

ESTIMATES COMMITTEE (1978-79)

(SIXTH LOK SABHA)

TWENTY-SIXTH REPORT

**MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF HEALTH)**

Action taken by Government on the recommendations contained in the Eleventh Report of the Estimates Committee on the Ministry of Health and Family Welfare (Department of Health)—Prevention and Control of Blindness.

Presented to Lok Sabha on

1 MAR. 1979



**LOK SABHA SECRETARIAT
NEW DELHI**

December, 1978/Pusa, 1900 (S)

Price : Rs. 3.50 Price

rel. 48

LIST OF AUTHORISED AGENTS FOR THE SALE OF LOK SABHA SECRETARIAT PUBLICATIONS

ANDHRA PRADESH

1. Andhra University General Co-operative Stores Ltd., Waltair (Visakhapatnam).

BIHAR

2. M/s. Crown Book Depot, Upper Bazar, Ranchi (Bihar).

GUJARAT

3. Vijay Stores, Station Road, Anand.

MADHYA PRADESH

4. Modern Book House, Shiv Volas Palace, Indore City.

MAHARASHTRA

5. M/s. Sunderdas Gianchand, 601, Girgaum Road, near Princess Street, Bombay-2.
6. The International Book House Pvt., 9, Ash Lane, Mahatma Gandhi Road, Bombay-1.
7. The International Book Service, Deccan Gymkhana, Poona-4.
8. The Current Book House, Maruti Lane, Raghunath Dadaji Street, Bombay-1.
9. M/s. Usha Book Depot, 585/A, Chira Bazar Khan House, Girgaum Road, Bombay-2.

10. M & J Services, Publishers, Representatives Accounts & Law Book Sellers, Bahri Road, Bombay-15.

11. Popular Book Depot, Dr. Bhadkamkar Road, Bombay-400001.

MYSORE

12. M/s. Peoples Book House, Opp. Jaganmohan Palace, Mysore-1.

UTTAR PRADESH

13. Law Book Company, Sardar Patel Marg, Allahabad-1.
14. Law Publishers, Sardar Patel Marg, P.B. No. 77, Allahabad—U.P.

WEST BENGAL

15. Granthaloka, 5/1, Ambica Mookherjee Road, Belgharia, 24-Parganas.
16. W. Newman & Company Ltd., 3, Old Court House Street, Calcutta.
17. Mrs. Manimala, Buys & Sells, 128, Bow Bazar Street, Calcutta-12.

DELHI

18. Jain Book Agency, Connaught Place, New Delhi.
19. M/s. Sat Narain & Sons, 3141, Mohd. Ali Bazar, Mori Gate, Delhi.

CORRIGENDA
TO
TWENTY-SIXTH REPORT OF ESTIMATES COMMITTEE ON THE
MINISTRY OF HEALTH & FAMILY PLANNING (DEPARTMENT
OF HEALTH) - PREVENTION AND CONTROL OF BLINDNESS.

Page	Para	Line	For	Read
6	20	2	introduction	introducing
6	21	3	awaited	awaited
8	31	4	and	an
9	34	3	three-of	thereof
9	34	4	request	requisite

CONTENTS

	PAGE
COMPOSITION OF THE ESTIMATES COMMITTEE	(iii)
COMPOSITION OF THE STUDY GROUP 'J' OF THE ESTIMATES COMMITTEE (1978-79)	(v)
INTRODUCTION	(vii)
CHAPTER I Report	1
CHAPTER II Recommendations that have been accepted by Government .	10
CHAPTER III Recommendations which the Committee do not desire to pursue in view of Government's replies	66
CHAPTER IV Recommendations in respect of which replies have not been accepted by the Committee	68
CHAPTER V Recommendations in respect of which final replies of Governmen are still awaited	69

APPENDIX

- I. Analysis & the action taken by Government on the recommenda-
tions contained in the Eleventh Report of the Estimates Com-
mittee (Sixth Lok Sabha)

PARLIAMENT LIBRARY
 Library & Reference Service
 Central Govt Publications
 Acc. No. B. 51717(2)
 Date 5.3.79

336.3951
 48

ESTIMATES COMMITTEE

(1978-79)

CHAIRMAN

Shri Satyendra Narayan Sinha

MEMBERS

2. Shri V. Arunachalam *alias* Aladi Aruna
3. Shri Yashwant Borole
4. Shri Dilip Chakravarty
5. Shri K. S. Chavda
6. Shri Tulsidas Dasappa
7. Smt. Mrinal Gore
8. Shri S. Nanjesha Gowda
9. Smt. V. Jeyalakshmi
10. Shri Sarat Kar
11. Shri Basant Singh Khalsa
12. Shri Nihar Laskar
13. Shri Mahi Lal
14. Shri Mukhtiar Singh Malik
15. Shri Mritunjay Prasad
16. Shri Amrit Nahata
17. Shri M. N. Govindan Nair
18. Shri D. B. Patil
19. Shri S. B. Patil
20. Shri Mohd. Shafi Qureshi
21. Shri K. Vijaya Bhaskara Reddy
22. Dr. Saradish Roy
23. Shri N. K. Shejwalkar
24. Shri Annasaheb P. Shinde
25. Shri Ganga Bhakt Singh
26. Shri Ugrasen
27. Shri K. P. Unnikrishnan
28. Shri Shankersinhji Vaghela
29. Shri Roop Nath Singh Yadav
30. Shri Vinayak Prasad Yadav

SECRETARIAT

Shri H. G. Paranjpe—*Joint Secretary*

Shri K. S. Bhalla—*Chief Financial Committee Officer*

Shri A. N. Bhatla—*Senior Financial Committee Officer.*

STUDY GROUP 'J'
ESTIMATES COMMITTEE

(1978-79)

1. Shri Satyendra Narayan Sinha—*Chairman*
2. Shri Mukhtiar Singh Malik—*Convener*
3. Shri Yashwant Borole
4. Shri Dilip Chakravarty
5. Shri Amrit Nahata
6. Shri M. N. Govindan Na'r
7. Dr. Saradish Roy
8. Shri N. K. Shejwalkar
9. Shri Annasaheb P. Shinde
10. Shri Ugrasen
11. Shri K. P. Unnikrishnan

INTRODUCTION

I, the Chairman of the Estimates Committee having been authorised by the Committee to submit the Report on their behalf, present this Twenty-sixth Report on action taken by Government on the recommendations contained in the Eleventh Report of the Estimates Committee (Sixth Lok Sabha) on the Ministry of Health and Family Welfare (Department of Health)—Prevention and Control of Blindness.

2. The Eleventh Report was presented to Lok Sabha on 4 April, 1978. Government furnished their replies indicating action taken on the recommendations contained in that Report by 13 November, 1978. The replies were examined by the Study Group 'J' of Estimates Committee (1978-79) at their sitting held on 15 December, 1978. The draft Report was adopted by the Committee on 18 December, 1978.

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

I. Report.

II. Recommendations which have been accepted by Government.

III. Recommendations which the Committee do not desire to pursue in view of Government's replies.

IV. Recommendations in respect of which replies of Government have not been accepted by the Committee.

V. Recommendations in respect of which final replies of Government are still awaited.

4. An analysis of action taken by Government on the recommendations contained in the Eleventh Report of the Estimates Committee is given in the Appendix. It would be observed therefrom

that out of 119 recommendations made in the Report, 101 recommendations i.e. about 85 per cent have been accepted by Government and the Committee do not desire to pursue two recommendations i.e., about 2 per cent in view of Government's replies. Reply of Government in respect of one recommendation i.e. about 1 per cent has not been accepted by the Committee. Final replies of Government in respect of 15 recommendations i.e. about 12 per cent are still awaited.

NEW DELHI;

December 22, 1978/Pausa 1, 1900 (Saka).

SATYENDRA NARAYAN SINHA,

Chairman.

Estimates Committee.

CHAPTER I

REPORT

This Report of the Estimates Committee deal with the action taken by Government (Ministry of Health and Family Welfare) on the recommendations contained in their Eleventh Report (Sixth Lok Sabha) on the Ministry of Health and Family Welfare (Department of Health)—Prevention and Control of Blindness—which presented to Lok Sabha on the 4th April 1978.

2. Action taken Notes have been received from Government in respect of all the 119 recommendations contained in the Report.

3. Action taken notes on the recommendations of the Committee have been categorized as follows:—

- (i) Recommendations/observations that have been accepted by Government (Chapter II)

Sl. Nos. 1 to 11, 13 to 21, 23 to 28, 30 to 61, 63 to 85, 97, 98, 100 to 102, 104, 105, 107 to 119.

- (ii) Recommendations/observations which the Committee do not desire to pursue in view of Government's replies (Chapter III)

Sl. Nos. 12, 29.

- (iii) Recommendations/observations in respect of which Government's replies have not been accepted by the Committee (Chapter IV)

Sl. Nos. 62.

- (iv) Recommendations/observations in respect of which final replies of Government are still awaited (Chapter V)

Sl. Nos. 22, 86 to 96, 99, 103, 106.

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

Cataract

[Recommendation Sl. Nos. 14 & 15; Paragraph Nos. 2.23 and 2.24]

5. The Estimates Committee (1977-78) had noted that out of the estimated 9 million persons with visual impairment in the country, over 5 million (i.e. about 55 per cent) were suffering from cataract while is curable by surgical operations. Noting with regret that while a special programme for the control of trachoma which accounted for about 5 per cent of the total cases of visual impairment had been launched by Government in 1956, no specific effort had been made to restore eye sight to the large number of persons suffering from cataract, the Committee observed that the priorities accorded by the Ministry in the matter of eye care had not been well conceived in as much as the gravity of the problem of cataract had not been given the attention that it deserved.

6. The Committee had noted that there was a backlog of about 5 million cataract operations to which another one million were added every year. Against this, only 0.6 million operations were being attempted annually in the country including the operations through voluntary efforts. Government were planning to complete the back-log of operations in 20 years which could at best be accelerated to 15 years provided financial resources could be made available. Considering the enormity of the prevalence of this disease and the human misery caused by it, the Committee strongly urged that Government should find and allocate the necessary resources for this task and expressed the view that it should be possible to conduct about 1 million operations every year. The Committee recommended that the backlog of operations should be cleared within a period of 7—10 years.

7. In their reply (October 1978) the Ministry of Health and Family Welfare have stated that in the current revised programme treatment of cataract has been given top priority. Targets have been fixed for conducting Cataract operations through Mobile Units and the Voluntary Organisations, so as to increase the turn-over of operations from the prevailing 7 lakhs per year to 20 lakhs per year. Government have expressed a hope that the backlog of cataract operations shall be cleared off in about 10 to 12 years.

8. The Committee are glad to note the earnestness with which the Government have taken their recommendation and given "top priority" for treatment of cataract in their current revised programme. They also note that Government have taken steps to increase the turnover of operations from the existing 7 lakhs opera-

tions per year to 20 lakhs per year and now hope to complete the backlog of cataract operations within 10—12 years as against 15—20 years planned earlier.

9. While the Committee appreciate the steps taken to increase the tempo of work on this front, they would like to re-emphasize that Government should mobilise all resources at their command and take concrete steps to ensure that backlog of cataract operations is cleared within a period of 7—10 years.

Dissemination of Information on Eye Diseases

(Recommendation No. 62; para 4.8)

10. The Committee noted that the Ministry of Health had been taking steps for the dissemination of information regarding the prevention and control of blindness and had brought out folders, posters, film scripts, cinema slides, radio talks, etc., over the years. The Committee observed that in spite of the various steps taken in this regard, the problem of visual impairment and eye ailments had been increasing and the number of blind people in the country had gone upto 9 million. The Committee felt that the dissemination of information on this vital subject had not been wide-spread and had been very inadequate compared to the requirement. The Committee therefore, urged Government to undertake a study in depth of the inadequacies of the steps taken in this behalf so far and undertake well informed and effective measures so that the message of eye care reaches particularly the vulnerable sections of the society.

11. Government have in their reply (October 1978) stated that:—

“For dissemination of information regarding the prevention and control of blindness, large number of pamphlets and book-lets have been written and given wide distribution.”

12. The Committee regret that the Government's reply is more repetition of what they had brought to the notice of the Committee earlier. It was only after examining the steps taken for dissemination of information regarding eye care that the Committee had come to the conclusion that there was need for an in-depth study of the inadequacies of the existing publicity arrangements. They would like to reiterate that the study suggested by the Committee should be undertaken expeditiously and publicity measures intensified in the light of the study so as to carry the message of eye care effectively to all concerned, particularly the weaker and rural sections of society.

Indigenous Remedies

(Recommendation No. 75, paragraph No. 5.21)

13. The Committee had expressed a feeling that no specific programme had been formulated for conducting research in the field of ophthalmology to find out an effective remedy for eye diseases available in the indigenous systems of medicine and had stressed that it was high time that the various inexpensive and effective remedies available in the indigenous systems of medicine were utilised for meaningful advance in the campaign for prevention and control of blindness. The Committee, urged the Government to collect and collate all those common folk remedies from all parts of the country and organise research in a systematic way in their utility and effectiveness so as to assimilate the knowledge available therein and provide inexpensive home remedies for eye health care to the vast majority of the people in the country.

14. In their reply (October, 1978) the Ministry have informed the Committee of various measures being taken towards finding out effective remedies available in indigenous systems of medicine for eye diseases. It has been stated that the Central Council for Research in Indigenous Medicine and Homeopathy has formulated research programme at Rishikul State Ayurvedic College Hardwar to study the effect of Maha Triphala Ghrita and Saptamritaloha in cases of Timira. The study extended over 500 cases has shown that the drug has a promising place in the field of ophthalmology. Along with research that is being carried out, the Council has already gathered information on about fifty folk remedies that are being currently used in the different parts of the country for prevention and cure of eye diseases. The folk remedies are being examined for clinical verification for evaluating their reported claims so that effective and inexpensive remedies could be identified for wider use. Government have stated that action will also be taken to collect similar claims from all parts of the country as early as possible.

15. The Committee are glad to note that besides organising research in this field, the Central Council for Research in Indigenous Medicine and Homoeopathy is taking action for collection of information with regard to folk remedies from all parts of the country for prevention and cure of eye diseases and for clinical verification thereof for evaluating their effectiveness. The Committee would like that information in regard to folk remedies is collected from all parts of the country according to a timebound programme and proven drugs and remedies given wide publicity for the benefit of the common man.

Yogic Exercise for Eye Treatment

(Recommendation No. 76, Paragraph No. 5.22)

16. The Committee had desired that full use should be made of the beneficial effects of yoga exercises on eye-care and that wide publicity should be given to those exercises which were found useful in maintaining eye health and curing eye diseases.

17. The Ministry have stated that certain eye exercises are prescribed in the treatment of certain eye ailments and to what extent yogic exercises can be incorporated in these exercises is being examined by the Ministry of Health. After the feasibility study has given some definite indications the same would be incorporated as part of eye exercises.

18. The Committee desire that the feasibility studies on the extent to which the yogic exercises could be incorporated in the exercises prescribed for eye treatment should be expedited and the exercises found useful should be given wide publicity.

Indigenous production of Ophthalmic glass

(Recommendation No. 79. paragraph No. 6.33)

19 The Committee had noted that the entire requirements of ophthalmic glass blanks were met through imports till 1968-69 when Bharat Ophthalmic Glass Limited, a public sector company, started commercial production with Soviet collaboration. The indigenous production which constituted 6.37 percent of the total requirements in 1971-72 rose to 27.35 per cent in 1975-76. The Committee had been informed that in absolute terms as against the country's requirements of 800 tonnes of ophthalmic glass during 1977, the indigenous production accounted for only a little over 100 tonnes. The Committee had also been informed that to eliminate the use of sheet glass and other sub-standard glasses for production of ophthalmic lenses Government had finalised a bill providing for the use of ophthalmic lenses with ISI-specifications and banning the use of any other glass for the purpose. The bill, it was stated, was being circulated amongst the States for their concurrence and as soon as their concurrence was received, it would be introduced in Parliament. The Committee stressed that special efforts should be made to process the necessary legislation in this regard through various stages expeditiously so that the use of the sub-standard glass for the manufacture of ophthalmic lenses was eliminated from the country at the earliest.

20. In reply, Government have stated (October, 1978) that they are soon introduction a bill in Parliament to control the trade practices of opticians as also use of materials for ophthalmic blanks. Government are also exploring the possibility of producing ophthalmic blanks of high quality.

21. The Committee stress that Government should take necessary measures in both directions earnestly. They would like to reiterate that the much awaited bill should be introduced and processed through various stages expeditiously so that the use of glass sheet and other sub-standard glasses for production of ophthalmic lenses is prevented at the earliest.

Perspective Plan

(Recommendation Sl. No. 86, & 87 paragraph 7.25)

22. The Committee had noted that a long term perspective plan was being drawn up to tackle the problem of prevention and control of blindness spread over a period of 20 years. The plan had been divided into three sectors namely peripheral sector involving an outlay of Rs. 12 crores, intermediate sector involving an expenditure of Rs. 12 crores for equipping district and sub-divisional hospitals and central sector involving an expenditure of Rs. 12 crores for strengthening medical colleges, regional institutes and the national centre. Besides, the capital cost for the regional institutes was estimated to be near about Rs. 25 crores.

23. The Committee felt that a period of 20 years was too long for tackling the problem of prevention and control of blindness and urged Government to review the proposed long term perspective plan so as to reduce the period of the Plan

24. The Ministry have stated in their reply (October, 1978) that the National Implementation Committee set up under the programme is being asked to study the programme in depth and give recommendation, if it is possible to reduce the time period of 20 years and that the recommendation will be considered by the Government and suitable action will be taken.

25. The Committee would like to reiterate their view that time span of 20 years to tackle the problem of blindness in the country is too long and requires to be reduced. They hope that National Implementation Committee, which has been asked to explore the possibility of reducing the period would be able to devise ways and means of accelerating the pace of various programmes and Govern-

ment would not spare any effort to implement the plan in a much shorter period than originally planned.

The Committee would like to be apprised of the decision of the National Implementation Committee.

Dr. Rajendra Prasad Centre for Ophthalmic Sciences, New Delhi.

(Recommendations Nos. 88 to 96 paragraph Nos. 7.50 to 7.58)

26. The Committee had expressed their unhappiness over the persistent lack of harmony in the working relationship between Dr. Rajendra Prasad Centre of Ophthalmology and All India Institute of Medical Sciences. The Committee observed that the existing state of relationship between the two, if not improved immediately, might affect the implementation of the National Plan of Action for the prevention and cure of blindness adversely. They had felt that it was absolutely necessary in the interest of effective implementation of the Plan that the question of giving suitable status and powers to Dr. Rajendra Prasad Centre vis-a-vis AIIMS was settled without any further loss of time.

27. The Committee had observed that in order to enable Dr. Rajendra Prasad Centre to function as an apex organisation for the execution of the National Plan in all the States and also for bringing about the desired coordination in the working of the regional institutes set up as part of the National Plan, it was necessary to give the Centre a nomenclature befitting its national status and responsibilities. They suggested that Government should consider naming it as Dr. Rajendra Prasad National Centre of Ophthalmology.

28. Since Dr. R. P. Centre had come to acquire two distinct roles to Plan—(1) as a constituent unit of AIIMS for the purpose of organising under-graduate and post-graduate education, research etc. and (2) as an apex organisation to execute and coordinate the National Plan of Action, the Committee recommended further that in order to enable the head of the Centre to discharge the responsibilities which the National Plan has placed on him, he should be invested with sufficient operational autonomy to plan and carry out his activities without any hinderance, which he may consider necessary, for the efficient execution of the National Plan consistent with his duties to ensure efficient functioning of the Centre as a constituent unit of the Institute for the purpose of education, research, etc.

29. Government have in their reply (October, 1978) informed the Committee that :—

“Secretary, Health in the meantime has submitted a report with regard to the working arrangements that may be maintained between the Dr. R. P. Centre and the AIIMS. The same has been introduced in the Governing Body of the Institute and a Sub-Committee consisting of the President of the Institute, Dr. Sushila Nayar and the Secretary, Health has been constituted to give the final shape to the recommendations.”

30. The Committee are unhappy to note that the long standing impasse regarding the working arrangements between the Dr. R. P. Centre of Ophthalmic Sciences and the AIIMS has not been resolved so far.

31. The Committee would like to reiterate that the Dr. Rajendra Prasad Centre should be given a befitting nomenclature as a ‘National’ Centre and sufficient operational autonomy, as suggested by them, in order to enable it as an apex body, to play an effective role in the implementation of National Plan of Action. The Committee would urge the Government to impress upon the Governing Body of AIIMS to take early decision in the matter and bring about harmony in the working relationship between the Centre and the Institute.

32. In the end, the Committee wish to emphasise once again that deprivation of sight being the worst of the disabilities from which a human being can suffer, there should be no room for complacency of any kind in the implementation of the National Plan of Action to prevent and cure blindness and no effort or resource should be left untapped to achieve results within the shortest possible time.

Implementation of Recommendations

33. The Committee would like to emphasise that they attach the greatest importance to the implementation of the recommendations accepted by Government. They would, therefore, urge that Government should keep a close watch so as to ensure expeditious implementation of the recommendations accepted by them. In cases where it is not possible to implement the recommendations in letter and spirit for any reason, the matter should be reported to the Committee in time with reasons for non-implementation.

34. The Committee would also like to draw attention to their comments made in respect of the replies of Government to the

Recommendations at Sl. Nos. 48, 55, 57, 67, 74, 97, 101 (Chapter II) and desire that Government should take action in pursuance thereof and also furnish the request information to the Committee, where specifically called for.

35. The Committee also desire that final replies of the Government in respect of recommendations contained in Chapter V of this Report may be furnished to the Committee expeditiously.

CHAPTER II

RECOMMENDATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendation (Serial No. 7, Para 1.34)

It is well known that sight is the most precious gift of nature and deprivation of sight is the worst of the disabilities that a human being can suffer from. Human suffering apart, visual impairment and blindness has also serious social and economic implications. It has been rightly said that not the least important among the human rights surely is the right of any man to see. As to the number of persons in India who do not have this right to see, the Committee note that no proper assessment has so far been made but a random sampling survey has revealed a staggering estimate of about 9 million blind, needing either preventive or curative measures and in addition there were about 45 million, having visual impairment short of blindness. The Committee also note that the number of blind of India forms the highest proportion of the total blind population in the world. Even allowing for errors incidental in sampling estimates, the Committee have no doubt that the problem of blindness in the country is serious both on account of its magnitude and the inadequacy of remedial efforts made so far. The implications of such a large number of blind and visually disabled in terms of human suffering, social disability and economic wastage are serious and the imperativeness of undertaking preventive measures need hardly to be emphasised. It is evident that the problem poses a formidable challenge and calls for well directed sustained and meaningful organisational efforts for carrying out preventive and curative measures on a commensurate scale so that light may be brought into the lives of millions of people and eye-health of the community is safeguarded from any further erosions of the dreadful disease of blindness and visual disability.

Action taken by Government

Noted.

[Ministry of Health & F.W. O.M. No. H.11016/2-78-Ophth.
dated 25 October, 1978]

.. Recommendation (Serial No. 2 Para 1.35)

From the chronology of the steps taken for prevention of blindness in the country, the Committee regret to note that the efforts

made, have been incommensurate compared to the magnitude of the problem. The first step stated to have been taken was in 1931 when proposal was made to form Advisory Committee consisting of persons actively engaged in the work for the blind. The proposal failed because of inadequate appreciation of facts and lack of realisation by the then provincial Governments of their responsibilities. The next step was taken in 1943 to appoint a Special Officer to investigate the extent of blindness in India and its causes. As a sequel to the Report of the Special Officer, a Special Joint Committee consisting of 7 members each from the Central Advisory Boards of Education and Health was constituted in 1944 which made several recommendations for prevention and control of blindness. The Health Survey and Development Committee under Sir. J. Bhore, constituted in 1946, endorsed the recommendations of the Joint Committee. The Committee regret to note that exhaustive reports and recommendations of the Committees remained practically shelved.

Action taken by Government

Noted.

[Ministry of Health & F.W. O.M. No H. 11016/2/78-Ophth.
dated 25 October, 1978]

Recommendation (Serial No. 3, Para No. 1.36)

After Independence, it was only in 1954 that Government asked the Indian Council of Medical Research to define the magnitude of the problem of the blind. The ICMR constituted a Committee which identified trachoma as the major problem in eye disease. As a result a Trachoma Control Pilot Project was set up in 1956. The Committee have dealt in a subsequent chapter with the measures taken to reduce the incidence of trachoma. The Committee cannot, however, help in remarking that much valuable time was allowed to lapse from 1947 to 1954 without any concrete action being taken on the recommendations of the Joint Committee of the Central Advisory Boards and the Health Survey and Development Committee (1946).

Action taken by Government

Noted.

[Ministry of Health & F.W. O.M. No. H.11016/2/78-Ophth.
dated 25 October, 1978]

Recommendation (Serial No. 3, Para No. 1.37)

The Committee note that the next phase of the efforts against blindness was undertaken in 1959 when the Health Survey and Planning Committee under Dr. A. Lakshamananaswamy Mudaliar, which was appointed, made very exhaustive and practical recommenda-

tions on various aspects of eye diseases and blindness. In 1960, the Indian Council of Medical Research established a Working Group for Prevention of Blindness and research in Ophthalmic problems. The Committee feel that had adequate follow up action been taken to implement the recommendations of the Working Group etc, the problem of blindness, particularly in the rural areas and the weaker sections of society would not have been as it is at present.

Action taken by Government

Noted.

[Ministry of Health & F.W. O.M. No. H.11016/2/78-Ophth.
dated 25 October, 1978]

Recommendation (Serial No. 4 Para No. 1.38)

The Committee note that the World Health Organisation intensified their activities against blindness from 1972 onwards. In response to the World Health Assembly (1972) Resolution the Indian Council of Medical Research initiated survey through centres in the country on the basis of which it has been intimated that there are about 9 million blind in the country and in addition there are about 45 million persons who are estimated as having visual disability, short of blindness. A WHO consultant who visited India in 1975 gave his recommendations for prevention of blindness. Recommendations were also made at a National Symposium organised in April, 1975 by the National Society for Prevention of Blindness. The Ministry of Health set up a Working Group to recommend a plan of action for prevention and control of blindness. The report of the Working Group was considered at the Joint Meeting of Central Council of Health and Family Planning in April, 1975 who recommended a strategy for the purpose of control and prevention of blindness known as the National Plan for Prevention of Blindness.

Action taken by Government

Noted.

[Ministry of Health & F.W. O.M. No. H.11016/2/78-Ophth.
dated 25 October, 1978.]

Recommendation (Serial No. 5, Para No. 1.39)

Another National Symposium was held in March, 1976 and a South East Asia Regional Consultative Meeting was also convened by WHO in March 1976 followed by Inter-Regional Meeting at Baghdad from 29th March to 1st April, 1976. In the light of the guidelines issued by the Joint Meeting of the Central Council of

Health and Family Planning and taking into consideration the various recommendations made at international and national forums, a draft of National Plan has been developed and approved and is stated to have been taken up for implementation from 1976-77 after clearance by the Expenditure Finance Committee. The Committee are glad to note that at least now there is not only a growing awareness of the problem but the need for planned effort to combat the disease has been recognised and action initiated to implement it.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 6, Para No. 1.40)

The Committee note that Trachoma and infections of the eye have been identified as the major preventable factor responsible for visual impairment, followed by Xerophthalmia and ocular lesions due to small-pox. Cataract has also been identified as responsible for more than 50 per cent of the visually impaired and the blind, and as curable by surgery. Some of the important aspects of the campaign for prevention of blindness are development of community oriented basic eye health services including prevention, development of education on eye health etc. The Committee have dealt with in subsequent chapters the adequacy of the steps taken or proposed to be taken in respect of prevention of blindness.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

(Recommendation Serial No. 7, Para No. 1.41)

The Committee are constrained to observe that no concrete measures in real terms were taken for a long time for creating an infrastructure for the prevention and control of blindness. The Committee trust that now with the launching of the National Plan on Blindness, vigorous and sustained efforts will be made to implement the plan within a time bound programme.

Action taken by Government

It is being implemented as a time-bound programme which will be spread over a period of 20 years. All steps will be taken to see that the physical targets are fulfilled.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 8, Para No. 1.53)

The Committee note that the number of blind in the country is about 9 million out of which 5.5 million are curable if medical services can be made available to the people in time. The common causes for visual impairment and blindness in India are—Cataract (55 per cent), Trachoma (5 per cent), infection of eye 15 per cent and others (25 per cent) which include Small-pox, malnutrition, injuries, glauome, congenital disorders, diabetes, etc. The Committee have been informed that the situation has developed as there is lack of general ophthalmic care due to paucity and mal-distribution of ophthalmic personnel. Even in the training of basic doctors the environmental and other conditions in India have been completely ignored. Moreover, there are not sufficient resources in finance, physical services and manpower. The Committee note that the strategy for dealing with the problem is not to have disease oriented programmes but to develop intensive health education and dissemination of information, manpower development, and to deliver eye health care immediately to the needy population through mobile units and to create a permanent infrastructure of eye health services at the peripheral, intermediate and central levels.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 9, Para No. 1.54)

The Committee trust that expeditious efforts will be made to implement the strategy so that beneficial results accrue in the shortest possible time.

Action taken by Government

Expeditious efforts are being made to implement the strategy by way of holding Zonal Conferences. Some Mobile Units have been made available and proper equipment have been arranged. Liaison is also being maintained with the State authorities.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 10, Para No. 1.55)

The Committee note that the figures of blindness in the world, are apparently in the neighbourhood of 27 to 30 million and that half or two-third of the cases of blindness could have been prevented if they had been detected and prevented in time. It is noted that a common feature of the problem of countering blindness in all countries is the need for better ophthalmic services and a larger number of ophthalmic consultants. The Committee trust that the technical know-how and the organisational techniques of the various countries will be pooled and meaningful efforts made to achieve satisfactory results by a coordinated campaign against blindness.

Action taken by Government

Recommendations made by the Committee have already been taken into consideration and discussed with the State Government and with the Central Council of Health. WHO has an Advisory Board of which Ophthalmic Adviser is a Member and he projects our views there. Cooperation of other International agencies is also being sought.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 11, Para 1.69)

The Committee note that there is no system of recording the number of blind people or those suffering from impairment of vision in the country and that there is no reliable data on the prevalence or incidence of blindness in any cross section of the people. Some limited sample surveys which have been made by the National Society for the Prevention of Blindness and the Indian Council of Medical Research have revealed the prevalence of

blindness in our country as the highest in the world. The latest coordinated survey by the ICMR in 7 different centres had led to an over all estimate of 9 million blind and 45 million visually handicapped. The Committee have been informed during evidence that Government did not consider it necessary to waste resources in physical enumeration but had deployed **Mobile Health Units** which will take care of the eye health of the people and side by side will do the survey work. Enumeration by revenue officials was not considered suitable having regard to the technical nature of the work involved. The Ministry of Health in their latest submission before the Committee (November 1977, have stated that it was proposed to conduct surveys as the mobile units got into operation and it might be in another five years that the impact of the programme as well as the magnitude of blindness would be known. The Committee agree that data collection is a gigantic task. The Committee, however, feel that an overall survey regarding the prevalence of blindness in the country is basic for a co-ordinated and meaningful campaign against the disease. They would, therefore, stress that the surveys should be undertaken without any further loss of time and completed expeditiously so that the impact of the programme of Action on Blindness and precise magnitude of blindness are known and necessary timely remedial measures could be taken. The Committee feel that random sampling technique may not be applied in collection of data in rural areas where due to the smallness of population it is possible to collect statistics about the number of blind persons from village panchayats, village officers and other village institutions.

Action taken by Government

Government shall intensify its efforts towards conducting surveys through (a) Ophthalmic Assistants/Optometrists in the Primary Health Centres. (b) The staff of Mobile Unit. (c) Community Health Workers Scheme. The survey is a continuous process and the scheme shall be modified on the basis of the results of the survey.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 13, Para No. 1.85).

It is a well known fact that blindness apart from human suffering costs the nation a huge sum of money in a capital wastage and that the economic drain is further aggravated by the social depen-

dence of the blind person on the community. The Committee have been informed that a rough estimate of the socio-economic cost of blind population to the community is Rs. 90 crores without counting the loss of productivity which is greater. The Committee need, therefore, hardly stress the urgency of measures to prevent visual impairment and to control blindness so as to reduce human suffering and to reduce the extent of drain on the national economy and the social dependence of the blind on the community.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 14, Para No. 2.23)

The Committee note that cataract is widely prevalent in the country and accounts for about 55 per cent of all cases of visual impairment. Out of the estimates, 9 million persons with visual impairment in the country, over 5 million are stated to be suffering from cataract which is curable by surgical operation. The Committee regret to note that while a special programme for the control of trachoma which accounts for about 5 per cent of the total cases of visual impairment was launched by Government in 1956 first on a pilot basis and later on as a regular programme, no specific efforts were made to restore eye sight to the large number of persons suffering from cataract. According to the representatives of the Ministry, the emphasis on trachoma programme was placed because it was a communicable disease and no particular attention was given to cataract which being curable was originally "not considered as part of blindness". It is thus obvious that the priorities accorded by the Ministry in the matter of eye care were not well conceived in as much as the gravity of the problem of cataract which is widely prevalent and is curable but has serious socio-economic consequences was not given the attention that it deserved, resulting in the continuance of the wide spread and avoidable misery among a very large section of the population suffering from this disease.

Action Taken by Government

In our current revised programme treatment of cataract has been given top priority. Targets have been fixed for conducting Cataract operations through Mobile Units and the Voluntary Orga-

nisations, so as to increase the turnover of operations from the prevailing 7 lakhs per year to 20 lakhs per year.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-Ophth. dated the 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraphs 8 and 9.

Recommendation (Serial No. 15. Para No. 2.24)

The Committee note that there is a backlog of about 5 million cataract operations to which another one million are added every year. Against this, only 0.6 million operations are stated to have been attempted annually in the country including the operations through voluntary effort. The Committee are distressed to note that there is no crash programme for conducting these operations on the plea of lack of resources and lack of manpower, Government are planning to complete the backlog of operations in 20 years which could at best be accelerated to 15 years provided financial resources could be made available. The Committee are surprised at the manner in which this grave problem is being handled at present. Considering the enormity of the prevalence of this disease and the human misery caused by it, the Committee strongly feel that Government should find and allocate the necessary resources for this task. The Committee consider that with the existing number of eye surgeons which are stated to be about 3500 in the country, it should be possible to conduct about 1 million operations every year if detailed plans of undertaking such operations through hospitals, mobile units and eye-camps etc., are prepared in advance and implemented meticulously in the field. The Committee have no doubt that with the expertise available in the country and dedication of the concerned authorities, the backlog of cataract operations could be completed within a shorter period of say 7 to 10 years. The Committee would like Government to enlist the cooperation of voluntary operations in this humanitarian venture and prepare a crash time bound programme of cataract operations to restore sight to about 5.5 million people suffering from this disease and ensure that the same is implemented in the field. The Committee would like to be informed in specific terms within six months about the action taken in pursuance of these recommendations to increase the facilities for cataract operations on scientific lines including proper post-operation care and the results expected to be achieved.

Action Taken by Government

The recommendation is noted and is being placed before the National Coordination Committee for mobilizing the Cooperation of Voluntary Organisations. Guide-lines have been laid down for conducting Eye Camps for which finances are being provided at the rate of Rs. 40 per intra-ocular operation. The finances are released on the basis of a certificate from the District Coordination Committee. The Voluntary Organisations are encouraged to conduct work in areas where the Government facilities do not exist at present and the Mobile Units are not functioning. The Cooperation of International Agencies towards this end is also being sought. It is hoped that the backlog of cataract operation shall be cleared off in about 10 to 12 years.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78
Ophth. dated the 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 8 and 9.

Recommendation (Serial No. 16, Para No. 2.47)

The Committee note that incidence of trachoma accounts for about 5 per cent of the cases of visual impairment and blindness in the country. They further note that following the recommendations made by a Committee appointed by the Indian Council of Medical Research, 1954, Government established a Trachoma Control Pilot Project which continued till 1963. The Pilot Project has been extended to a National Trachoma Programme as a centrally sponsored project since 1963. Till the end of the Fourth Plan against the projected coverage of 1314 Blocks/PHOs, covering a population of 86.71 million only, are stated to have been covered. Thus, there has been a shortfall in the coverage of 273 blocks comprising a population of 23 million.

Action Taken by Government

Noted.

[Ministry of Health and Family Welfare O.M. No. H.11016/2/
78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 17) Para No. 2.48)

The Committee further note that there have been shortfalls in expenditure on the National Trachoma Control Programme during the First & Fifth Plan period and the Government failed due to various reasons. In the Fourth Plan (1969—74) against the actual allocation of Rs. 97.31 lakhs, the expenditure was Rs. 66.34 lakhs which is roughly 66 per cent. During the years 1974—76 of the Fifth Plan, the actual provision was of Rs. 40 lakhs out of which only Rs. 27.27 lakhs i.e. about 67 per cent., could be utilised. As against the allocation of Rs. 40 lakhs for 1974-75 and 1975-76, the expenditure is no more than Rs. 27.6 lakhs. The lack of utilisation of the allotted funds for fight against trachoma shows that the implementation of the various projects under the National Trachoma Control Programme has to be taken more seriously than is being done at present. The Committee would therefore stress that Government should review the position in depth and take corrective measures to see that the allocated funds are fully used in the interest of relieving suffering of the people from Trachoma and the check the spread of this disease.

Action taken by Government

The position has been reviewed and a new strategy has been formulated in accordance with which Trachoma has been merged with the National Programme for Prevention of Visual Impairment and Control of Blindness. The main difficulty in the way of utilisation of allotted funds has been delayed in procurement of supplies through the DGS&D. The Government is trying to streamline the purchase procedure to expedite procurement. The purchases from foreign aid is being done through a purchase committee.

[Ministry of Health & Family Welfare O.M. No. H 11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 18. Para No. 2.49)

The Committee regret to note that no evaluation of National Trachoma Control Programme, on which considerable expenditure has been incurred, has been undertaken so far. It is normally expected that an evaluation of the programme is undertaken periodically to identify short-comings and take timely remedial measures. It is unfortunate that no evaluation of this programme has been taken up so far though the programme has been in operation for over 20 years. According to a former Health Minister "perhaps it was a

mistake to take up a single disease—Trachoma control instead of launching a programme for fighting eye infections in general". The Committee are in full agreement with this view. They feel that if an evaluation of this programme had been undertaken in the early stages, this aspect would have come to light in the beginning and corrective measures taken. The Committee note that at long last this programme will now be integrated in the National Programme for Prevention of Blindness during the remaining years of the current Plan period.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 19, Para No. 2.72)

The Committee note that the malnutrition and blindness are widespread in our country. The Committee would like to point out that at the core of malnutrition lies the problem of poverty, particularly the rural poverty and therefore, national efforts should be oriented towards improving the lot of rural masses through effective rural development strategy, in the formulation of which health and nutrition objective must receive due consideration.

Action taken by Government

In keeping with the strategy evolved under the National Programme for Prevention of Visual Impairment and Control of Blindness, the services of CHWS, MPHWS, Ophthalmic Assistants and basic workers at PHC's working under Rural Health Scheme launched by the Ministry of Health & Family Welfare will be utilised to bring simple medical aid within the reach of every citizen. Special nutrition programme is being implemented by the Department of rural development with its main emphasis as an integrated composite rural development.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 20, Para No. 2.73)

The Committee note that a number of nutritional programmes have been launched by Government and some with the cooperation

and assistance of international agencies. These programmes are being administered, depending upon the nature of the programme, by different Ministries like Health and Family Welfare, Education and Social Welfare and Agriculture—(Departments of Food and Rural Development). The Committee learn that for coordination of these programmes a Central Coordination Committee consisting of 12 members representing the concerned Departments of the Central Government was set up in August, 1973. The Committee note that two of the important points considered by this Coordination Committee were:—

- (i) to compile and keep upto date information in respect of each programme on nutrition.
- (ii) preparation of the National Nutrition Policy.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated the 25 October, 1978].

(Recommendation (Serial No. 21, Para No. 2.74))

The Committee regret to note that the Coordination Committee for Nutrition Programme which was entrusted with the task of compiling and keeping upto date information in respect of various Nutrition Programmes on nutrition has not met after June, 1976 to review the information collected from various sources. Also the draft proposal on the National Nutrition Policy prepared by a Sub-Group of the Coordination Committee constituted for the purpose, which was to be reviewed in consultation with the Planning Commission, has not yet been reviewed and the draft on the National Nutrition Policy has not even been discussed at any meeting of the Coordination Committee after 10th June, 1976. Considering the widespread malnutrition problem in our country with its concomitant deleterious effect on general health and vision of the affected people the Committee would stress that the meeting of the Coordination Committee for the Nutrition Programme be convened early without any further loss of time and the data compiled and collected in respect of various Nutrition Programmes reviewed expeditiously. The Committee would also emphasise the urgent need of reviewing and finalising the draft of the National Nutrition Policy, by the Coordination Committee.

Action taken by Government

A request has been sent to the Chairman, Central Coordination Committee of Food and Nutrition towards evolving National Nutrition Policy and the Estimates Committee will be informed after the draft of the National Nutrition policy is finalised.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated 25 October, 1978].

Recommendation (Serial No. 23, Para No. 2.82)

The Committee note that leafy vegetables, carrots, drumsticks, tomatoes, oranges, "papayas" and similar cheap foods were rich sources of Vitamin 'A' and were essential for the health of eyes. These eatables are easily available in the country and are cheap. Sprouted grams and groundnuts are also equally rich sources of supplements. In this connection the Committee were informed during evidence that "...with regard to the use of cheap food and leafy vegetables studies have been made and literature is there and we have been able to do not much in this regard. a lot has to be done to educate people with regard to the use of cheap vegetables that are already available in their own homeland...about "satoo" also some publicity has been done in the drought affected areas in Bihar and Maharashtra..." The Committee consider that since nutritional deficiencies particularly among expectant mothers and children were to a great extent adding to blindness in the country, urgent steps were called for on the part of Government for launching an intensive nutritional education programmes in the country and popularising the extensive use of leafy vegetables, carrots, drumsticks, tomatoes, oranges, papayas and similar cheap foods like "satoo" sprouted grams and groundnuts.

Action taken by Government

The State Nutrition Divisions in the respective Directorate of Health Services are already conducting Nutrition education campaigns on similar lines. Various health education materials have been prepared by the National Institute of Nutrition, Hyderabad. The Central Health Education Bureau as well as State Health Education Bureaus are already doing similar work. A Centrally sponsored Scheme for intensive propagation of nutrition education through the State Health Services has also been approved in the

Sixth Five Year Plan and necessary steps are being taken for its implementation.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated 25 October, 1978].

Recommendation (Serial No. 24, Para No. 2.83)

The Committee suggest that Government should take effective action to include 'satoo' and other nutritional foods like sprouted grams, groundnuts, etc. in the programme for mid-day meals of children. Steps should also be taken to standardise the quality and quantity of ingredients which should go into 'satoo' improve its packing, arrange for its sale through Super Bazaars and other Fair Price Shops and use audio-visual means to bring the value of "satoo" and other cheap and readily available foods which are good for eye health to the notice of the people particularly those with fixed incomes and hailing from weaker sections of society as they are particularly susceptible to ailments of the eyes.

Action taken by Government

The matter has been brought to the notice of the rural development department for necessary action.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated 25 October, 1978].

Recommendation (Serial No. 25, Para No. 3.12)

The Committee note that Eye Camps have an important role to play not only in undertaking eye operations but also in providing total eye care. Eye camps with community participation have found wide popular acceptance. Such camps have an undoubted value in bringing Ophthalmological treatment to the doors of the people, 80 per cent of whom live in rural areas with hardly any ophthalmological services for the treatment of eye diseases

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated 25 October, 1978].

Recommendation (Serial No. 27, Para No. 3.13)

The Committee have been informed that Government are aware of the difficulties and inadequacies of Eye Camps which are conducted at present and have, therefore, devised guidelines for converting these Eye Camps into Mobile Eye Care Units. As a preliminary step Mobile Ophthalmic Units will be established in areas which have not been covered. The Committee would like Government to implement the proposed measures under a time bound plan.

Action taken by Government

Mobile Units under the National Programme have been given first to those areas which were not covered earlier by eye care services.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated 25 October, 1978].

Recommendation (Serial No. 28, Para No. 3.14)

The Committee would also urge Government to ensure that the voluntary agencies which are already doing useful work in the field receive proper encouragement and purposeful direction for augmenting and accelerating their efforts.

Action taken by Government

The Government is coordinating the work of the voluntary agencies and is even encouraging them by giving a grant of Rs. 10.00 lakhs annually. If more work is done, the Government is willing to raise this allocation provided it is done in the rural areas.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated 25 October, 1978].

Recommendation (Serial No. 30, Para No. 3.16)

The Committee would also like the Government to explore all possibilities of running more Eye Camps with the help and cooperation of private agencies wherever necessary. For this purpose it would be necessary to revise the concept of Mobile Units and Eye Camps to demarcate their roles and to organise their functioning on scientific lines so as to give optimum benefit to the larger number of people within the resources that are available which could further be developed under meaningful plans with precise time bound targets.

Action taken by Government

Separate Guide-lines have been prescribed for holding Eye Camps and working of the Mobile Units and these shall be monitored through District Coordination Committees and at the Central level by the computerised Central Information System which is being developed at R. P. Centre, AIIMS, New Delhi.

[Ministry of Health & Family Welfare O.M. No. H 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 31 Para No. 3:17)

The Committee would also urge Government to introduce some regulations for holding Eye Camps in order to prevent quackery and to ensure that these camps are run by qualified ophthalmologists and take due care of post-operative complications. The Committee note that at present Government do not have reliable information about the total number of eye camps held eye operations performed, eye hospitals and eye beds available in each district and the total number of eye specialists in each State. They feel that it is absolutely necessary to have complete and upto-date information in regard to all these matters in order to plan and execute the campaign against blindness systematically throughout the length and breadth of the country. The Committee, therefore, recommend that Government should establish a scientific information system to collect all the relevant information in regard to the incidence of blindness and the progress of work done under the National Plan of Action for the Prevention and Control of Blindness, analyse this information critically and take such measures as are considered necessary in the light of the information received to ensure effective action against blindness on all fronts in the country.

Action taken by Government

Separate Guide-lines have been prescribed for holding eye camps and working of the mobile units and these shall be monitored through District Coordination Committees and at the Central level by the computerised Central Information System which is being developed at R. P. Centre, AIIMS New Delhi.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 32, Para No. 3:27)

The Committee note that ordinary eye-diseases at the periphery are being attended to at the Primary Health Centres and rural

dispensaries where specialised attention for these diseases is not available. Patients needing specialist care are referred to the Taluka or District Hospitals. At present there are hardly any facilities available in rural and Taluka and even District Hospitals for diagnostic and treatment purposes. The Committee note that it has been proposed that all Primary Health Centres in the country should be equipped in phases so as to provide a base for ophthalmic health education, to screen cases requiring specialised eye care and for providing ophthalmic health services, particularly to the pre-school and school-going children. It is also proposed to give 4 to 6 weeks training to Primary Health Centres doctors in various Medical Colleges. The Committee need hardly emphasise the importance of strengthening the Primary Health Centres in the field of ophthalmic care so that the PHCs can play a meaningful role in attending to the ophthalmic problems of the Community.

Action Taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 33, Para No. 3.28)

The Committee consider that the Institution of refresher courses for the PHC doctors is a step in the right direction. The Committee would, therefore, like Government to have the refresher courses so planned that the doctors gain requisite experience and are in a position to diagnose and treat eye ailments in an effective manner.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 34, Para No. 3.29)

The Committee need hardly stress the importance of providing the PHCs and Taluka/District Hospitals with the necessary basic equipment and personnel which would relieve the community of hardships of going long distance to specialised institutions. The Committee note that every PHC will be provided with an ophthalmoscope and other essential equipment costing about Rs. 3,000 per centre. Ophthalmic Assistants are proposed to be posted in areas

where eye specialist cannot be posted and that the areas are proposed to be covered by Mobile Units.

Action Taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2 78-Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 35, Para No. 3.30)

The Committee also note that it is the intention that every Block must have a Primary Health Centre and that 5,400 Block have been covered, leaving 200 to be covered. At the same time in the backward areas particularly tribal areas intention is to provide a Primary Health Centre for a population of 25,000 as compared to 80,000 to one lakh elsewhere. It is also the intention to strengthen the services at the Sub-Centres. The Committee would like Government to work out the institutional and supporting managements in details in the light of experience and take concerted measures to implement them in the field.

Action taken by Government

The suggestions have been noted and appropriate measures will be taken as and when required in the light of experience gained.

[Ministry of Health & Family Welfare O.M. No. 11016/2 78-Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 36, Para No. 3.41)

The Committee regret to note that treatment facilities of eye diseases at district level hospitals and primary health centres are very inadequate and that hardly any specialised Ophthalmic services have been created at the district level or in the sub-divisions. Most of the time the services in the periphery and at the district level are being delivered through an eye camp approach, mostly by voluntary organisations. The Committee note that the Government in its Plan of Action have laid considerable stress on the development of eye care services at the Primary Health Centres, Taluka/Sub-divisional/Tehsils hospitals and district level hospitals as a permanent infrastructure in a phased manner spread over a period of 20 years.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 37 Para No. 2.02)

The Committee have also been informed during evidence that the State Governments are being requested to post eye specialists in each district to begin with and that later on the plan envisages that each district hospital will have 2 eye specialists and in each Taluka Hospital there will be one eye specialist. The Committee would like that concerted efforts should be made so that the Eye Specialists numbering 3,500 are suitably deployed and that the hospitals at district and taluka level are well equipped for proper eye care.

Action Taken by Government

Efforts are being made to improve these services as planned.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-1978.]

Recommendation (Serial No. 38, Para No. 3.43)

The Committee also note that the total number of eye beds is about 1,200 and that at the end of 20 years period about 60,000 beds would be needed, which means an addition of about 40,000 beds in a phased manner. The Committee would like the Government to implement the plan for increasing the number of beds according to well thought out programme so that the fight against the growing problem of blindness is carried on to a successful conclusion. The Committee would stress that higher priority be given in areas before incidence is higher.

Action Taken by Government

While choosing areas for increase of beds the State Governments are being asked to improve the services in areas where blindness prevalence is greater and where these services are needed most.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 39, Para No. 3.50)

There are 106 Medical Colleges in the country all of which teach Ophthalmology at the undergraduate level and many at post-

graduate level. There are 6 Institutions of Ophthalmology for more sophisticated eye care at Aligarh, Sitapur, Ahmedabad, Hyderabad, Bangalore and Calcutta and one more has been established recently at Allahabad. Besides, Dr. Rajendra Prasad Centre is a national centre of excellence for ophthalmic service. The Committee note that under the National Plan of Action, the central level of services are proposed to be provided through upgraded medical colleges, institutes, regional and national institute of Ophthalmology. It is proposed to set up 10 regional institutes, 6 of which already exist and which will be upgraded. The Ophthalmic Department of the various medical colleges are to be upgraded by providing equipment and staff for conversion into Community Ophthalmic Care Units. The Committee have no doubt that the plans drawn up will be implemented effectively so that the level of achievement in tackling the problem of blindness gets progressively higher and higher. The Committee would stress the need for greater linkage of Medical Colleges/Regional Institutes to the various District/Taluka hospitals and primary health centres and would urge that greater emphasis should be laid on preventive and promotive aspects. They also desire the Medical Colleges should act not as Ivory towers in majestic isolation but should take upon themselves the responsibility for providing total eye health care in their respective regions. The Committee would suggest that steps should be taken by the Medical Colleges/Institutes to provide extension services in the regions to make arrangements to monitor the progress concurrently so as to review and improve the services provided by them for prevention and control of blindness in the country. The Committee learn from the memoranda received from knowledgeable non-officials that many hospitals where eye care facilities are already provided are poorly equipped and badly organised and run by personnel without the requisite qualifications and professional skill in Ophthalmology. The Committee have been informed during evidence that in the National Plan of Action Government is creating facilities for eye Health Care at the peripheral, intermediate and central levels and that it is proposed to create about 175 beds in each district in a specified manner over a period of 20 years. The Committee feel that the period of 20 years to achieve the largest is rather long and need to be reduced.

Action Taken by Government

The Government is in full agreement with the suggestions of the Committee and will make all attempts to implement them within the constraints of financial and physical resources.

[Ministry of Health and Family Welfare O.M. No. H. 11016/2/78-Ophth. Dated 25 October, 78]

Recommendation (Serial No. 40 Para No. 3.51)

The National Plan Committee would like Government to undertake immediate improvements in regard to effective functioning of the eye care facilities provided in the hospitals where they exist so that available facilities are put to best use. The Committee would also urge that the plans drawn up for upgrading and improvement of the various institutions may be implemented according to a phased programme so that the maximum benefit is derived at every point of time for tackling the problem of visual impairment and blindness.

Action Taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H 11016/2/78-
Ophth. Dated 25 October, 78]

(Recommendation Serial No. 41 Para No. 3.65)

The Committee note that a large number of Voluntary Organisation, both national and international are rendering assistance in the prevention and control of blindness. These organisations have not only established hospitals of eminence through their voluntary efforts but have also set up their branches in remote areas and conducted Eye Camps through mobile units. The Committee had been informed that though the efforts of these organisations were well motivated, these had been sporadic, uncoordinated and lack direction.

Action Taken by Government

Noted.

[Ministry of Health and Family Welfare O.M. No. H. 11016/2/78-
Ophth. Dated 25 October, 78]

Recommendation (Serial No. 42 Para No. 3.66)

The Committee realise that voluntary agencies can and should play a vital role in the prevention and control of blindness. The Voluntary Organisations are well-suited to stimulate community interest and mobilise community resources and efforts. They organise and hold Eye Camps for medical and surgical treatment of eye diseases and restoration of vision to curative blind. Since the problem of prevention and control of blindness is colossal, it is of the utmost importance that active assistance of voluntary organisations is sought by Government in this humanitarian task. The

Committee stress that voluntary organisations should be encouraged and helped to play an increasing role not only creative work by concentrating on eye camps but should also be oriented to take up promotive and preventive work in regard to eye care and visual impairment.

Action Taken by Government

To coordinate Governmental efforts with the efforts of voluntary organisations, a central coordination Committee and State and District coordination committees have been and are being set up and more and more dovetailing of the two sectors in their joint approach to the problem will be attempted. In the guidelines prepared for the voluntary organisations for holding camps stress is laid on comprehensive eye health care including promotive and preventive work.

[Ministry of Health and Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25-10-78]

Recommendation (Serial No. 43, Para No. 3.67)

The Committee need hardly stress that in order to achieve greater degree of coordination and cooperation as also to avoid duplication of efforts between the various voluntary organisations State and Central agencies in the field of eye care, it is imperative that effective coordination committee are organised in each State. It would also be desirable if a system is devised to appreciate the role and good work done by the voluntary organisations.

Action taken by Government

The recommendation is already under implementation.

[Ministry of Health and Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25-10-78]

Recommendation (Serial No. 44, Para No. 3.68)

The Committee note that the voluntary organisations are getting grant-in-aid from Government. Besides, the international agencies are also rendering assistance to these organisations. It is a matter of regret that Government are not fully aware either of the particulars of the voluntary organisations or of the quantum of assistance received by them from the international agencies. The Committee would stress Government should maintain comprehensive information about these voluntary organisations and the assistance received by each one of them from various sources and the work done by them in the field. They consider that ready availability of such information with the Central Ministry of Health would be helpful for short-term and long-term planning for tackling the problem of prevention of visual impairment and control of blindness.

Action taken by Government

The suggestion is very valuable and a central information system is being developed.

[Ministry of Health and Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 45, Para No. 3.69)

The Committee note that several international agencies like Royal Commonwealth Society for the Blind, Christian Blindness Mission, Oxfam, etc. were rendering assistance to individuals, voluntary organisations, hospitals and private institutions on mutual agreement basis. Assistance in term of fund, material and supplies was also expected to be received from international organisations like DANIDA, SIDA WHO and UNDP which had shown keen interest in the plan of action for prevention of visual impairment and control of blindness. The Committee are informed that the assistance from the voluntary organisations is being coordinated through the Central Coordinating Committee. The Committee would stress that negotiations with them which were being conducted be brought to a fruitful conclusion and greater international assistance secured with a view to augmenting the voluntary efforts in the crusade against the prevention and control of blindness.

Action Taken by Government

DANIDA has already signed an agreement for assistance in the next six years totalling about 85 million rupees. WHO assistance is also available. Negotiations with others are in progress

[Ministry of Health and Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 46, Para No. 3.82)

One of the important problems in the fight against blindness is stated to be the shortage of Eye Specialists or Ophthalmologists. As stated by the Ministry, at the moment the country has about 3600-3700 Eye Surgeons. The Committee, however, note that no regular studies or assessment of manpower requirements for Ophthalmic services have been attempted so far. In USA there is one Ophthalmologist Surgeon for 8000 of population. In Japan there is one for 1500 of population. Considering Indian conditions, the norm of one Eye Surgeon for 15,000 to 20,000 of population has been considered to be adequate by Government. According to this norm, total requirements in 1995 are estimated at 57000.

Action Taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 47, Para No. 3.83)

The Committee are informed that it should be possible for the Government to set up training programmes to be able to produce about 1100 eye specialists by the end of 1978-79 as against the present rated capacity of 900. In the period 1979-84, the capacity could be raised to 1500 surgeons per year and in the following 5 years this number could be raised to 2000. By gradually augmenting the capacity in subsequent Plan periods, it should be possible to produce the number of required eye surgeons to meet the needs of the country's population. The manpower so created were to be utilised not only in the Government Sector, but also for voluntary agencies, hospitals in private sector and also as self-employment by the eye-specialists.

Noted.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 48, Para No. 3.84)

The Committee would like the Government to carefully assess the total number of eye surgeons required keeping in view the conditions prevailing in India and augment the training facilities in the Medical institutions in a phased manner as to ensure that the campaign against blindness does not suffer for lack of adequate number of ophthalmologists.

Action taken by Government

Such a study is being done to ensure proper development of manpower.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25-10-78]

Comments of the Committee

"The Committee may be informed of the results of the Study and action taken in implementation of the findings."

Recommendation (Serial No. 49, Para No. 3.85)

The Committee further note that by and large the eye Specialists/Ophthalmologists are clustered in large and small cities. The people living in rural and semi-urban areas are thus denied the facilities of ophthalmic services.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H 11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 50, Para No. 3.80)

The Committee hope that by making up Ophthalmologists to work in rural areas as an important part of their training programme, it may be possible that more ophthalmologists may opt for service in the rural and semi-urban areas and thereby the needs for ophthalmic services of the people of these areas may be met in greater measure. The Committee would, however, like Government to review the position periodically in the light of the Rural Health Plan formulated recently and bring about necessary changes in the curricula and take other suitable measures so as to ensure the availability of adequate number of ophthalmologists for service in semi-urban and rural areas, so that the needs of vulnerable sections of the population including the urban poor are increasingly met.

Action taken by Government

The manpower requirement, the training programmes and deployment of personnel for rural and semi-urban areas will be carefully studied. Necessary changes are being made in syllabi to make it suitable for delivering comprehensive eye care service to the community.

[Ministry of Health & Family Welfare O.M. No. H. 11016/278-
Ophth. Dated the 25th October, 1978].

Recommendation (Serial No. 51, Para No. 3.99)

The Committee note that para-medical personnel are now proposed to be trained as Ophthalmic Assistants who would provide intermediate service for ophthalmic relief and would work in mobile units/Taluka/Tehsil/Sub-Division, District Hospitals as a support to the Chief Medical Practitioner and Ophthalmologists and gradually in the Primary Health Centres. The Committee also note the proposal initiated by Government to enact a legislation whereby prescription and dispensing of ophthalmic lenses and glasses would be regulated and under this legislation, when enacted, no optician shop will be allowed to function without a trained ophthalmic Assistant. Taking all these factors into consideration, the requirements of Ophthalmic Assistants within the next 20 years are assessed as 85,000 at the rate of one for 10,000 of population both for the private and public sectors. A phased programme for the training of this manpower stated to have been drawn up and is being finalised so that the country becomes self-sufficient in ophthalmic manpower needs. The Committee would like that a realistic assessment of the requirements of Ophthalmic Assistants, consistent with the financial resour-

ces available for this purpose, may be made, in the context of comprehensive medicare plan enunciated by Government recently and arrangements made to expand and streamline the existing facilities for training of Ophthalmic Assistants in a phased manner so that the requirements are met within a time bound programme.

Action taken by Government

The suggestion has been noted and this assessment is being done for implementing the programme.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 52, Para No. 3.100)

In the case of Ophthalmic nurses, the Committee note that requirements have been estimated at 20,000 and that considerable efforts would be needed if the targets are to be achieved in the next 20 years. The Committee would stress that urgent and adequate steps be taken to augment the training programmes for ophthalmic nurses without any further loss of time.

Action taken by Government

Necessary steps are being initiated to train the already existing staff nurses for ophthalmic nursing.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 53, Para No. 3.106)

The Committee note that Government are assessing the requirements of para-medical workers to assist the eye specialists. According to them, at least one multipurpose para-medical person will be required for 10—15 thousand of population. The Committee note that it is proposed to train these personnel by utilisation of two general education system under vocational education and also to utilise medical colleges, Regional institutes and the apex body for training.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 54, Para No. 3.107)

The Committee need hardly stress the importance of giving training to multipurpose workers both male and female in eye

care. They would like that a time bound programme for giving training to these workers may be formulated and implemented so that the campaign against blindness gets momentum with the help of trained workers.

Action taken by Government

Community health workers and multi-purpose health workers are being given training in eye diseases under the general health training programme for them.

[Ministry of Health & Family Welfare O.M. No. H. 11016/278-Ophth. dated the 25-10-78]

Recommendation (Serial No. 55, Para No. 3.114)

The Committee note that out of 105 medical colleges in the country, only 55 colleges are offering specialised courses in Ophthalmology and their outturn is about 300 eye surgeons every year. In addition, post-graduate course in Ophthalmology is available at the All India Institute of Medical Sciences, the Maulana Azad Medical College, Pondicherry and Goa Medical Colleges etc. The outturn of ophthalmic surgeons has been attributed to lack of employment facilities and lack of ophthalmic equipment which is very expensive. The Committee have in a paragraph of this Report urged the Government to undertake a realistic assessment of the requirements of ophthalmic surgeons in the country to meet the growing need in this specialised field. It is evident that with the implementation of the National Plan of Action there would be more employment opportunities in the field of ophthalmology and the requirements of eye surgeons would increase considerably. The Committee would like Government to take effective steps not only to suitably increase the capacity of the 50 medical colleges which are offering specialised courses in ophthalmology but also to provide these facilities in other medical colleges so as to meet in full the requirements of eye surgeons in the country. They further desire that arrangements may also be made to provide adequate facilities for training of post-graduates in ophthalmology to meet further requirements.

Action taken by Government

Steps are being taken on the basis of revised targets of creating one eye doctor for 20 to 30,000 of population. The training potential is being increased both in the existing medical colleges and new colleges.

[Ministry of Health & Family Welfare O.M. No. H.11016/278-Ophth. dated the 25-10-78]

Comments of the Committee

"The Committee would like to be informed of the precise targets laid down and detailed programmes drawn up for creating additional capacities for training in specialised courses in Ophthalmology in the existing and new medical colleges."

Recommendation (Serial No. 56, Para No. 3.115)

The Committee further stress that facilities for ophthalmic education should be suitably expanded and improved and a complete reorientation may be given to ophthalmic education by placing greater emphasis on promotive, preventive, curative and rehabilitation aspects.

Action taken by Government

Action is being taken.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25-10-78]

Recommendation (Serial No. 57, Para No. 3.116)

The Committee note that ophthalmology which formed a separate discipline of training and examination in the field of under-graduate medical education in the past, is being given less attention and its assessment is being merged with surgery. The Committee find that Mudaliar Committee (1959) had recommended that students at under-graduate level should be adequately trained in the subject of ophthalmology and should be assessed separately with regard to their fitness in the subject. The Committee are not aware of the considerations under which ophthalmology has not been included as a separate subject in the syllabus for under-graduate course for medical education and why the recommendations of the Mudaliar Committee have not been implemented in letter and spirit so far. They would like the Government to critically review the position and bring about necessary changes in the curriculum of the under-graduate courses for medical education so as to include ophthalmology as a separate subject, in consultation with the Medical Council.

Action taken by Government

The matter has already been taken up with the Medical Council of India who have also now been apprised of the desire of the Estimates Committee in this regard.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Comments of the Committee

"The Committee would like to be informed of the final decision taken in the matter."

Recommendation (Serial No. 58, Para No. 3.117)

It is pertinent to recall in this connection that the problem of eye ailments in our tropical country runs into gigantic proportions and that as per estimates available, there are as many as 9 million blind people in the country. With Government's plans to extend health care to rural areas and for manning of primary health centres by Medical practitioners, it would obviously be an aspect if the under-graduates are imparted knowledge and practice in depth of Ophthalmic discipline so that they may be able to detect and provide timely treatment to the people living in rural and remote areas of our country. The Committee would like the preventive and promotive aspects of community eye health care to be specially included in the curricula for under-graduates.

Action taken by Government

The curriculum of under-graduate education in eye has been revised to lay emphasis on promotive, preventive and curative aspects of day to day problems and the same has been sent to the Medical Council of India for their consideration and action.

[Ministry of Health & Family Welfare O.M. No. H. 11016/278-Ophth. dated the 25-10-78]

Recommendation (Serial No. 59, Para No. 3.121)

The Committee note that Government propose to start training programmes for general practitioners and PHC doctors by organising refresher courses of 2 to 4 weeks' duration in various medical colleges. The Committee consider these refresher courses to be very important in the campaign for the prevention and control of visual impairment and blindness in the country. They would like Government to prepare a detailed programme for these courses so as to cover all the PHC doctors within a time bound programme.

Action taken by Government

A programme is being drawn out and the identified medical colleges are being requested to start this programme. The details of the contents of this refresher course have been finalised. Wide publicity will be given to these courses as and when arranged.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 60, Para No. 3.122)

The Committee are glad to note that these refresher courses are open to the general medical practitioners also. The Committee would like that wide publicity should be given to these refresher courses to enable the general medical practitioners to avail themselves of these courses in the interest of rendering comprehensive medical care to the community.

Action taken by Government

A programme is being drawn out and the identified medical colleges are being requested to start this programme. The details of the contents of this refresher course have been finalised. Wide publicity will be given to these courses as and when arranged.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 61, Para No. 3.123)

The Committee would like that refresher courses should also be provided for ophthalmic surgeons to enable them to update and upgrade their knowledge and skills so as to keep abreast of the latest advancement in this field.

Action taken by Government

The Regional Institutes of Ophthalmology and Identified Medical Colleges have been requested to hold refresher courses for Ophthalmic Surgeons to keep them abreast of the latest advancement in their field.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 63, Para No. 4.9)

In the Committee's view there is an urgent need for intensive and extensive publicity on radio and television and through newspapers, periodicals, magazines, posters, pamphlets and hoardings in the class rooms of the school children, in ladies clubs and poor localities, slum areas, primary health centres and local Government offices regarding the promotion of health of eyes, common eye diseases prevalent among pre-school and school children, pregnant women and nursing mothers, with simple advice for their early treatment and prevention of complications and blindness.

Action taken by Government

CHEB is utilising all possible mass media and publishing pamphlets, posters, folders on co eye diseases and preventive measure. These materials are sent to State Health Education Bureau and other health agencies, Radio and Television, field publicity and other media units for utilisation and adoption in the regional languages. The Journals like Swasth Hind, Arogya Sandesh and DGHS Chronicle include eye care information and these journals are regularly subscribed by the schools, PHCs, libraries, etc. Special issues of Swasth Hind and Arogya Sandesh will be brought out in 1979 specially on eye care. In connection with Blindness Prevention Week (2nd October to 9th October, 1977) a script on the 'theme on role of teachers in blindness prevention' was developed and despatched to all radio stations and television centres. The S.I.T.E. Continuity Project also organises programmes on Eye Care. For these the Bureau supplies them with the relevant materials. The National Society for Prevention of Blindness have also been requested to hold regular weeks every year to focus attention on the problems of blindness and their solutions. Presently 2nd to 9th October every year is celebrated as Prevention of Blindness week to focus attention of the public. The major newspapers of the country like Hindustan Times, Statesman and Times of India are bringing special supplement on the subject during this week. The regular monthly magazine named HAMARI ANKHEN is also being published by the NSPB with the help of the Government. This magazine is being distributed to Panchayats and more and more are brought under the circulation list.

Recommendation (Serial No. 64, Para No. 4.10)

The Committee hope that the various measures recently taken and proposed to be taken by the Ministry of Health for arranging intensive and extensive publicity to the various aspects of prevention and control of blindness over the All India Radio and Television Centres and through publication of posters in various regional languages, erection of hoardings at various places, cinema slides, production of documentaries with commentaries in different languages, playing of compressed tape recorded speeches to the audience at Eye Camps, various social and other gatherings etc., preparation and distribution of talking points on causes of blindness to PHC's and Sub-Primary Health Centres would bring the desired results in making the gravity and magnitude of the problem of blindness and the recommended measures for the prevention and control of blindness known to the general public. The Committee would like that the Government should review the

publicity measures from time to time with a view to ensuring that the message for the prevention and control of blindness reaches all sections of people particularly the weaker sections and all parts of the country effectively and produces the desired awakening against this disease.

Action taken by Government

The publicity measures are kept constantly reviewed in the Communicable Diseases Control Board meetings with the CHEB. These are also reviewed in half yearly/annual meeting of the CHEB regarding production of Health Education materials.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 65, Para No. 4.11)

The active cooperation of voluntary organisation working in the field of eye care health may be enlisted in a greater measure so as to reach the people in all walks of life.

Action taken by Government

Efforts are being made to encourage the voluntary organisations to produce materials for educating people in preventive measures. Leaders, Sociologists and educational establishments are also being encouraged to popularise the knowledge for prevention of blindness.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Recommendation (Serial No. 66, Para No. 4.15)

The Committee consider that prevention and control of blindness is a gigantic task. Government machinery alone cannot tackle the problem of eradication of blindness in the country. The Committee, therefore, consider it imperative, that Government should solicit the active cooperation and help of the community leaders, sociologists teachers and students who could be effectively trained in the fields of health education, particularly in promotive, preventive and curative aspects of eye care. This, in the Committee's view, would have a greater impact in promoting better vision and preventing blindness. The Committee, in this connection note that the teachers have close association with the school going children. They would thus be useful in detecting children with defective vision and advising them and their parents to seek the advice of the qualified ophthalmologists. Similarly, the social workers and

community leaders could make the adult population aware of the common eye diseases. They could impart health education to the population in general regarding the care of their own eyes, the eyes of their children and also propagate the nutritive value of expensive food like Satoo, carrots, leafy vegetables, milk, fruit and eggs for the protection of the eye sight. In this context the Committee welcome the assurance of Government that they regard the participation of teachers social workers and students as most important and an essential part of their programme of prevention and control of blindness. They would, therefore, stress the urgent need to orientate teachers, social-workers and community leaders on the problem of eye health care with a view to rendering assistance as a first-aid measure and to taking promotive steps for eye health care.

Action taken by Government

The School Health Division of CHEB has taken steps to involve teachers and students in this programme.

Eye care is part of school curricula of Health Education for children. Health Education has been integrated with educational studies for primary school children. A brochure on eye care is being prepared for National Service Scheme Volunteers for non-formal education programme. A folder is also being developed on this subject for school children. CHEB has prepared a text-book on Health Education for Classes IX & X, which also emphasises overall health habits including eye care. A Resource Book on Health for Teachers has also been developed by CHEB which includes signs and symptoms of deviation from normal health including 'eyes' for helping teachers to identify eye problems for referring to parents doctors nurses, etc.

[Ministry of Health & Family Welfare O.M. No. H. 11016 2 78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 67, Para No. 4.16)

The Committee would also urge for an expeditious decision on the part of the Ministry of Education for an early inclusion of suitable material on ocular health in the Primary and Secondary Schools level text books so that school going children could be educated about common eye diseases and methods of preventing them.

Action taken by Government

The Ministry of Health is taking up the matter with the Ministry of Education at the next inter-Ministerial meeting and the inclusion

of this material has also been done in various text-books by NCERT. They are, however, being asked to increase the quantum.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25-10-78]

Comments of the Committee

"The decision taken in the matter may be communicated to the Committee."

Recommendation (Serial No. 68, Para No. 4.20)

The WHO in its report has rightly pointed out that there is lack of School Eye Health Services in many areas of world and that there is an urgent need for inclusion of eye care components such as (i) early detection of refractive errors, treatment of equine and amblyopia and detection and treatment of infections such as trachoma, in the School Eye Health Education. The Committee are glad to note that the National Plan for the prevention and control of blindness formulated by the Ministry of Health envisages Eye Health Education for the people. The Committee are also gratified to note that the Central Ministry of Health, National Society for the Prevention of Blindness through its centres and State branches, Rajendra Prasad Centre for Ophthalmic Sciences and many other voluntary agencies have started to disseminate information with regard to the problems of eye health and their solution. The Committee hope these efforts will result in creating an awareness in the general public about the Eye health.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25-10-78]

Recommendation (Serial No. 69, Para No. 4.21)

The Committee note that the Ministry of Health have held discussion with the Ministry of Education and the National Council of Medical Research and Training for inclusion of relevant material in the school text books at different stages and in the text books for teachers' training programme and the material is under preparation in consultation with the National Council of Medical Research. The Committee urge that determined efforts should be made to process and finalise the material to be included in the text books expeditiously and it should be ensured that this material is made available

to the State Governments for inclusion in the text books of the schools and text books for the teachers' training programme at an early date.

Action taken by Government

The Ministry of Health is taking up the matter with the Ministry of Education at the next inter-Ministerial meeting and the inclusion of this material has also been done in various text-books by the NCERT. They are, however, being asked to increase the quantum.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 70, Para No. 5.15)

The Committee note that the Indian Council of Medical Research has been carrying out research in the field of Ophthalmology from its very inception and that the Council had set up a Sub-Committee on Blindness in 1961-62 which, in 1964, was renamed as an Expert Group on Ophthalmology for furtherance of research on several aspects of eye diseases. This group is stated to be responsible for identifying priority areas of research in the field of ophthalmic sciences and also evaluating the 'on going' research programmes. The Council also initiated a coordinated study on the prevalence of blindness in 1970 at seven different centres. The data collected under this scheme after processing is stated to be under final publication by the ICMR. During the last 5 years, the Council has undertaken 49 research schemes in ophthalmology and the main areas of study are trachoma, cataract, glaucoma, malnutrition, etc.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 71, Para No. 5.16)

The Committee have been informed that research in ophthalmology is carried out at the National Institute of Ophthalmology and various Medical Colleges, like Maulana Azad Medical College, New Delhi, Motilal Nehru Medical College, Allahabad, S. N. Medical College, Agra, Medical College, Maduarai, P.G.T., Chandigarh, etc. It has been admitted by the Ministry that in the research field of Ophthalmology—both experimental and clinical, India is far behind the Western countries. A number of knowledgeable persons have also stated that research efforts made by various hospitals, medical

colleges and institutions had been sporadic and that original research in the country has been very little and its effectiveness has not been fully evaluated. According to a non-official "whatever research is carried out in India, is mostly a reduplication of work already done in the West and about which details are already well-known".

Action taken by Government

In the past two years expert group in Ophthalmology in ICMR has identified national problems in Ophthalmology such as infections, cataract, uveitis, trachoma, and have asked the various established centres in the country to conduct research on these problems. ICMR is being advised to create certain research units in National and Regional Institutes to concentrate research on these problems and adequately fund them.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated the 25-10-78]

Recommendation (Serial No. 72, Para No. 5.17)

It is thus evident that the research conducted in Ophthalmology in the country has not been able to achieve tangible results of any practical value. The Committee consider that in view of the enormity of the problem of blindness and eye-diseases prevalent in the country, it would not suffice if the various problems requiring research are identified. What is really required, is to identify the institutions with the requisite expertise and facilities to undertake research in these problems and find solutions with the maximum possible expedition. The Committee would, therefore, like to stress that immediate steps should be taken to identify the areas requiring research on a priority basis and prepare timebound programmes for conducting these researches so that the results of research are expeditiously available for being applied in the field and a meaningful impact is made in reducing the magnitude of the problem of blindness in the country. It is also important that in selecting research projects top priority is given to those eye diseases which are widely prevalent among the poor and weaker sections of society.

Action taken by Government

In the past two years expert group in Ophthalmology in ICMR has identified national problems in Ophthalmology, such as infections, cataract, uveitis, trachoma, and have asked the various established centres in the country to conduct research on these problems. ICMR is being advised to create certain research units in National

and Regional Institutes to concentrate research on these problems and adequately fund them.

[Ministry of Health & Family Welfare O.M. No. H. 11016/278-Ophth. dated the 25 October, 1978]

Recommendation (Serial No. 73, Para No. 5.18)

The Committee would further like to stress that detailed estimates for the completion of research projects in terms of time and money should be prepared in the beginning itself so as to encourage cost-consciousness and purposeful utilisation of time and scarce resources in the research faculty. It is also necessary that the progress of research projects is reviewed periodically at least once a year, so that in the light of progress made, decision could be taken to provide additional inputs of necessary, with a view to accelerate the progress or to give up unrewarding projects to obviate infunctious expenditure.

Action taken by Government

In the past two years expert group in Ophthalmology in ICMR has identified national problems in Ophthalmology, such as infections, cataract, uveitis, trachoma, and have asked the various established centres in the country to conduct research on these problems. ICMR is being advised to create certain research units in National and Regional Institutes to concentrate research on these problems and adequately fund them.

[Ministry of Health & Family Welfare O.M. No. H. 11016/278-Ophth. dated the 25 October, 1978]

Recommendation (Serial No. 74, Para No. 5.19)

The Committee expect the R. P. Centre of Ophthalmology to provide the necessary lead by having a meaningful result oriented research programmes.

Action taken by Government

ICMR is being requested to ask the Dr. R. P. Centre to set up Cells on identified national problems and draw short and long term projects in the interest of implementation of this programme.

[Ministry of Health & Family Welfare O.M. No. H. 11016/278-Ophth. dated the 25 October, 1978]

Comments of the Committee

"The Committee would like to be informed of Short term projects drawn up by Dr. R. P. Centre for implementation of the research programme."

Recommendation (Serial No. 75, Para No. 5.20)

The Committee need hardly stress that the research projects in ophthalmology should aim at devising and developing inexpensive and appropriate techniques for eye-care, in keeping with the socio-economic conditions in the country.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-Ophth. dated the 25 October, 1978]

Recommendation (Serial No. 75, Para No. 5.21)

The Committee regret to note that no specific programme has been formulated for conducting research in the field of ophthalmology to find out an effective remedy for eye diseases available in the indigenous system of medicine. The Committee would like to stress that it is high time that the various remedies available in the indigenous systems of medicine are utilised for meaningful advance in the campaign against prevention and control of blindness. There are a large number of inexpensive and effective local remedies which are utilised by villagers in all regions of the country to prevent and cure eye-diseases. The Committee would like Government collect and collate all those common folk remedies from all parts of the country and organise research in a systematic way in their utility and effectiveness so as to assimilate the knowledge available therein and provide inexpensive home remedies for eye health care to the vast majority of the people in the country. The Committee would like to be informed of the concrete action taken in this regard within three months.

Action taken by Government

In view of the need to find out effective remedies for eye diseases the Central Council for Research in Indigenous Medicine and Homoeopathy has formulated research programmes at Rishikul State Ayurvedic College Hardwar to study the effect of Maha Triphala Ghrita and Saptamritaloha in cases of Timira. The study extended over 500 cases has shown that the drug has a promising place in the field of ophthalmology. Along with research that is being carried out, the Council has already gathered information on about fifty folk remedies that are being currently used in the different parts of the country for prevention and cure of eye diseases. The folk remedies are being examined for clinical certification for evaluating their reported claims so that effective and inexpensive

remedies could be identified for wider use. Action will also be taken to collect similar claims from all parts of the country as early as possible.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraph No. 15.

Recommendation (Serial No. 76, Paragraph No. 5.22)

The Committee also desire that full use should be made of the beneficial effects of yoga exercises on eye-care and wide publicity should be given to those exercises which are found useful in maintaining eye health and curing eye diseases.

Action taken by Government

Certain Eye exercises are prescribed in the treatment of certain eye ailments and to what extent Yogic exercises can be incorporated in these exercises is being examined by the Ministry of Health. After the feasibility study has given some definite indications, same shall be incorporated as part of eye exercises.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-Ophth. dated the 25 October. 1978].

Comments of the Committee

Please see Chapter I paragraph No. 18.

Recommendation (Serial No. 77, Para No. 6.13)

The Committee have elsewhere in the report identified the magnitude of the problem of Blindness and eye disease and suggested emergent and long term measures to be taken to alleviate the suffering of the people. It is evident that for undertaking such a far ranging programme ophthalmic instruments and other equipments would be required on a large scale. The Committee are concerned to find that at present only eye testing equipment like charts and lenses are indigenously produced while most of the diagnostic instruments and equipment, roughly 80 per cent or more in value (Approximately Rs. 2 crores per year) are required to be imported. The Committee would like Government to critically review the position in depth in consultation with the leading ophthalmic Research Institutions. Research Laboratories under the Ministries of Science and Technology and Defence as also Departments of Industry and Technical Development, etc., with a view to formulate and implement the project for indigenous manufacture

of ophthalmic instruments and equipment specially when all the raw-materials required for manufacture are stated to be already available in the country.

Action taken by Government

Since the time of the submission to the Estimates Committee, it has been possible to step up production of indigenous instruments like Slit-lamp, Ophthalmometer and Synoptophore. Negotiations are also being conducted with foreign firms and manufacture of other equipments in the country and it is hoped that Ophthalmic Industry in the country will develop with the progress of the implementation of this programme.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 78) Para No. 6.14

The Committee also stress the need for developing adequate maintenance and repair facilities preferably on decentralised basis, so that the costly ophthalmic equipment and instruments are kept at all times in a proper state of efficiency.

Action taken by Government

The Government has noted the suggestion and will take steps to set up such workshops. Central Workshop for maintenance and repairs of ophthalmic instruments is being set up with the assistance of Overseas Development Ministry of U.K. where training facilities will also be provided. And this lacuna in the country will be filled.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 79 Para No. 6.33)

The Committee note that the entire requirements of ophthalmic glass blanks were met through imports till 1968-69 when Bharat Ophthalmic Glass Limited, a public sector company, started commercial production with Soviet collaboration. The indigenous production which constituted 6.37 per cent of the total requirements in 1971-72 rose to 27.35 per cent in 1975-76. The Committee are informed that in absolute terms as against the country's requirement of 800 tonnes of ophthalmic glass during the current year (1977), the indigenous production accounts for only a little over 100 tonnes. During 1976, in order to meet the country's requirements, of Ophthalmic glass, 300 tonnes of ophthalmic glass had been imported but out of that quantity at the end of the year 100 tonnes

remained unsold because of the unhealthy competition from sheet glass which is also at present being used for the production of eye glasses. The Committee have further been informed that to eliminate the use of sheet glass and other sub-standard glasses for production of ophthalmic lenses Government have finalised a bill providing for the use of ophthalmic lenses with ISI—specifications and banning the use of any other glass for the purpose. The bill, it is stated, is being circulated amongst the States for their concurrence and as soon as their concurrence is received, it will be introduced in Parliament. The Committee would stress that special efforts may be made to process the necessary legislation in this regard through various stages expeditiously so that the use of the sub-standard glass for the manufacture of ophthalmic lenses is eradicated from the country at the earliest.

Action taken by Government

The Government is soon introducing a bill in the Parliament to control the trade practices of opticians as also use of materials for ophthalmic blanks. It also is exploring the possibility of producing ophthalmic blanks of high quality.

[Ministry of Health & Family Welfare O.M. No. ' 11016/2/78-
Ophth. dated the 25 October, 1978].

Comments of the Committee

Pl. See Chapter I—paragraph No. 21.

Recommendation (Serial No. 80 Para No. 6.34)

The Committee are concerned to note that wide gap between the demand and availability of ophthalmic glass in the country. As against the installed capacity of 300 tonnes in the Bharat Ophthalmic Glass Limited (BOGL), the Committee find that the operating capacity of this undertaking is now taken to be only 150 tonnes and the production is even less than the reduced capacity, it is being of the order of 112 tonnes. The main reason for under-utilisation of the capacity of BOGL are stated to be *inter alia* erratic thermal behaviour of ceramic pots, erratic supply of coke oven gas, labour unrest and low productivity. The Committee are informed that certain steps have been taken by the Government to improve the capacity utilisation to make this undertaking economically viable. In view of the heavy dependence of the country on imports for meeting its requirements of ophthalmic glass, Committee cannot over emphasise the importance of maximising production of ophthalmic glass in this undertaking and would stress that Government

should earnestly look into the various constraints on production and take concrete measures to remove them at the earliest so as to raise its production to the maximum level.

Action taken by Government

Efforts are being made continuously to improve the performance of Bharat Ophthalmic Glass Limited for increasing its production. A Committee consisting of Technical Personnel from BOGL and Central Glass and Ceramics Research Institute, Calcutta, was constituted to study the behaviour of the Ceramics pots to find out the reasons or their erratic behaviour and suggest ways and means of finding out a permanent solution to this problem for the improvement of thermal stability of the pots. The Committee has since submitted its recommendations which are being looked into by BOGL for ensuring higher thermal stability. It has been considered that one of the major constraints on production is the existing Batch Process Technology being used by the Company. It has, therefore, been decided that the company should shift to the modern technology namely Continuous Process Technology. Efforts are being made to import the Continuous Process Technology as early as possible.

[Ministry of Health & Family Welfare O.M No. 11016/2/78-
Ophth. dated the 25 October, 78].

Comments of the Committee

"This may be done at an early date."

(Recommendation (Serial No. 86 Para No. 6.35

The Committee are informed that the present batch process technology is another serious constraint on production of this undertaking. This technology is admitted to be now "out model and uneconomical" and it has been recognised by the Government that BOGL should switch over to modern technology, namely, continuous process technology, for the manufacture of ophthalmic glass. The Committee are informed that Government have already approved an experimental project for this undertaking involving an investment of Rs. 49 lakhs for the development of the modern technology and for production of 300 tonnes of ophthalmic lenses by this process. A technical team, it is stated, was also sent abroad to negotiate for technical collaboration with foreign manufacturers for this purpose. The Committee, however, were informed during evidence in October, 1977 by a representative of the Ministry of Industry that "we have not been able to evolve it (continuous process technology) indigenously". The Committee also note that during the last three

years one application received from a foreign majority company in 1975 for the manufacture of ophthalmic blanks in the country was not approved as this item of manufacture according to the licencing policy, 1973, was not open to foreign companies. In view of the facts that the gap between demand and supply of ophthalmic glass is steadily widening, the indigenous production capacity is woefully inadequate and indigenously available technology is outmoded and uneconomical, and that the country is heavily dependent on imports for meeting its requirements which resulted in an outgo of foreign exchange amounting to Rs. 37 lakhs in 1974-75 and Rs. 67 lakhs in 1975-76 the Committee would like Government to examine the various aspects of this matter critically and acquire the latest technology and to augment the indigenous capacity without any further delay to produce adequate quantity of ophthalmic glass indigenously in the larger and long-term interest of the country.

Action taken by Government

The Government realises the importance of the introduction of the latest technology and the need to augment the indigenous capacity for the manufacture of ophthalmic glass blanks to meet the internal requirements. The offer for technical collaboration from M/S. Veb Jannar Glass Works Schott and Gen Jena, GDR for the manufacture of ophthalmic glass blanks by continuous process technology is at present under active consideration. The terms of collaborations are expected to be finalised shortly. According to the present indication, BOGL will be able to establish the technology by 1980. BDGL has also submitted an application to these Government for effecting substantial expansion by having continuous Process Technology for a total capacity of 800 tonnes of Ophthalmic glass blanks per year. It has also been decided to consider on merits, proposals for establishment of a few more units for the manufacture of ophthalmic glass rough blanks in the medium sector based on the latest technology. Press note has been issued on 24th July, 1978, inviting proposals from intending entrepreneurs for grant of Industrial Licence/Registration for the manufacture of this item. The proposals, on receipt, will be considered on merits taking all the factors into consideration.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25 October, 78].

(Recommendation (Serial No. 82 Para No. 6.36)

The Committee note that the selling prices of indigenously produced ophthalmic glass are higher than the prices of the corresponding qualities of imported glasses. They were informed during

evidence that the production cost of BOGL was nearly double that of the imported glass. The reason for this high production cost of BOGL also is stated to be, among other things, the obsolescent technology being used by the undertaking. The Committee feel that pending switching over to the continuous process technology Government should make all possible efforts to bring down the cost of production of ophthalmic glass by BOGL. The high cost of production at BOGL makes it all the more necessary for the Government to arrange to have the latest technology for the production of ophthalmic glass by the undertaking at the earliest.

Action taken by Government

Bharat Ophthalmic Glass Limited have intimated that it would not be possible to reduce the cost of production of ophthalmic blanks with the existing technology. The Company hopes that, after the continuous process technology is established, it would be able to reduce its prices to the level of landed cost of imported material.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25 October, 78]

(Recommendation (Serial No. 83) Para No. 7.8)

The Committee note that the question of formulating a National Policy on the control and Prevention of Visual Impairment and Blindness has been advocated at various forums from time to time. They have, however, been informed that the National Plan of Action on Blindness formulated by the Ministry of Health, represents the National Policy. The Committee recommend that National Policy on Visual Impairment and Prevention of Blindness be formulated in depth and laid on the Table of the House to enable the Members to express their views on this matter of National importance and provides a firm guideline for perspective planning and action.

Action taken by Government

A National Policy statement is being drafted and will be laid on the table of the House—a copy of which will be forwarded to the Estimates Committee.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25 October, 78].

(Recommendation (Serial No. 84) Para No. 7.23)

The Committee note that a National Plan for the Control and Prevention of Visual Impairment and Control of Blindness, formulated by the Ministry of Health. The National Plan envisages the

Provision of diagnostic and treatment facilities at the peripheral level of services; strengthening of Distt./Taluka Hospitals establishment of Mobile Ophthalmic Units; the strengthening and provision of Central Level of Service viz., Medical Colleges, Regional Institutes and strengthening of the Dr. Rajendra Prasad Centre for Ophthalmic Sciences at A.I.I.M.S. New Delhi. The Committee further note that for implementation of the National Plan, a provision of Rs. 625 lakhs had been proposed for the Fifth Five Year Plan (1974—79) and Rs. 1469.40 lakhs had been proposed for the Sixth Five Year Plan (1979—84). The Committee have been informed that substantial international assistance is also likely to be available for the implementation of the programme. Now that the National Plan on Blindness had received the approval of the Planning Commission and the Ministry of Finance and all the State Governments had communicated their acceptance of the National Plan, the Committee desire that vigorous and sustained efforts should be made to implement the plan as per a time bound programme, and the various programmes undertaken as part of the National Plan and the results evaluated at the end of each year with a view to learning lessons and taking such remedial measures in the light of experience as may be found necessary.

Action taken by Government

All efforts are being made to implement the programme as a time bound programme.

[Ministry of Health & Family Welfare O.M. No. H.11016 2 78-Ophth. dated the 25 October. 78]

(Recommendation (Serial No. 85, Para No. 7.24)

The Committee would recommend that an effective mechanism for regular monitoring and evaluation of the various programmes under the National Plan may be set up to keep a close watch over implementation of the plan and achievement of the desired goals and to effect timely improvements in the implementation of the programme in the field.

Action taken by Government

A Central Information and Evaluation System is being devised and will be set up soon to continuously monitor and evaluate the programme.

[Ministry of Health & Family Welfare O.M. No. H.11016 2 78-Ophth. dated the 25 October. 78]

Recommendation (Serial No. 97, Para No. 7.75)

The Committee note that under the National Plan of Action on Blindness it was proposed to strengthen and equip six Regional Institutes at Aligarh, Sitapur, Ahmedabad, Hyderabad, Bangalore and Calcutta. It has been stated that these institutions would develop several sub-specialities and provide and demonstrate services to the medical colleges and other institutes in their Zone. They would also be supplied with a model postgraduate training programme both at the diploma and degree level and they would adopt their curricula, syllabi and evaluation in the framework of the objectives provided. The Institute would also hold continuing education programmes from time to time for specialists in their zones and would also be required to depute two eye surgeons for each workshop at the National Institute to develop a specialisation in Ophthalmology. The Committee further note that under the National Plan of Action each of these Regional Institutes is to be strengthened by providing them equipment worth Rs. 11 lakhs. Considering the magnitude of the problem of visual impairment and the incidence of blindness in the country, the Committee would stress that short term and long term plans in respect of these Regional Institutes be formulated to enable them to intensify their activities to provide preventive, promotive and curative ophthalmic services to the millions of the blind in the country without any further loss of time.

Action taken by Government

The Government of India is requesting the National Implementation Committee formed for the National Programme for Prevention of Visual Impairment and Control of Blindness to draw out such plan and is also approaching ODM, U.K. for financial assistance to these organisations.

[Ministry of Health & F.W. O.M. No. H.11016.2/78-Ophth.
dated the 25 October, 1978]

Comments of the Committee

"The Committee would like to be apprised of the short term/long term plans drawn up to enable the Regional institutes to intensify their activities as soon as they are formulated."

Recommendation (Serial No. 98, Para No. 7.76)

The Committee hope that the Board of Management for the six Regional Institutes with broad based composition giving representation to the concerned interests would be constituted at the earliest.

Action taken by Government

The Board of Management has since been formed by the Minto Ophthalmic Institute Bangalore, Jawaharlal Institute of Ophthalmology, Sitapur, and the matter is being pursued with the remaining four Institutes. It is hoped that the formation of the Boards will be completed soon. With regard to the Institute of Aligarh, preliminary meetings have been held and a final meeting is proposed to be convened at Aligarh in order to iron out solution.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No 100, Para No. 8.10)

The Committee note that the following measures for the rehabilitation of blind are being taken by Government:—

- (i) training in Braille;
- (ii) provision of scholarships to blind students;
- (iii) integrated education for blind or partially seeing children;
- (iv) provision of employment opportunities.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 101. Para No. 8.11)

As regards the provision of scholarships the Committee note that while in the Fourth Plan 2759 scholarships were offered in the year 1974-75 and 1975-76, 809 and 1225 scholarships were offered to the blind students. Considering the number of blind children in the country, it is evident that these scholarships are inadequate to meet the magnitude of the problem. The Committee would like Government to take concrete measures to increase number of scholarships for the education of the blind.

Action taken by Government

To achieve the objective the Committee has in view the process of decentralising the scheme has been initiated.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated 13th November, 1978].

Comments of the Committee

"The Committee hope that the decentralisation will result in adequate increase in the number of scholarships to match the magnitude of the problem."

Recommendation (Serial No. 102, Para No. 7.12)

The Committee also note that Government have in the Fifth Plan evolved a scheme for placing handicapped children including blind children in ordinary schools. It has been stated that apart from being less expensive, this form of education affords substantial social and psychological advantages to blind children. The Committee would like the scheme to be extended after watching its working.

Action taken by Government

The recommendation has been accepted in principle.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated 13th November, 1978].

Recommendation (Serial No. 104, Para No. 8.14)

The Committee urge that undertakings both in the private and the public sector should provide liberally gainful employment to the blind who have acquired the necessary skills. The Committee would like the Directorate General of Employment to render assistance in this behalf.

Action taken by Government

The recommendations have been accepted in principle. Government is also considering the appointment of a Standing Committee to watch progress of employment in the private sector. DGE&T is already assisting in the placement of physically handicapped persons.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 13th November, 1978].

Recommendation (Serial No. 105, Para No. 8.15)

The Committee further note that the National Centre for the Blind has been set up at Dehra Dun. The Centre besides offering craft training to adult blind men and women, manufactures simple braille appliances which were previously imported and provides braille literature in Hindi. Beside this, the Centre has a sheltered workshop employing 65 blind or partially sighted children. The Committee would like to lay stress the crucial importance of effective functioning of the Centre on the right lines so as to broaden

the facilities available for the rehabilitation of the blind. The Committee feel that Centres like the one at Dehra Dun should also be set up in Eastern, Western and Southern regions.

Action taken by Government

The recommendations have been accepted in principle. Government is also considering the appointment of a Standing Committee to watch progress of employment in the private sector. DGE&T is already assisting in the placement of physically handicapped persons.

[Ministry of Health & Family Welfare O.M. No. H.11017/2/78-Ophth. dated 13th November, 1978].

Recommendation (Serial No. 107, Para No. 8.34)

The Committee note that approximately 30 per cent of blindness is due to corneal diseases and opacities following infections of cornea and that roughly over a million persons can benefit by corneal grafting operations. It is noticed that there are at present only 43 Eye Banks functioning in the country. The majority of the eye banks collect and utilise 5—10 pairs of eyes per year. Considering that a million persons can benefit by cornea grafting operations, it is evident that the existing rate of collection and utilisation of eyes is woefully inadequate. The Committee consider that if any perceptible improvement is to be effected in restoring eye sight by corneal grafting intensive efforts are called for, for organising and collection of eyes of persons after death and for ensuring effective utilisation of the eyes so available.

Action taken by Government

A Model Eye Bank Bill has been introduced in the Parliament as the Eyes (authority for use for therapeutic purposes) Bill 1978 and the State Governments are being advised to introduce similar legislation in their respective States assemblies. All India Donation Society has also been set up to enlist voluntary cooperation in procurement of eyes. The situation has started to yield results.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-Ophth. dated the 25 October, 78].

Recommendation (Serial No. 108, Para No. 8.35)

The Committee note that the problem of eye banks is the paucity of donors. The number of donors is very small. It has been stated that publicity has been started for donation of eyes and

that Government is utilising all means of mass media for encouraging donations of eyes by people after death. The Committee need hardly emphasise the urgency of continuous and concerted efforts through education and effective publicity to create social awareness in the community regarding the humanitarian aspects of the problem of blindness so as to encourage a large number of people to donate their eyes after death.

Action taken by Government

A Model Eye Bank Bill has been introduced in the Parliament as the Eyes (authority for use for therapeutic purposes) Bill 1978 and the State Governments are being advised to introduce similar legislation in their respective States assemblies. All India Donation Society has also been set up to enlist voluntary cooperation in procurement of eyes. The situation has started to yield results.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-Ophth. dated the 25 October, 1978].

Recommendation (Serial No. 109, Para No. 8.36)

The Committee understand from certain eminent non-official ophthalmologists who gave evidence before the Committee that most of the Eye Banks in the country are ineffective as they are not well equipped or well staffed. It need hardly be stressed that especially when the number of eyes available for transplantation is very small, it is of the utmost importance that even the few which are available, should be utilised properly. The Committee would, therefore, like Government to review the working of the Eye Banks so as to ensure that the Eye Banks are run efficiently and not a single eye donated, is wasted because of ineffective storage and faulty utilisation.

Action taken by Government

The National Committee for implementation of the Programme for Prevention of Visual Impairment and Control of Blindness is looking into this matter and will take appropriate steps.

District Hospitals have already been provided with equipments to act as collection centres.

[Ministry of Health & Family Welfare O.M. No. H.11016/2/78-Ophth. dated the 25 October, 78].

Recommendation (Serial No.110, Para No. 837)

That Committee understand that there are lacunae in the legislation pertaining to corneal grafting which stand in the way of prompt collection and proper utilisation of unclaimed eyes of dead bodies. It has been stated that after 48 hours of death, the eyes are not useful for grafting and that a model act is being prepared for Delhi which will permit the removal of eyes from a dead body if it is not claimed within specified hours. The Committee need hardly observe that the legislation pertaining to corneal grafting in the various States should be reviewed in the light of the model legislation so as to bring about amendments in the Acts in the interest of utilisation of the eyes for the benefit of the blind.

Action taken by Government

A Model Eye Bank Bill has been introduced in the Parliament as the Eyes (authority for use for therapeutic purposes) Bill, 1978 and the State Governments are being advised to introduce similar legislation in their respective States assemblies. All India Donation Society has also been set up to enlist voluntary cooperation in procurement of eyes. The situation has started to yield results.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25 October, 78].

Recommendation (Serial No. 111, Para No. 8.39)

The Committee note that the National Plan for the prevention and control of blindness provides for establishment of a net work of Eye Banks at the district level, regional level, state level as also a National Eye Bank at the Dr. Rajendra Prasad Centre for Ophthalmic Sciences, New Delhi. The plan also provides for increased facilities for collection of eyes, training of doctors in the associated techniques and preservation of eyes. The State and National Eye Banks will be responsible for coordination and supervision of the work and also for research in the various techniques of preservation and transplantation of eyes. The Committee have no doubt that the Plan for the setting up of a net work of Eye Banks would be implemented, according to a time bound programme.

Action taken by Government

As and when the District Hospitals are equipped, a large number of Eye Banks will be set up, which should be adequate for purpose of collection of eyes for corneal grafting. f

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-Ophth., dated the 25 October, 78].

Recommendation (Serial No. 112, Para No. 9.19)

The Committee note that the Joint Committee of the Central Board of Health and Education in their Report submitted to Government in 1943 had recommended the appointment of Special Adviser in Ophthalmology at the Centre and also at the State levels. These recommendations were also commended for earnest consideration of Government by the Bhore Committee constituted in 1946. It is unfortunate that no action was taken by the then Government of the country on these recommendations which remained practically shelved. The Committee note that it was only in 1975 that an Ophthalmic Adviser at the Centre was appointed in pursuance of the resolution adopted by the Central Council of Health and Family Planning. As the National Programme on Blindness has been approved and is being taken up for implementation, the Committee would like Government to ensure that Advisers in Ophthalmology of well known standing and organisational ability are appointed at the earliest at the State levels as well as for coordination and expeditious implementation of the National Programme.

Action taken by Government

The matter is being pursued with the States and the recommendations of the Estimates Committee of the Parliament is being brought to the notice of the State Government for appropriate action.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-Ophth., dated the 25 October, 78].

Recommendation (Serial No. 113, Para No. 9.20)

The Committee regret to note that so far there did not exist any organised machinery for consultation with the State Governments for providing Ophthalmic services and for undertaking programmes in the field of eye health care. The only machinery for consultation with the State Governments was the Central Health Council which acts as a general advisory body regarding various health problems, and which was being utilised for coordination with the States. The Committee further note that Government of India have recently appointed a National Committee on Blindness for implementation of the programme for the prevention and control of blindness. The National Committee will act as a coordinating agency and will hold regular consultations with the States in the matter of rendering Ophthalmic services.

Action taken by Government

Noted,

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-Ophth., dated the 25 October, 78].

Recommendation (Serial No. 114, Para No. 9.21)

In view of the crucial importance of the National Programme of Action and the imperative need for concerted action for the implementation of the programme, they would urge the National Committee to undertake expeditiously the implementation of the programme on sound lines and closely review the progress from time to time so as to remove bottle-necks in the effective and timely execution of the programme. They have no doubt that this Committee would enlist the active cooperation of all the States in the programme and would ensure effective monitoring so as to take immediate action, where necessary.

The Committee would also stress that the representatives of Departments of Social Welfare, Labour Industry (Small scale industries), Committee, Food, Defence Production etc. should be coopted as Members of the National Committee for Blindness, to achieve a greater degree of coordination among the different agencies concerned with the various aspects of the implementation of the National Plan of Action for the Prevention and Control of Blindness.

Action taken by the Government

Appropriate steps are being taken to enlarge the Committee by incorporation of the representatives suggested by the Estimates Committee.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-Ophth., dated the 25 October, 78].

Recommendation (Serial No. 115, Para No. 9.22)

The Committee further note that the Zonal Implementation Committees and the Central Coordination Committees are proposed also to be formed to look after the coordination work in their respective zones and achieve coordination of Government efforts with the voluntary organisations respectively. The Committee hope that these bodies will play their rightful role in achieving the tasks set before them.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-
Ophth. dated the 25 October, 78].

Recommendation (Serial No. 116, Para No. 9.23)

The Committee are glad to note that Inter-ministerial Group is also proposed to be set up within the Ministry of Health to expedite decisions. The Committee hope that similar Inter-ministerial groups would also be set up at the State levels in due course of time.

Action taken by Government

The proposal is being actively pursued and as soon as such inter-Ministerial Group is set up, the Estimates Committee will be informed. Guidelines are being issued to the State Governments so that they also set up similar groups for speedy implementation of the programme.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-
Ophth., dated the 25 October, 78].

Recommendation (Serial No 117, Para No. 9.24)

The Committee further note that no State Implementation Committee had been formed till November, 1977 but the States who had accepted the National Plan of Action on Blindness had already been taken up the question of forming these State Implementation Committees. They hope that the formation of these Committees in the various States would be expedited. The Committee also trust that that the District Coordinating Committees in the 75 districts where the National Plan of Action on Blindness is to be implemented through the mobile units would have been formed at least by the close of the month of November, 1977, as promised by the Ministry of Health and help in the speedy and systematic implementation of the National Plan of Action on Blindness.

Action taken by Government

State level Committees have been formed in:— (i) Karnatka (ii) Andhra Pradesh (iii) Tripura (iv) Chandigarh (v) Andaman & Nicobar (vi) Delhi and (vii) Manipur.

In those States where these implementation committees have not been formed, they have been requested to expedite action.

[Ministry of Health & Family Welfare O.M. No. H.16011/2/78-
Ophth., dated the 25 October, 78].

Recommendation (Serial No. 118, Para No. 9.25)

The Committee note that a Cell has been created in the Ministry with the responsibility of looking after all the problems of Community Ophthalmology.

The Committee stress that the working of the Cell should be reviewed from time to time so as to ensure that the Cell effectively fulfils the purpose for which it has been constituted.

Action taken by Government

Noted.

[Ministry of Health and Family Welfare O.M. No. H. 16011/2/78-Ophth., dated the 25 October. 78].

Recommendation (Serial No. 119, Para No. 9.26)

The Committee further note that cells of Community Ophthalmology had been set up in the States of Rajasthan, Punjab and Haryana. The Committee hope that similar cells would soon be set up in all the States as well and concerted measures taken to establish and develop Community Ophthalmology services in the field.

Action taken by Government

In addition to Rajasthan, Punjab and Haryana. Ophthalmic Cells have been formed in U.P. Tripura, and Orissa. Rests of the States are being requested to expedite action.

[Ministry of Health and Family Welfare O.M. No. H. 16011/2/78-Ophth., dated the 25 October. 78].

CHAPTER III

RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT'S REPLIES.

Recommendation (Serial No. 12, Para No. 1.78)

The Committee note that the WHO has recognised the need for internationally accepted definition of blindness for the purpose of compiling international statistical data. In its technical report series number 518 published in 1973 from Geneva the WHO has given a definition of blindness which according to the Ministry is rather broad and leaves considerable scope to the nations to adopt a definition of their own. The Committee are informed that the Ministry of Health have advised their own definitions for the purpose of categorising blindness. It is also noticed that the definition of visual impairment adopted by the Ministry of Health needs to be revised accordingly to the WHO. The Committee are definitely of the view that there is a need for adopting an internationally acceptable definition of visual impairment and blindness for the purpose of collecting statistical data as without such a standardised definition it would not be possible to have a meaningful comparison about the incidence of this affliction in the country vis-a-vis other countries and to conduct a coordinated campaign against blindness. The Committee, therefore, stress that in order to avoid any difficulty at the international level in the fight against blindness the Government should review the definition of blindness and visual impairment with a view to ensuring that the definition adopted by them should be as close to the internationally accepted definitions as possible.

Action taken by Government

The WHO has given five grades of visual performance and each country can use its cut-off point and fix standards of blindness and Visual Impairment.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth. dated the 25 October, 78].

Recommendation (Serial No. 29, Para No. 3.15)

The Committee note that under the National Plan of Action, Government propose to set up 30 Mobile Units by the end of 1978-79 which would be increased to 80 by the end of 1983-74.

The Committee understand from knowledgeable non-officials that the number is too small and that at least each district should have a Mobile Unit. They have been informed by the Government that it will be unrealistic to create more than 80 Mobile Units in relation to the availability of manpower and equipment and in view of the financial constraints and Government have, therefore, planned to provide only temporary services through Mobile Units and at the same time create a permanent infrastructure. Seeing the magnitude of the problem, the Committee, however, feel that Government should find ways and means to set up not less than 120 Mobile Units by the end of the year 1983-84 with particular emphasis in backward districts, tribal and hill areas falling in arid zones in the country. The Committee stress the need for efficient functioning of the Mobile Units which are being set up. They stress that these Mobile Units should be well equipped and adequately manned to take care of post-operative complications and to undertake their activities in a coordinated manner and should avoid sporadic, unorganised and unplanned methods of work, as has often been the case in voluntary Eye Camps.

Action taken by Government

The Government does not consider it necessary at this stage to increase the target of setting up Mobile Units from 80 to 120 by the end of 1983-84. Apart from Mobile Units, Voluntary Agencies are also assisting in this scheme and their work is also being stepped up by liberal financial assistance from International Agencies. It is being ensured that the Mobile Units are well equipped and adequately manned.

[Ministry of Health and Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

CHAPTER IV

RECOMMENDATIONS IN RESPECT OF WHICH REPLIES HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Recommendation (Serial No. 62, Para No. 4.8)

The Committee note that the Ministry of Health have been taking steps for the dissemination of information regarding the Prevention and Control of Blindness and have brought out folders, posters, film scripts, cinema slides, radio talks etc., over the years. It is a matter of regret that in spite of the various steps taken in this regard the problem of visual impairment and eye ailments has been increasing and the number of blind people in the country has gone up to 9 million. It is thus obvious that the dissemination of information on this vital subject has not been widespread and has been very inadequate compared to the requirement. There is much that needs to be done in this regard. It is well known that dissemination of information for eye care and simple inexpensive treatment of eyes is of the utmost importance for the prevention and control of blindness in the country. The Committee would, therefore, like Government to undertake a study in depth of the inadequacies of the steps taken in this behalf so far and undertake well informed and effective measures so that the message of eye care reaches particularly the vulnerable sections of the society.

Action taken by Government

For dissemination of information regarding the Prevention and Control of Blindness, large number of pamphlets and booklets have been written and given wide distribution.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-
Ophth. dated 25 October, 1978]

Comments of the Committee

Please see Para 10-12—Chapter I.

CHAPTER V

RECOMMENDATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE STILL AWAITED

Recommendation (Serial No. 22, Para No. 2.75)

The Committee would also urge Government to examine whether the implementation of such a policy should not be brought under the control of a single Department so that the areas of co-ordinated effort are minimum necessary and the policy implemented smoothly and vigorously. The Committee would also recommend that as an important preventive measure against malnutrition blindness, greater resources should be allocated for nutrition programmes. The Committee would also like Government that great efforts are made to enlist the active cooperation and assistance of international agencies such as UNICEF.

Action taken by Government

Is being examined and the Estimates Committee will be informed as and when a decision is taken. The Government has already been working in coordination with UNICEF and this coordination will continue.

[Ministry of Health and Family Welfare O.M. No. H.11016/2/78-
Ophth., dated 25-10-1978.]

Recommendation (Serial No. 86, Para No. 7.25)

The Committee note that a long-term perspective plan is being drawn up to tackle the problem of preventive and control of blindness spread over a period of 20 years. The plan has been divided into three sectors namely Peripheral Sector involving an outlay of Rs. 12 crores, intermediate Sector involving an expenditure of Rs. 12 crores for equipping district and sub-divisional hospitals and Central Sector involving an expenditure of Rs. 12 crores for strengthening medical colleges, regional institutes and the national centre. Besides, the capital cost for the regional institutes was estimated to be near about Rs. 25 crores.

Action taken by Government

Noted.

[Ministry of Health and Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraph No. 25.

Recommendation (Serial No. 87, Paragraph No. 7.26)

As already stated that elsewhere in the report, the Committee feel that a period of 20 years is too long for tackling the problem of prevention and control of blindness. They would like the Government to review the proposed long term perspective plan so as to reduce the period of the plan. The Committee would also like the Government to draw the detailed schemes for each of the three sectors of the plan and take necessary steps to ensure that the progress of each sector is well coordinated with the other sectors and optimum results are achieved most economically and speedily within the time frame of the plan.

Action taken by Government

The National Implementation Committee set up under the programme is being asked to study the Programme in depth and give recommendations, if it is possible to reduce the time period of 20 years. Their recommendation will be considered by the Government and suitable action will be taken.

[Ministry of Health and Family Welfare O.M. No. H.11016/2/78-Ophth., dated 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraph No. 25.

Recommendation (Serial No. 88, Para No. 7.50)

The Committee note that Dr. Rajendra Prasad Centre for Ophthalmic Sciences was set up in 1969 for developing excellence in the field of Ophthalmic Sciences and providing the highest grade of ophthalmic services at the national level. The Committee further note that the Committee appointed by the Institute to go into the administrative and financial arrangements of the R. P. Centre vis-a-vis AIIMS recommended that the Centre should enjoy

an effective autonomy in its functioning and should be a constituent unit of AIIMS.

Action taken by Government

Noted.

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth., dated the 25 October, 78].

Recommendation (Serial No. 89, Para No. 7.51)

The President of the All India Institute of Medical Sciences (Dr. Karan Singh) in his order dated the 10th January, 1975 further formalised the status and administrative powers of the R. P. Centre and the AIIMS to facilitate and improve the working of the Centre with a view to ensuring effective autonomy to the Centre within the overall provisions of the All India Institute of Medical Sciences Act, 1956. The order *inter-alia* stipulated.

- (i) "The budget of the Institute shall be in parts namely (i) the budget of the main Institute and (ii) the budget of the Centre. The budget of the Centre shall be prepared and operated upon by the Head of the Centre.
- (ii) The development plans of the Institute shall be prepared into two parts namely (i) the development plan of the main Institute and (ii) the development plan of the Centre and the allocation shall be so made that they shall not adversely affect each other.
- (iii) The Centre shall continue to use to the maximum extent the common hospital facilities like the laundry, the animal house, the kitchen, the sterilisation room, blood bank clinical pathology, library, etc. For the use of such facilities etc., no debits shall be raised against the Centre. Where such facilities are required to be augmented for the Centre or the Institute, the expenditure shall be shared by the two in proportion to the utilisation made by each.
- (iv) The Director of the Institute shall delegate to the Head of the Centre all financial and administrative powers which vest in the Director.

- (v) For day to day working of the Centre in matters relating to administration, stores, accounts etc., the Centre may have separate staff of its own." ..

Action taken by Government

0

Noted.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth., dated 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

(Recommendation Serial No. 90, Para No. 7.52)

The Committee regret to note that in spite of the various measures taken to formalise the status and administrative powers of the Rajendra Prasad Centre vis-a-vis AIIMS in such clear and unambiguous terms, considerable difficulties were stated to have been experienced in the day to day functioning of the R. P. Centre and the actual implementation of the orders of the President of the Institute. The Committee were informed during the evidence that though the Centre had been in existence for over nine years, it had made very slow progress primarily because it was tagged to a much bigger organisation like the AIIMS which worked on a unitary concept and the requirements of the Centre were not given the close and prompt attention needed for an apex organisation. The Centre suffered in the matter of training funds and had difficulties in the matter of training the beds, im- and had difficulties in the matter of training increasing the beds, im- holding refresher courses, the result being that according to the evidence tendered by the representative of the R. P. Centre in the present set up there was hardly any possibility of the Centre achieving its objectives in the foreseeable future. During the visit of the Committee to Dr Rajendra Prasad Centre, the Committee were further informed that the functioning of the Centre had been hampered by non-implementation of the basic decision regarding the Centre having an identity of its own as a special Constituent Unit of AIIMS and the denial of effective autonomy in its functioning.

Action taken by Government

0

Noted.

[Ministry of Health & Family Welfare O.M. No. H. 11016/2/78-Ophth., dated the 25-10-1978.]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

Recommendation (Serial No. 91 Para No. 7.53)

The Committee further note that during a meeting convened on 2 June, 1977 by the Health Secretary in pursuance of the assurance given by the representatives of the Ministry of Health before the Estimates Committee during the evidence, to discuss the implementation of the order of the President of the Institute dated 10 January, 1975, it was felt that the implementation of the order of the President was by and large satisfactory and that the difficulties experienced were being resolved time to time and that in future also the difficulties might be discussed and resolved as and when they would arise. So far as the question of giving autonomous status to Dr. R. P. Centre, the Committee are informed that this aspect will be taken up for consideration by the Review Committee proposed to set up in terms of recommendations of the Estimates Committee contained in its 102nd Report (1975-76) on AIIMS.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-Ophth. dated the 25 October 78].

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

Recommendation (Serial No. 92 Para No. 7.54)

During evidence before the Sub-Committee of the Estimates Committee (1977-78) in October, 1977 the Chief Organiser of the R.P. Centre stated that a solution out of this impasse lay in the fact that the Centre should become a Constituent College under Section 14(F) (i) read with Section III (2) of AIIMS Act and the Head of the Centre could be assigned function and powers to the same level as Director AIIMS have for matters concerning the Centre under Section 11(4) of the Act. In this connection, the Chief Organiser of the Centre suggested some amendments to the Act and changes in the rules. The Chief Organiser of Dr. Rajendra Prasad Centre for Ophthalmic Sciences further stated that he was of the view that the Centre should be renamed as Dr. Rajendra Prasad National Institute of Ophthalmology in order to reflect its real status as the apex organisation to project its clear image nationally and internationally particularly when the 6 Regional Institutes were being created. The Secretary of Ministry of Health informed the Sub Committee (1977-78) during evidence that the "consensus of opinion seems to be that it would be a great pity if the Centre had to be separated from the AIIMS". In a written reply subsequently the Ministry also stated that "earlier a sub-Committee of the Institute examined the question which found that a

3630 LS—6.

sum of Rs. 250 lakhs would be required for its total separation. It did not consider this as desirable." He further informed the Sub-Committee that the question whether the Centre should be separated from the Institute and if not, what should be its future relationship with the Institute had come up before the Governing Body of the Institute at its meeting held on 29 August, 1977 and he had been asked to examine all the aspect of the matter and to submit his recommendations to the Governing Body on the status and powers of the Centre. He stated that during this examination he would also look into the suggestion to give the status of a Constituent College to the Centre, as proposed above and whether it could be brought within the ambit of AIIMS Act. As regards the nomenclature of the Centre, the Ministry in a note stated that once the relationship of the Centre with the AIIMS is determined the question of nomenclature will also be settled.

Action taken by Government

Noted.

[Ministry of Health & Family Welfare O.M. No. 11016-2/78-Ophth. dated the 25 October, 1978]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30-31.

Recommendation (Serial No. 93 Para No. 7.55)

The Committee are not happy over the persistent lack of harmony in the working relationship between Dr. Rajendra Prasad Centre of Ophthalmology and AIIMS. They are afraid that the existing state of relationship between the two, if not improved immediately, might affect the implementation of the National Plan of Action adversely. They feel that it is absolutely necessary in the interest of effective implementation of the Plan that the question of giving suitable status and powers to Dr. Rajendra Prasad Centre *vis-a-vis* AIIMS is settled without any further loss of time.

The Committee feel that in order to enable Dr. Rajendra Prasad Centre to function as an apex organisation for the execution of the National Plan in all the States and also for bringing about the desired coordination in the working of the regional institutes set up as part of the National Plan, it is necessary to give the Centre a nomenclature befitting its national status and responsibilities. They would like the Government to consider naming it as Dr. Rajendra Prasad National Centre of Ophthalmology.

Action taken by Government

Secretary Health in the meantime has submitted a report with regard to the working arrangements that may be maintained between the Dr. R. P. Centre and the AIIMS. The same has been introduced in the governing body of the Institute and a Sub-Committee consisting of the President of the Institute, Dr. Sushila Nayar and the Secretary Health has been constituted to give the final shape to the recommendations.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25 October, 1978]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

Recommendation (Serial No. 94, Para No. 7.56)

The Committee note that Dr. Rajendra Prasad Centre has come to acquire two distinct roles to play—(1) as a constituent unit of AIIMS for the purpose of organising under-graduate and post-graduate education research etc. and (2) as an apex organisation to execute and coordinate the National Plan of Action. The Committee feel that in order to enable the head of the Centre to discharge the responsibilities which the National Plan has placed on him, he should be invested with sufficient operational autonomy to plan and carry out his activities without any hinderance, which he may consider necessary for the efficient execution of the National Plan consistent with his duties to ensure efficient functioning of the Centre as a constituent unit of the Institute for the purpose of education, research, etc.

Action taken by Government

Secretary Health in the meantime has submitted a report with regard to the working arrangements that may be maintained between the Dr. R. P. Centre and the AIIMS. The same has been introduced in the governing body of the institute and a Sub-Committee consisting of the President of the Institute, Dr. Sushila Nayar and the Secretary Health has been constituted to give the final shape to the recommendations

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-
Ophth. dated the 25 October, 1978]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

Recommendation (Serial No. 95, Para No. 7.57)

The Committee would also like to suggest that in order to give the Centre a sense of participation in the decisions taken by the Governing Body of AIIMS, the head of Dr. Rajendra Prasad Centre should be invited to participate in discussions in the Governing Body and also in the Academic or Finance Committees of the Institute whenever any item concerning the Centre comes up for consideration before them.

.... Action taken by Government ...

Secretary Health in the meantime has submitted a report with regard to the working arrangements that may be maintained between the Dr. R. P. Centre and the AIIMS. The same has been introduced in the Governing Body of the Institute and a Sub-Committee consisting of the President of the Institute. Dr. Sushila Nayar and the Secretary Health has been constituted to give the final shape to the recommendations.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-Ophth. dated the 25 October, 1978]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31

Recommendation (Serial No. 96, Para No. 7:58)

The Committee would stress that the Governing Body of the Institute should address itself to these questions of status and powers of Dr. Rajendra Prasad Centre and its head earnestly and find a suitable solution to these long standing issue most expeditiously in the larger interest of the Institute and the Centre.

Action taken by Government

Secretary Health in the meantime has submitted a report with regard to the working arrangements that may be maintained between the Dr. R. P. Centre and the AIIMS. The same has been introduced in the Governing Body of the Institute and a Sub-Committee consisting of the President of the Institute, Dr. Sushila Nayar and the Secretary Health has been constituted to give the final shape to the recommendation.

[Ministry of Health & Family Welfare O.M. No. 11016/2/78-Ophth., dated the 25 October, 1978.]

Comments of the Committee

Please see Chapter I—Paragraph Nos. 30 and 31.

Recommendation (Serial No. 99, Para No. 7.77)

The Committee note that at Aligarh, there are two Eye Hospitals at present i.e. the Gandhi Eye Hospital, Aligarh, and the Institute of Ophthalmology, Aligarh. The Gandhi Eye Hospital was founded by late Dr. Mohan Lal an eminent Ophthalmologist and is at present being run by a trust. The Institute of Ophthalmology is a unit under the Aligarh Muslim University. The Committee further note that under the National Plan of Action, the Gandhi Eye Hospital and the National Institute of Ophthalmology were proposed to be combined and converted into a Regional Institute. During their visit to the Aligarh complex, the Committee gathered the impression that the representatives of the Gandhi Eye Hospital had certain reservations about the proposed move. They felt as if the decision was being thrust on them by the Central Health Ministry. The Committee would, therefore, stress that before finally deciding to merge the two institutes to form a Regional Institute, the Central Ministry of Health, should discuss the matter with the representatives of Gandhi Eye Hospital, Aligarh, Institute of Ophthalmology, Aligarh, Aligarh Muslim University and the U.P. Government with a view to evolving an arrangement under which the wishes and ideas of the founding father of Gandhi Eye Hospital in regard to its autonomy and separate entity are respected and the Aligarh Complex is made a centre of excellence in the matter of eye care.

Action taken by Government

The Board of Management has since been formed by the Minto Ophthalmic Institute, Bangalore, Jawaharlal Institute of Ophthalmology, Sitapur, and the matter is being pursued with the remaining four institutes. It is hoped that the formation of the Boards will be completed soon. With regard to the Institute of Aligarh, preliminary meetings have been held and a final meeting is proposed to be convened at Aligarh in order to iron out solution.

(Ministry of Health & Family Welfare O.M. No. 11016 2/78-
Ophth, dated the 25 October, 1978)

Recommendation (Serial No. 103, Para No. 8.13)

As regards the Braille facilities, the Committee note that a single code called Bharati Braille code for all the major Indian Languages

has been evolved. Although the National Library for the Blind had about 1200 members on its roll, the Government have no statistics of the number of blind persons reading Braille. Apart from collecting the statistics, training facilities imparting in knowledge in Braille reading should be augmented and a perspective plan drawn up (State-wise) in this regard. The Committee stress that adequate measures should be taken to popularise the Braille Code and publicity given to the training facilities available for learning this code.

Action taken by Government

The matter is being examined by a working group appointed for the purpose.

[Ministry of Health & Family Welfare O.M. No. H: 11017/2/78-Ophth. dated the 13th November, 1978]

Recommendation (Serial No. 106, Para No. 8.16)

The Committee would also stress that since the National Plan of Action of Blindness makes no mention of the rehabilitation of incurable blind, the Ministry of Education (Department of Social Welfare) who are primarily concerned with the rehabilitation of the blind may draw up a perspective plan for the rehabilitation of blind in consultation with the State Government and other authorities and bodies concerned.

.... Action taken by Government ...

The question of drawing up a suitable scheme is being examined by a group of technical officers.

[Ministry of Health & Family Welfare O.M. No. H: 11017/2/78-Ophth. dated the 13th November, 1978]

NEW DELHI;

December 22, 1978/Paura 1. 1900 (S).

SATYENDRA NARAIN SINHA,

Chairman,
Estimates Committee.

APPENDIX

*Analysis of action taken by Government on the recommendations contained in the 11th report of
Estimates Committee (6th Lok Sabha)*

I	Total number of recommendations	119
II	Recommendations which have been accepted by Government Nos. 1 to 11, 13 to 21, 23 to 28, 30 to 61, 63 to 85, 97, 98, 100 to 102, 104, 105, 107 to 119	
	Number	101
	Percentage to total	85%
III	Recommendations which the Committee do not desire to pursue in view of Government's replies (Nos. 12 and 29)	
	Number	2
	Percentage to total	2%
IV	Recommendations in respect of which replies of Government have not been accepted by the Committee (No. 62)	
	Number	1
	Percentage to total	1%
V	Recommendations in respect of which final replies of Government are still awaited (Nos. 22, 86 to 96, 99, 103, 106)	
	Number	15
	Percentage to total	12%