centres. During a recent meeting between the representatives of the Ministry of Health and the Directorate General of Health Services, it was however decided that it was not necessary to have such a Committee, as an assessment of all plan schemes would in any case be done by the Health Survey and Planning Committee. It was accordingly felt that the evaluation of other programmes or organisations should be done in the Directorate General of Health Services in the various administrative sections. Further action is accordingly being taken in the Statistical Unit of the Directorate for evaluation of the work done by the Primary Health Centres).

(*Ministry of Health O.M. No. F.7-35/59-B (Pt.II), dated 7-7-1960*).

The matter was discussed by the representatives of the Government of India with international

T... Committee suggest that more orientation training and R.C.A. (Research-cum-Action)

Centres may be opened on the basis of population i.e. one Centre to serve a population of say two or three crores.

Agencies like World Health Organisation and UNICEF and the representatives of the Rockefeller Foundation, the Ford Foundation and the T.C.M. It was decided that training Centres developed in conjunction with Department of Preventive and Social Medicine of Medical colleges should be utilised to the maximum extent for orientation of staff in the States. It is not considered necessary to open more Orientation Training and R.C.A. Centres.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

53

The Library of the All India Institute of Hygiene and Public Health remains closed on Sundays. The Committee are of the opinion that the Libraries attached to all the educational institutions should be particularly kept open on Saturdays and Sundays so that the students may make use of them during their leisure time. The example of the National Library, Calcutta which observes only three holidays in a year is worth emulation.

At present the Library is kept open up to 8 p.m. on all working days and upto 4 p.m. on Saturdays. It is not kept open on Sundays and holidays. This is the practice in other institutional Libraries, such as that of Calcutta School of Tropical Medicine, Indian Institute of Bio-Chemistry and Nutrition, Central Glass and Ceramic Research Institute, etc. It is only the National Library which is kept open on Sundays. If the response from the students using the Library increases, the matter of keeping the library open on Sundays also will be considered.

(Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

41 The Committee suggest that the feasibility of fixing suitable age limit for the *dais* selected for training may be examined.

62 It is difficult to prescribe an age limit for the *dais*, but all women practising in the area and who have conducted at least 50 deliveries and are in practice for two years or more are eligible for training. By fixing an age limit the most popular *dais* who would continue to practice unauthorised methods may be excluded from training.

Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).

47

81 The Ministry of Health propose to reduce grants to urban family planning clinics and to concentrate on rural family planning clinics. The Committee feel that in view of the fact that about 82 per cent of the population live in villages, this proposal is commendable and should be implemented early.

48 The programme of opening clinics in urban areas has been slowed down. The clinics are mainly opened in Medical Teaching Institutions and well-developed hospitals and maternity and child health centres.
(*Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959).*)

48

82 It was stated that at present any tendency to consider maternity and child health and family planning as separate is being discouraged by the Ministry of Health and gradually the intention is to integrate family planning with maternal and child health. The Committee suggest that this process of integration should be expedited and family planning

Family Planning is being developed as an integral part of medical and health services. Co-ordination with Maternity and Child Health Centres is also being expedited. It may be, however, added that Maternity and Child Health Centres are attended mainly by mothers and children and it is considered necessary that family planning services should be available for fathers also,

advice should form part of the work of all the ante-natal and post-natal clinics and the same officer should be in-charge of these activities at all levels. The new family planning clinics being started should also take up maternity and child welfare work.

Therefore, family planning advice is being made available at medical and health institutions in addition to Maternity and Child Health Centres.

(*Ministry of Health O.M. No. F.7-35/59-B, dated 14-12-1959*).

54 91 The Committee feel that in addition to the measures adopted by the Ministry to create a strong motivation on the part of the common people in favour of family planning, it is necessary to enlist the active co-operation and support of non-official social welfare organisations, which should be provided with necessary facilities for helping in the work.

Co-operation and support of non-official social welfare organisations is being continuously sought and obtained.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

57 95 The Committee suggest that suitable steps should be taken to see that properly tested and suitable contraceptives are sold only under medical advice for family planning to married couples so as to avoid their misuse.

Chemical and Mechanical contraceptives are given free and at subsidised rates on medical advice at the Government aided clinics.

The proposal of selling the contraceptives in the market also under medical advice has been examined and it is considered that any regulation made to restrict the sale of contraceptives on medical advice only (*i.e.* on a prescription of a doctor) may not be practicable.

(*Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959*).

67

110

It appears that at present there is no clear demarcation of functions between the Secretariat of the Ministry and the Directorate General of Health Services. Roughly the Directorate gives technical advice besides being concerned with the planning and supervision of various development schemes and the Secretariat of the Ministry functions as the administrative wing. In actual practice there is a good deal of overlapping. The Committee feel that a clear demarcation of functions between the two appears to be necessary. The functions of the Directorate should be to do administration, to render technical advice to the Ministry and to exercise supervision and give guidance to the various subordinate offices. The Secretariat should limit itself to advising the Minister in framing the policies and examining schemes of national importance formulated by the Directorate and to maintaining co-ordination with the sister Ministries, Planning Commission and State Governments.

(Further information called for by the Committee)
Please intimate the latest position in this respect.

(Lok Sabha Secretariat O.M. No. F. 30-EC-II, 59, dated 10-2-1960.)

The suggestion is being examined in consultation with the Directorate General of Health Services.

(Ministry of Health O.M. No. F. 7-35/59-B, dated 14-12-1959.)

It has been decided to keep this question pending till the S.R. Unit has examined the staff position of the Ministry and the Dte. G.H.S. and given its recommendations. The decision taken will be intimated to the Estimates Committee thereafter.

(Ministry of Health O.M. No. F. 7-35/59-B, (Pt. II), dated 27-7-1960.)

REPLIES OF GOVERNMENT THAT HAVE NOT BEEN FINALLY ACCEPTED BY THE COMMITTEE

Serial No. (as in Appendix VI to 44th Report)	Reference to Para No of the Report	Summary of Recommendations/ conclusions	Reply of Government	Comments of the Committee.
1	2	3	4	5
29	42	<p>The Committee suggest that the Ministry should devise a suitable scheme to give a concrete shape to the idea of the Prime Minister, (mentioned in para 42 of the Report) so as to ensure that every medical graduate spends at least two years in the rural area, after graduation, preferably after he has acquired some experience in medical practice.</p> <p>[Further information called for by the Committee.]</p>	<p>The Medical Council of India have already addressed the State Governments, Universities and medical colleges inviting their views in the matter. Further action will be taken on receipt of the recommendation of the Council.</p>	<p>The decision of Government in the matter may be expedited.</p>
		<p>(Ministry of Health O. M. No. F. 7-35/59-B dated 14-12-59).</p>		
		<p>Kindly furnish the latest position in this respect.</p>	<p>The Medical Council of India has been asked to furnish to this Ministry the replies received from all the State Governments etc. The matter</p>	
		<p>(Lok Sabha Secretariat O.M. No. 30-EC-II/59 dated 10-2-1960).</p>		

will be further considered on receipt of the Council's reply.

(*Ministry of Health O.M. No. F. 7-35/59-B(Pt. II) dated 27-7-60.*)

Please furnish Council's reply if since received.

(*L.S.S. O.M. No. 30EG-II/-59, dated 27-12-1960.*)

The views of the State Governments and the Universities have been received. The majority of the State Governments, while appreciating the imperative need to draft medical graduates to rural areas where there is lack of adequate medical aid, expressed a doubt whether it would be legally possible to enforce such an undertaking being taken from the students or their guardians/parents. The Government of Madras have stated that it would not be proper to require raw medical graduates to go to the villages and serve in those areas without the advantages of modern scientific laboratory and

equipment. The Government of Kerala are of the opinion that medical graduates after completion of 12 months House Surgeoncy should be posted to rural areas. In West Bengal there is no dearth of medical graduates for service in rural areas. Government of Punjab have stated that the obligation requiring the medical graduates to serve in rural areas should be enforced only after they have gained some experience in the profession.

A copy of the reply *received from the Medical Council of India on the subject is attached.

The matter will be considered by the Health Survey and Planning Committee which has been appointed by the Government of India under the Charimanship of Dr. A.L. Mudaliar. The Committee is likely to submit its report in

*N.B. A copy of reply received from the Medical Council of India is reproduced as Appendix IV.

September, 1961. The matter will be further examined after the recommendations of the said Committee have been received.

(Ministry of Health O.M. No. F. 7-35/59-B(Pt.), dated the 20th May, 1961.)

* (i) The Health Survey and the Planning Committee is likely to submit its report in November-December, 1961 and not in September, 1961 as expected earlier and mentioned in the draft Report.

(ii) At its Ninth Meeting the Central Council of Health held on the 10th, 11th and 12th September, 1961, the Council passed the following Resolution:—

‘The Central Council of Health having considered the proposal for compulsory period of service for medical graduates in rural areas after graduation, while agreeing

broadly with the principle of the proposals feels that, a more detailed examination of the implications of this proposal appears to be necessary. The Council considers, however, that so long as the required period of pre registration service in the rural areas does not exceed the period of one year where compulsory internship forms a part of the training programme, there should be no difficulty in implementing the proposal.

(iii) This matter is being further processed by the Ministry of Home Affairs in consultation with the Ministry of Health.

(Ministry of Health O.M. No. F. 7-23/61-B, dated 27-10-61).

(H. C. DASAPPA),
Chairman,
Estimates Committee.

APPENDIX I

(vide reply to Recommendations 6, 7 & 8 in Chapter II)

Cooperation and Coordination among different agencies engaged in Research.—

Report of the Sub-Committee appointed by the Planning Commission:

India is in the developmental stage. During the First Five Year Plan facilities for scientific and technological research in several institutions and laboratories in the country were created. During the Second Five Year Plan period research facilities were expanded and the work of research workers in universities, national laboratories, research institutes and other centres were brought to bear as closely as possible upon important problems in different fields of national development.

The Third Five Year Plan envisages an important stage in the industrial and technological progress of the country. In every field of development there are pressing problems which call for scientific study and investigation and the application of the results thereof. It is therefore specially important to coordinate programmes of research in national laboratories, universities and other institutions keeping in view the requirements of national planning.

The Working Group on Scientific Research for the Third Five Year Plan took up the question of closer collaboration between the various national laboratories, institutes, universities and industries and such other centres that are engaged in research and in the first meeting set up a sub-committee to recommend measures for closer coordination between all such agencies. The committee consisted of:—

1. Dr. S. Bhagvantam
2. Dr. Satish Dhawan
3. Dr. C. G. Pandit.
4. Dr. B. P. Pal
5. Dr. K. P. Basu (Convener).

The sub-committee after considering various aspects of this problem made the following recommendations:

1. *Closer Coordination between various agencies concerned with Scientific and Technological Research*

In many Scientific and Technological subjects, the field of activity is spread over a number of Ministries, Government Departments, National Laboratories and Research Institutes. Although there is now a system of representation of different organisations on

research planning bodies, it appears that in such cases the activities in the several units remain unrelated over considerable periods of time. In some fields there is little coordination of plans at all. In the past it has resulted in avoidable delays and indefiniteness of plans. It would appear desirable to evolve a machinery by which all the scientific activities in a given subject or project are co-related in the overall development plan.

Normally this would involve coordination of:—

- (i) The major development plans of a Ministry or Government Department involved in the particular scientific or technological field.
- (ii) The projects and plans of a particular agency or agencies responsible for the industrial production or utilisation.
- (iii) The research organisation having active Units in the particular subject.
- (iv) The programme and curricula of teaching institutions training scientific and technical personnel in the particular field.

It is suggested that such coordination may be achieved through project committees and project coordination officers. It is essential that responsibility for completing a specific project should be entrusted to a technical committee which may be called project committee and which is not too large in size. And there would be a specific individual executive for each project who may be called the Project Officer.

II. Promotion of individual and group contacts among Research Workers in a particular branch of Science or Technology:

At present while a considerable number of scientific conferences and symposia are organised in India, the feeling has grown among active research workers that these meetings while providing a general forum for the presentation of review papers are deficient on two important accounts:

- (i) There is insufficient time available for the active workers in a particular field to go deep into problems and to discuss in detail their work.
- (ii) Many able and active research workers are unable to attend symposia and meetings organised by All-India Scientific bodies or Government departments either on account of their junior positions or on account of their inability to meet travel expenses.

These defects have resulted in the symposia held in recent years in India to a large extent turning out to be a collection of review papers, little opportunity being given to the younger and active workers to discuss and exchange ideas on current work. The setting up of a machinery or augmenting the facilities that are now available with existing organisation to overcome these difficulties is

essential and would go a long way in promoting exchange of ideas and stimulation of research in addition to providing a means for the coordination of the scientific efforts in the particular subject.

The Working Group in its second meeting considered the recommendations of the Sub-Committee. It has the following suggestions to offer:

(i) To effect closer coordination between different agencies concerned with a specific research project and to avoid the usual situation of "Everybody's responsibility is nobody's responsibility" a specific project committee should be constituted for a specific project, for example, in the case of the Wind tunnel project, instead of saying that the Civil Aviation Department, the Ministry of Defence, the Hindustan Aircraft Factory and the Indian Institute of Science would be jointly and severally responsible for aeronautical research projects in India a Project Committee should be constituted with representatives drawn from the above mentioned agencies. This project committee should be given sufficient authority as well as funds, staff, equipment, foreign exchange and other facilities and should be charged with the responsibility for finishing the job within a stipulated time.

(ii) For every research project a top technical man should be named as Project Officer and he should be given full authority and responsibility to push the project through.

(iii) It had come to the notice of the group that two different organisations had recently arranged symposia on the same subject, with an interval of only a few days between them. Such a state of affairs should not be allowed to prevail. Symposia should be evenly spaced—say every three months or so, in order to give sufficient time for research workers to prepare themselves. Younger active workers should also be given chances to arrange symposia and should also be provided with the necessary T.A. to attend symposia.

The Working Group at its third meeting held on 5th—7th June, 1959 had the opportunity to go into this subject further. As a result, the further following measures have been worked out by the Group:

(a) Scientists from research laboratories should be made to go and deliver lectures in universities and technical colleges for specified periods. Similarly teachers and professors working in technical colleges and universities should be made to spend some time in research laboratories. To facilitate such exchange of personnel, special provisions such as grant of sabbatical leave etc. should be made.

(b) National laboratories possess certain specialised facilities and equipment. These should be made available to students from universities, technical institutes and colleges also. This would obviate the need for duplicating such equipment at the universities. At the moment a few members of the staff of national laboratories are recognised by a few universities as teachers or guides for post-graduate students. This system should be extended and universities should

recognise all national laboratories as centres of post-graduate research.

(c) Scientific personnel working in professional fields may, by virtue of their work, tend to lose contact with the academic side and it would be advantageous for them to periodically refresh themselves by coming in contact with scientists and technologists working in universities and research institutions. Hence steps should be taken to arrange some specialised or refresher courses for them. It is understood that this is being done to some extent and it is suggested that efforts in this direction may be intensified.

(d) Ways and means should be devised to see that such closer contact develops between industries *vis-a-vis* national laboratories, universities and other research institutions. As has been recommended for universities and national laboratories, there may be some exchange of personnel with the industrial side also. Some of the scientific personnel and technological engineers working in industries might come to research institutions and spend their time profitably. The industries on their part should accept scientists from research laboratories to work with them. Such a collaboration would be fruitful because then scientists will appreciate what the industries want and when they return to their laboratories they will be in a much better position to translate research results into actual production. Moreover, such an exchange of personnel would build up the right type of consultants.

(e) In foreign countries consulting firms or consultants play an important role in the translation of research results into their application. Such consulting service does not exist in India. It is therefore recommended that such consulting practice be permitted to experts engaged in national laboratories, universities and technical institutions.

APPENDIX II

(vide reply to Recommendation 44 in Chapter II)

Note containing brief Summary of reply of State Governments re setting up of Public Health Engineering Organisation

<i>Name of the State Govt.</i>	<i>Brief summary of the reply received.</i>
1. Assam	Public Health Engineering Organisation has already been set up.
2. U. P.	Public Health Engineering Organisation has already been set up.
3. M. P.	The State have already a separate P. H. E. O.
4. Bihar	P. H. E. O. has already been set up.
5. Kerala	The P. H. E. Organisation is already existing in the State.
6. J. & K.	The Establishment of a P. H. E. O. during the 3rd Plan is under consideration.
7. Andhra Pradesh	There is a separate Engineering service called the Andhra Engineering Service—Sanitary and Public Health in the State.
8. Bombay (Composite State)	There is already a separate P. H. E. O. in the State. It is under the administrative control of the Public Works Department of the State Govt.
9. Mysore	The P. H. E. Deptt. in Mysore State has been recently reorganised and according to this set up, there is a Superintending Engineer, Irrigation and Public Health. This Officer is expected to coordinate all the Public Health Engineering Projects of the State and work out detailed investigations in respect of new projects that are to be taken up in the 3rd Five Year Plan.
10. Punjab.	A separate Public Health Engineering Department is already functioning in the State under a Chief Engineer as the departmental Head.

APPENDIX III

(*vide* reply to Recommendation 65 in Chapter II)

Note on the Recommendations of the Estimates Committee of Lok Sabha on Deficiency Diseases in India—by Dr. V. N. Patwardhan.

The Estimates Committee of Lok Sabha has drawn the attention of the Ministry of Health, Government of India, to the existence of deficiency diseases in India resulting from faulty dietary habits and has expressed a desire that measures should be taken by the Central and State Governments to afford relief and to control the situation.

Public Health authorities in India have been aware of the fact for some time that malnutrition occurs widely among the people, particularly those belonging to the lower socio-economic strata of society. Numerous diet surveys have brought to light the major defects in the diet of the people. The intake of protective foods in general such as milk and milk products, eggs, meat, fish, green leafy vegetables and fruits is either poor or practically negligible. The effects of this deficiency are manifest in the prevalence of signs and symptoms of malnutrition particularly in infants and children and pregnant and nursing women. Since these are the vulnerable segments of the population and more easily susceptible to the effect of malnutrition, they obviously suffer more readily. Experience obtained in diet and nutrition surveys shows that malnutrition is not restricted to any particular part of the country. It is spread out all over India and hence efforts have to be made to control it on a nation wide scale. Anaemia in children and women of child bearing age, hypovitaminosis A in infants and children as a major cause of preventable blindness in India, protein malnutrition in infants and children and deficiencies of vitamins of the B 2 Complex seen in children as well as adults are a few examples of the conditions which may have to be dealt with as considered in the context of the recommendations made by the Estimates Committee. They would represent the major manifestations of malnutrition in India.

The Estimates Committee has recommended that surveys should be carried out in areas where such diseases occur in order to determine the causes and to eliminate them. The Nutrition Advisory Committee is aware of the fact that causes for the occurrence of wide spread malnutrition, were with extremely minor variations almost identical in different parts of the country. This has been once again clearly brought out by the protein malnutrition surveys done in South India, West Bengal and Assam. In view of this, it would be reasonable to suggest that it is more important to think of devising measures for controlling malnutrition than making fresh surveys and studies. On the other hand, in the regions where information about dietary habits and incidence of malnutrition is not available it will be essential to undertake surveys to obtain it.

The Nutrition Advisory Committee therefore, considered the suggestion made by the Estimates Committee which is to provide supplements to the needy. A practicable approach would be to provide suitable supplements to infants and children and pregnant and nursing women. The reasons for selecting this segment of the population are that they represent vulnerable groups and that they can be reached comparatively easily through the existing health and educational organisations, Maternity and Child Health Centres care for pregnant and nursing women and also infants. Their activities should be enlarged so as to cover not only infants but also children of preschool age. The supplements which could be distributed through the Maternity and Child Health centres are (a) skim milk (b) other protein-rich supplements (c) capsules containing synthetic vitamin A or vitamin A concentrates, multivitamin tablets particularly those containing B 2 complex, (d) iron preparations, and (e) calcium preparations.

The question of organising distribution and ensuring that the supplements so distributed will be consumed by those for whom they are intended will require careful consideration. The experience gained in the distribution of UNICEF milk will be of some use in devising suitable methods and control.

It is possible that the skim milk which UNICEF distributes in India may in future be fortified with vitamin A if experiments promoted by FAO prove successful. It may not be so necessary under these circumstances to provide for separately for the distribution of vitamin A capsules.

The development of a low cost vegetable protein food by the Central Food Technological Research Institute should make it comparatively easy to distribute this as an alternate to skim milk powder whenever the latter is not available.

The distribution of iron supplements to pregnant and nursing women should be considered as a practical means of preventing anaemia which is a common feature among Indian women of child bearing age. Dietary intake of iron in a diet adequate in calories is not usually low. However, in view of the high phytate content of the diet coupled with increased demands of pregnancy and lactation, it is necessary that additional iron is made available to women through M. C. H. Centres to prevent anaemia.

The success of the scheme to distribute supplements will depend upon the number attending and deriving benefits from services provided at these centres. Attempts should, therefore, be made not only to increase the number of centres but also to attract as large a number of people to these as possible. A certain amount of education and propaganda work may be necessary. Thought will have to be given to this aspect too. The cost of supplements should be met by the Central and State Governments by mutual agreement.

The next large group of population that can be reached is that of children through elementary and secondary schools. It is essential to organize school meal programmes on as wide a basis as possi-

ble. The fact that in some cities such programmes are already under way should indicate the feasibility of expending them. Cheap nutrition menus applicable both to schools in North and South India have now been prepared by the Nutrition Research Laboratories. Menus on almost similar lines have also been designed by the Central Food Technological Research Institute, Mysore. Some recipes must be available with the various existing State Nutrition Organisations. All this valuable information should be used in instituting economically managed school feeding programmes all over the country. The actual organization of the programme and the financial resources required to meet the cost should be determined by the education and health authorities of the State and Central Governments.

Apart from the suggestions made above for the prevention of malnutrition it will be necessary to adopt specific measures for the control of such diseases as endemic goitre, lathyrism and fluorosis. The respective working parties set up by the Nutrition Advisory Committee have been considering these problems for the last three years. They have made some useful recommendations. These should be followed up at the administrative level. It should be possible to control goitre within a span of five years if vigorous measures are adopted for the manufacture and supply of iodated common salt as the only salt for edible purposes within the endemic area. Control of lathyrism and fluorosis may require more vigorous and sustained efforts over longer periods. There are no two opinions that these two are urgent problems affecting millions of people and that their solution could receive high priority.

The Nutrition Advisory Committee has considered some other measures for removing dietary defects. It has examined the possibility of recommending calcium fortified salt for general use. There are reasons to believe that this is a workable proposition, the success of which will depend upon the outcome of some technological work now in progress on the manufacturing process for fortification of edible common salt. The use of calcium fortified salt is intended to increase calcium intake which is inadequate in average Indian diets. Similarly the Committee has promoted investigations on improved methods of parboiling rice. Work at Mysore and Calcutta has already shown that such improvements are feasible and the resulting product acceptable. If these methods are commercially applied and parboiled rice of superior quality is made available it is expected that its consumption will increase and will be more widespread than now, thus ensuring better intakes of vitamin B1 than those which avail now in rice eating populations, at least in those parts where parboiled rice is not popular.

It would appear from the above discussion that the attack on malnutrition has to be on many fronts. A few possibilities have been indicated and it is suggested that the Central and State Governments should launch their ameliorative programmes with as wide a base as possible.

It must be emphasized here that success of operations in the fight against under- and malnutrition will depend to a large extent upon the existence of well staffed and efficient nutrition organizations in

each of the States. There are only a few States where nutrition organizations exist with varying levels of staff, equipment, funds and facilities for work. Most of them will have to be strengthened and suitably equipped in order that they may initiate and direct the programmes the outlines of which have been discussed above. Those States which do not have nutrition organizations at the moment should be persuaded to establish them as early as possible. Funds spent on their establishment and on providing them with staff, funds and facilities will be more than repaid if they succeed in reducing malnutrition in the country.

APPENDIX IV

(vide reply to Recommendation 29 in Chapter IV)

Copy of letter No. F. 462|C-38-59|13, dated the 1st April, 1960 received from the Secretary, Medical Council of India, Temple Lane, Kotla Road, New Delhi addressed to the Secy. to the Government of India, Ministry of Health.

SUBJECT:—Resolution No. 905 proposed to be moved in Lok Sabha by Shri P. C. Borooah regarding provision for the compulsory stay of about two years in the villages by the fresh medical graduates before the final award of the degree.

With reference to Ministry of Health letter No. F. 19|42|-60-M. 1, dated the 23rd March, 1960, I append herewith a note on the above subject.

The Executive Committee of the Medical Council of India at its meeting held on 28th March, 1959, adopted the following resolution and the same was communicated to all the State Governments, Universities and the Medical Colleges for eliciting their views:—

“The Council resolves to recommend to the Central and State Governments that while selecting the candidates for admission to medical colleges they will introduce a system of undertaking from the students that they shall serve for a period of three years, as directed by the Government in rural areas or otherwise on a scale of remuneration commensurate with their qualifications.”

Most of the State Governments, Indian Universities and the Medical Colleges expressed their views on the recommendation of the Executive Committee of this Council. Majority of the States while appreciating the imperative need to draft medical graduates to the rural areas where there is no adequate medical aid, expressed doubt as to whether legally it is possible to enforce such an undertaking taken from the students or their guardians|parents. It is felt that the Government of India alone in view of the divergent views expressed by all concerned, can formulate an effective National Policy in this regard. With the community development programme, assuming gigantic proportions, the provision of adequate rural medical relief becomes a national problem. The views expressed by the States, Universities and Medical Colleges in brief are as under.

The Government of Assam, the Government of Mysore and the Government of Orissa have no objection to the introduction of a system of obtaining undertaking from the students for service for a specified period in rural areas. In Madhya Pradesh, the Medical Graduates after completion of MBBS courses have to serve the

Government for a period of two years as per the existing rules. The Government of Kerala have agreed to this suggestion but are of opinion that the medical graduates after completion of 12 months House Surgeoncy alone should be posted to rural areas for a period of two years. The Government of Madras have stated that legally no candidate for admission to the medical college could be asked to execute a bond agreeing to serve in the villages unless there be a consideration like that of scholarship or stipend or reduction in fee and then there would arise difficulties in executing the bond and enforcing it. The Government of Madras have further stated that it would not be proper to require raw medical graduates to go to the villages and serve in these areas without the advantages of modern scientific laboratory and equipment. In West Bengal there is no dearth of medical graduates for service in rural areas.

The Nagpur University as stated that the system of asking for an undertaking from the students that they will serve for a specific period in the rural areas was in vogue in the former Madhya Pradesh. The Mysore University was in agreement with this suggestion. The Syndicate of Sri Venkateswara University have considered the resolution of the Executive Committee of the Medical Council of India and they are of the view that this question need not be taken up separately for a particular class of students and that it is desirable that this question is tackled at a national level for all categories of students. The Utkal University while agreeing to the resolution of the Executive Committee in principle is of the view that doctors after obtaining the M.B.B.S. qualification should be required to serve for not less than one year in Government Organisations either in rural areas or otherwise. The Syndicates of Andhra University, the Gujarat University and the University of Baroda are not in favour of introducing the above system as a matter of compulsion. The Punjab University was of the view that only doctors after gaining sufficient experience may be sent to rural areas. The Board of Studies in Medicine, Madras University was of opinion that it might be laid down as a condition that within a period of five years after a person passed out of the medical college he must put in one year's rural service provided certain facilities are made available.

The Principals of most of the medical colleges are in agreement with the resolution of the Executive Committee of the Medical Council except a few who expressed doubts as to effective enforcement of the undertaking given by the students. Some Principals expressed that three years compulsory period is too long; some are in favour of two years and some in favour of one year.

While making service in rural areas compulsory for medical graduates it is incumbent on the State Governments to provide essential amenities in rural areas like housing, protected water supply, electricity, laboratory, library and other amenities to make service in such areas attractive for young men.

APPENDIX V

Analysis of the action taken by Government on the recommendations contained in the 44th Report of the Estimates Committee (Second Lok Sabha)

1	Total No. of recommendations made	77
2.	Recommendations accepted fully by Government (<i>Vide</i> recommendations 2, 3, 5 to 8, 10 to 13, 15 to 19, 21 to 28, 30 to 32, 34, 35, 37 to 40, 42 to 46, 49 to 53, 55, 56, 58 to 66 and 68 to 77 referred to in Chapter II)	
	Number	63
	Percentage to total	81·8%
3.	Recommendations accepted by Government partly with modifications (<i>Vide</i> recommendations 1, 4, 9, 20, 33, 36, 48, 54, 57 and 67 referred to in Chapter III)	
	Number	10
	Percentage to total	13·0%
4.	Recommendations not accepted by Government but replies to 25 have been accepted by the Committee (<i>Vide</i> recommendations 14, 41 and 47 referred to in Chapter III)	
	Number	3
	Percentage to total	3·9%
5.	Recommendations replies to which have not been accepted by the Committee (<i>Vide</i> recommendation 29 referred to in Chapter IV.)	
	Number	1
	Percentage to total	1·3%