P. A. C. No. 434

PUBLIC ACCOUNTS COMMITTEE
(1974-75)

(FIFTH LOK SABHA)

HUNDRED AND THIRTY-EIGHTH REPORT

[Action taken by Government on the recommendations contained in the 124th Report (Fifth Lok Sabha) on the Report of the Comptroller and Auditor General of India for the year 1971-72, Union Government (Civil) relating to the Ministry of Health and Family Planning (Department of Health)]

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1. Shri B. K. Mukherjee—*Chief Legislative Committee Officer.*
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INTRODUCTION

I, the Chairman of the Public Accounts Committee having been authorised by the Committee, do present on their behalf this One Hundred and Thirty-Eighth Report on action taken by Government on the recommendations of the Committee contained in their 124th Report (Fifth Lok Sabha) on the Report of the Comptroller and Auditor General of India for the year 1971-72 Union Government (Civil) relating to the Ministry of Health and Family Planning (Department of Health).

2. On the 31st May, 1974 an 'Action Taken' Sub-Committee was appointed to scrutinise the replies received from Government in pursuance of the recommendations made by the Committee in their earlier Reports. The Sub-Committee was constituted with the following members:

CONVENER

Shri H. M. Patel

MEMBERS

Shri Sasankasekhar Sanyal
Shri Jagannathrao Joshi
Shri S. C. Besra
Shri V. B. Raju
Shri Mohammed Usman Arif
Shri P. Antony Reddi
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Shri T. N. Singh

3. The Action Taken Sub-Committee of the Public Accounts Committee (1974-75) considered and adopted the Report at their sitting held on the 28th February, 1975. The Report was finally adopted by the Public Accounts Committee on the 22nd March, 1975.

4. For facility of reference the main conclusions/recommendations of the Committee have been printed in thick type in the body of the

Report. A statement showing the summary of the main recommendations/observations of the Committee is appended to the Report.

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

NEW DELHI;
March 24th, 1975.
Chaitra 3, 1897 (*S*).

JYOTIRMOY BOSU,
Chairman,
Public Accounts Committee.

CHAPTER I

REPORT

1.1 This Report of the Committee deals with the action taken by Government on the recommendations contained in the 124th Report (5th Lok Sabha) on the Report of the Comptroller and Auditor General of India for the year 1971-72, Union Government (Civil) relating to the Ministry of Health & Family Planning (Department of Health).

1.2 Action taken Notes have been received in respect of all the 20 recommendations contained in the Report.

1.3 The Action Taken Notes on the recommendations of the Committee have been categorised under the following heads:—

(i) Recommendations/observations that have been accepted by Government.
S. Nos. 1—8, 10—13, 16—18.

(ii) Recommendations|observations which the Committee may not desire to pursue in the light of the replies of Government.

NIL

(iii) Recommendations/observations replies to which have not been accepted by the Committee and which require reiteration.
S. Nos. 15, 19.

(iv) Recommendations/observations in respect of which Government have furnished interim replies.
S. Nos. 9, 14, 20.

1.4 The Committee hope that final replies in respect of recommendations to which only interim replies have been furnished, will be submitted to them expeditiously after getting them vetted by Audit.

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

Shortcomings of the National Small Pox Eradication Programme (*Paragraph* 1.64, S. No. 2)

1.6 In paragraph 1.64 the Committee had made the following observations regarding shortcomings of the National Small Pox Eradication Programme:

"The following factors which may explain the shortcomings of the programme came to the notice of the Committee:—

(i) There is serious shortfall in the achievement of primary vaccinations. It is estimated that there was a backlog of 6.7 crores of people to be given primary vaccination upto 31st March, 1969.

(ii) Although vaccination units were reorganized in 1969 and instructions were issued that all efforts should be made to carry out 100 per cent successful primary vaccination in vulnerable age group 0-14 years and eliminate the existing backlog in primary vaccination the number of primary vaccinations given were only slightly more than the estimated births, with the result that the backlog was not cleared. The backlog has so far been brought down from 6.7 crores to 3.7 crores.

(iii) During the years 1969-70, 1970-71 and 1971-72 the achievement in primary vaccination was 226 lakhs, 227 lakhs and 229 lakhs as against the targets of 537 lakhs, 446 lakhs and 338 lakhs respectively. During the year 1972, the number of vaccinations given is stated to be 252 lakhs (the target for 1972-73 was 334 lakhs).

(iv) In case of revaccinations, the achievement during the years 1969-70, 1970-71 and 1971-72 was 523 lakhs, 563 lakhs and 674 lakhs as against the targets of 1074, 1101 and 1129 lakhs respectively.

(v) The main reason for non-clearance of the backlog was stated to be shortage of vaccinators and the staff by the State Governments. According to the norms laid down by the Government, 8465 additional vaccinators as on 31st March, 1969. 7348 vaccinators have been appointed|sanctioned during the Fouth Plan period. As against the additional requirement of 392 para medical assistants, 339 have been appointed|sanctioned and against the additional requirement of 3696 supervisors, 2659 have been appointed|sanctioned. The shortage in staff continued in spite of decision of Central Government to

meet cent per cent cost of the additional staff. The factors that contributed to this situation should be immediately gone into for appropriate action.

(vi) The primary Health Centres which apart from other duties are entrusted with supervision of the programme are also under-staffed. As on 30-6-1972, 2951 centres had the sanctioned strength of two doctors each, 2101 centres had only one doctor and 140 had no doctor.

(vii) The performance of the vaccinators in some States has not been uniform. Even during the year 1972 there was wide disparity between the figures of vaccinations per vaccinator per day. The average was 5.3 in Manipur, 5.4 in Meghalaya and 6.4 in Arunachal Pnadesh and 12.2 in Gujarat. It was 48.1 in Mysore, 35.1 in Punjab 33.7 in Chandigarh, 33.3 in Delhi and 32.4 in Uttar Pradesh. The average cost of vaccination is as low as Rs. 0.05 in Bihar and as high as Rs. 1.25 in Manipur. The reasons for very high cost in some States like Meghalaya and Manipur is due to poor vaccination performance per worker due to terrain and scattered population.

(viii) According to the World Health Organisation Expert Committee Report (1972) surveillance activities in India were being improved substantially, but were not yet satisfactory in all States; and progress of eradication programme would depend mainly on how repidly surveillance and the still unsatisfactory reporting system can be improved.

(ix) There are not uniform rules in States regarding vaccination. In some States vaccination and revaccination is compulsory, in other States primary and revaccination is compulsory, when epidemic Diseases Act is enforced and the outbreak is anticipated. Proper publicity for gaining public acceptance of the vaccination is also needed in consultation with the Information and Broadcasting Ministry."

1.7 The Ministry of Health and Family Planning in their reply dated 28-11-74 have stated:

"The Government are fully seized of the situation and are taking necessary steps for removing the shortcomings of the programme. The following comments are offered in this regard:—

(i) & (ii) Backlog of primary vaccination was estimated at

2.9 crores at the end of 1973 as against 3.7 crores in 1972 and 5.7 crores in 1969.

(iii) According to the latest information received from the State Governments and Union Territories, 26.95 million primary vaccinations were performed during the year 1972 against the target of 32.40 million and 24.04 million during the year 1973 against the target of 33.42 million.

(iv) Similarly, during the years 1972 and 1973, 83.78 million 85.21 million revaccinations were performed respectively against the targets of 113.43 million and 113.78 million.

(v) As stated in the concluding portion of paragraph 1.32 of the Report of the Committee, some of the State Governments were hesitant to appoint full complement of vaccinators, as they were perhaps afraid that these might become their committed liability after the 4th Plan period. The efforts to persuade the State Governments to appoint full complement of staff resulted in considerably improving the position towards the later part of the Fourth Plan. The National Smallpox Eradication Programme has been classified as Centrally sponsored Scheme. This will further help the State Governments to overcome their hesitation in appointing the full complement of the staff in accordance with the prescribed pattern. No difficulty is accordingly anticipated due to shortage of staff in the effective implementation of the programme during the Fifth Five Year Plan.

(vi) As on 31st December, 1973, there were 3209 Primary Health Centres with two doctors each, 2089 Centres with, one doctor each and only 30 without a doctor.

(vii) The observation of the Committee has been noted.

(viii) With the launching of intensive campaigning for the eradication of smallpox, the surveillance and reporting system have improved considerably. The position is being reviewed periodically.

(ix) This aspect is receiving attention. Publicity is also being given through spot announcement by the various stations of All India Radio and through newspapers advertisement.

1.8. In paragraph 1.64 of the Report, the Committee had examined in detail some of the factors which might explain the shortcomings of the National Smallpox Eradication Programme such as short-

falls in primary vaccinations and revaccinations, shortage of vaccinators and other staff, under-staffing of Primary Health Centres, lack of uniformity in the performance of vaccinators, unsatisfactory nature of surveillance activities, lack of uniform rules regarding vaccination. In reply to the Committee's observations, the Ministry have stated that Government are fully seized of the situation and are taking necessary steps for removing the shortcomings of the programme. In this connection, Committee would observe:

(i) The arrears in primary vaccination, at the end of 1973, have been estimated at 2.9 crores as against 3.7 crores in 1972 and 6.7 crores in 1969. The Committee would like to know immediately the specific steps taken by Government to clear the backlog.

That the Government did not move quickly in the matter even after the presentation of the Report is evident from the fact that a severe epidemic of smallpox occurred in Bihar resulting in large number of deaths.

(ii) It is seen from the reply of the Ministry that the actual achievements of primary vaccinations and revaccinations continue to fall very much short of the targets fixed. While the number of primary vaccinations performed during 1972 was 83 per cent of the target fixed, during 1973 the position has deteriorated once again and the achievement was only 72 per cent. In respect of revaccinations, the achievement has been almost the same during these two years, viz., 75 per cent and 74 per cent of the targets fixed. The Committee would insist upon the Government the need to intensify immediately their efforts and to examine the reasons for the downward trend, during 1973, in primary vaccinations with a view to fixing responsibilities and taking suitable remedial measures to step up the pace of primary vaccinations under advice to the Committee.

(iii) As regards the very unsatisfactory nature of the surveillance activities and of the reporting system the Ministry have stated that with the launching of the intensive campaign for the eradication of Smallpox, the surveillance and reporting systems have improved considerably. The Committee would like to be informed of the actual improvements effected in surveillance and reporting supported by necessary data.

(iv) The Ministry have replied that the absence of uniform rules in states regarding vaccination is receiving attention. There sounds rather casual. Since it is necessary to follow

a uniform policy in this regard so as to ensure a systematic combat against smallpox, the Committee would like to impress upon Government the need to prescribe a uniform policy expeditiously.

Backlog of vaccinations (Paragraph 1.66 S. No. 4)

1.9. In paragraph 1.66 the Committee had made the following observation regarding the progress made in clearing the backlog of vaccinations:

> "The Committee have been assured that during the Fifth Plan period the backlog of vaccinations will be made up. The Committee feel that the factors that led to the past failure need to be thoroughly examined with a view to at least deriving lessons for the future. The Committee would like to be informed about the programme made in clearing the backlog."

1.10. The Ministry of Health and Family Planning in their reply dated 28-11-74 have stated:

> "As stated in the note against para 1.64 the backlog of primary vaccination was estimated at 2.9 crores towards the end of 1973 against 6.7 crores in 1969. The backlog in the primary vaccination in the past, was mainly attributable to the following factors:—
>
> (i) Some of the State Governments were hesitant to appoint full complement of staff, as they were perhaps afraid that these might become their committed liability after the Fourth Plan period. Para 1.32 of the Report also refers in this regard.
>
> (ii) The State Governments have not so far been able to provide adequate health infra-structure.
>
> (iii) A large number of people still believe that a young child is too tender to be vaccinated and are afraid of the reactions of the primary vaccination:
>
> (a) Central assistance under the NSEP during the 5th plan will also be rendered in respect of the staff appointed in accordance with the approved staffing pattern during the Fourth Five Year Plan. This will enable the State Governments to appoint full complement of staff.
>
> (b) Emphasis is being laid on primary vaccination including neo-natel vaccination. A phased programme of covering 25 per cent of the population every year (5

per cent primary vaccination, i.e. more than the annual birth rate and 20 per cent by revaccination) has been drawn up for each year of the Fifth Plan period. The target for the year 1974-75 in absolute numbers has already been communicated to the State Governments.

(c) Steps will be taken to involve the multipurpose workers in the smallpox vaccination.

(d) As mentioned in the note against para 1.63, the concerned State Governments and Union Territories have been requested to further intensify their efforts during the remaining period of 1974 (Annexure I). The performance of vaccination is being reviewed periodically and the deficiencies are brought to the notice of the concerned Health Authorities of the State Government."

1.4. **Government had been** inter alia, **requested by the Committee to examine thoroughly the factors that had contributed to the arrears in vaccinations with a view to at least deriving lessons for the future. It is seen from the reply furnished by the Ministry that the backlog in primary vaccination is mainly attributable to the inability of the State Governments so far to provide adequate health infrastructure and misconceptions and fears on the part of people about vaccination. The reply is, astonishing silent about the steps taken for the future on the basis of these findings. The Committee would like to know immediately the specific measures taken or proposed to be taken by the State Governments to build up a sound health infrastructure and the assistance rendered by the Central Government for this purpose. As regards the fears and taboos associated with vaccination, particularly in the rural areas, the Committee would like to know (a) what steps have been taken for dispelling such doubts and misconceptions and (b) whether they include mass contact, educational programmes, imaginatively-designed, audio-visual aids and fields publicity within a month with out fail.**

Independent and Comprehensive assessment of the National Small-Pox Eradication Programme (Paragraph 1.67 S. No. 5)

1.12. Stressing the need for an independent and comprehensive assessment of the National Smallpox Eradication Programme, the Committee, in paragraph 1.67, had observed as follows:—

"In fact, as early as 1964, WHO Expert Committee emphasised the crucial importance of independent concurrent evalua-

tion of the results for timely identification of deficiencies of the programme. But excepting a quick review by the joint team of WHO and Government of India in 1967 in four states and a few other assessments done by WHO experts lasting 10 to 15 days, no independent comprehensive assessment has been undertaken. This shows utter neglect and disregard on the part of Central Health Authorities which the Committee deprecate. The Committee are strongly of the view that in view of the very unsatisfactory progress of the programme and its poor impact on eradication of the disease from India, it is necessary that an independent and comprehensive assessment of the programme should be undertaken immediately in order to identify the deficiencies of the programme in the past and take necessary corrective measures without any delay. In the meantime the Committee stress that eradication measures should be intensified with active cooperation of the State Governments. The Central Directorate dealing with the Programme in the Ministry of Health and Family Planning should be adequately strengthened to meet the challenging problem."

1.13. The Ministry of Health and Family Planning in their reply dated 20-11-74 have stated:

"The recommendation of the Committee has been noted for compliance. The following steps have also been taken in this regard:—

(i) Action for the setting up of a team for independent and comprehensive assessment of the programme has already been initiated and the team is expected to take up the work sometime in 1975.

(ii) The concerned State Govenrments and Union Territories have already been requested to further intensify the efforts for the eradication of the disease during the remaining months of the year 1974 (Annexure I).

(iii) Seven officers of the Directorate General of Health Services are already looking after the Smallpox eradication programme in the various States and Union Territories.

1.14. Commenting on the miserable failure to undertake an independent, comprehensive assessment of the Smallpox Eradication Pro-

gramme, the Committee had asked that such an assessment should be undertaken immediately in order to identify the past deficiencies of the programme and to take necessary corrective measures for the future. The Ministry have stated that action for the setting up of a team for the assessment of the programme has already been initiated and the team is excepted to take up the work sometime in 1975. It is a matter for deep regret that no tangible steps appears to have been taken as yet in respect of an important recommendations of the Committee even though a WHO Expert Committee had emphasised the importance of independent concurrent evaluation of the results as early as 1964. The Committee desire that Government should fix responsibility for the delay under advice to the Committee. The Committee trust that the team appointed by the Government will start its work without further loss of time and complete it as early as possible. The results of the assessment and remedial measures taken should be communicated to the Committee.

Vaccine: Cost of Production (Paragraph 1.70 S. No. 8)

1.15. In paragraph 1.70 the Committee had made the following observations regarding the need for a study by the Cost Accounts Branch of the Ministry of Finance of the Cost of Production of Vaccine and the reasons for the wide variations in the cost of production between various institutions producing Smallpox vaccine:

> "At present the unit cost of production of vaccine varies from Institute to Institute. These were Rs. 1.20, Rs. 1.05, Rs. 2.25 and Rs. 2.25 at State Vaccine Institute, Patwadanagar, Institute of Preventive Medicine, Hyderabad, King Institute Guindy and Vaccine Institute, Belgaum respectively. Pending finalisation of cost fixation of each factory, Government have fixed the rate of Rs. 1.05 per ampule of vaccine. The Committee hope that Cost Accounts Branch of the Ministry of Finance will also go into the reasons for the wide variations in the cost of production so that steps may be taken to control the cost especially at King Institute, Guindy and Vaccine Institute, Belgaum."

1.16. The Ministry of Health and Family Planning in their reply dated 26-11-74 have stated as follows:—

> "The recommendation of the Committee has been brought to the notice of the Cost Accounts Branch of the Ministry of Finance. They were also approached for undertaking a fresh study of the cost of production of the vaccine at the four Institutes. The Ministry of Finance have stated that the requisite arrangements will be made as soon as possible."

1.17. The Committee had stressed the need for a study by the Cost Accounts Branch of the Ministry of Finance of the cost of production of vaccine and the reasons for the wide variations in the cost of production between various institutes producing smallpox vaccine so that steps might be taken to control the cost. Government in their reply have stated that the Cost Accounts Branch of the Ministry of Finance have been approached for undertaking a fresh study of the cost of production of the vaccine at the four institutes and that requisite arrangements will be made as soon as possible. The Committee would like to know the present position of the proposed cost analysis and would stress that this should be finalised expeditiously and remedial measures taken to control the cost.

Progress in the implementation of the National Filaria Control Programme (Paragraph No. 1.125 S. No. 9)

1.18. Reviewing the progress of the implementation of the National Filaria Control Pragramme, the Committee, in paragraph 1.125, had observed:

> "The Committee are very dissatisfied with the slow progress in the implementation of the National Filaria Control Pragramme launched in 1955-56. There were two main objectives of the programme. The first was to carry out filariasis surveys in different States where the problem was known to exist to determine the extent of prevalent types of infections and their vectors. The other was to control the disease by recurrent anti-larval measures by using mosquito larvi idal oil. The programme is being carried out in 12 endemic States through survey units and control units. The Headquarter unit of the Programme in the National Institute of Communicable Diseases supervises and guides the programme. The expenditure incurred by the Central Government including assistance to the States amounted to Rs. 5.94 crores upto 1970-71. Two Assessment Committees set up by I.C.M.R. evaluated the programme in 1961 and 1970. The Committee regret to observe that even after 18 long years, the surveys have not been completed. This serious lapse particularly serious since the price has to be paid in terms of human sufferings—calls for drastic action against those officials who were responsible. The Committee would await a report in this regard."

1.19. The Ministry of Health and Family Planning in their reply dated 20-11-74 have stated as follows:

"Before launching the programme in 1955-56, it was estimated that a population of about 25 million was exposed to the risk of Filariasis. It was estimated that the delimitation would be completed in two years. It was in this background that the Central subsidy for the establishment of Survey Units was made available to the States for only two years. These surveys, however revealed that the magnitude of the problem had increased due to rapid industrialisation and unplanned urbanisation. Thus survey work was suspended in many States after the completion of two years. However, the programme headquarters at NICD requested the States to continue and complete the survey work from their own resources and some of the States like Kerala, U.P. and M.P. did so.

"Secondly, it may be mentioned in this regard that National Filaria Control Programme was started only as a large scale pilot programme. Under the Programme, survey work was undertaken in known endemic areas. The intention was to demarcate highly endemic areas to institute control measures. The Survey work was not given up totally. The State Health Directorates and the staff of NICD continued to undertake sample surveys and by 1970, it was estimated that a population of 136 million was exposed to the risk of Filariasis in 145 out of 260 districts in the endemic areas. Delimitation in the remaining 115 unsurveyed districts is proposed to be completed during the Fifth Five Year Plan Period."

1.20. Expressing their dissatisfaction with the extremely slow progress in the implementation of the National Filaria Control Programme, the previous Committee had expressed concern at the fact that the filariasis surveys had not been completed even after 18 long years. Incidentally it came to the notice of the present Committee that the authorities were more busy with US/WHO GCMU programme for reasons better known to them, since the price for this serious lapse has to be paid in terms of human suffering, the Committee desired that drastic action be taken against those responsible. The Government in their reply have taken shelter by stating that the survey work was not given up totally and the State Health Directorate and the staff of NICD continued to undertake sample surveys which is most inacceptable. While the survey for Filariasis had been completed in 145 out of 260 districts in the endemic areas by 1970, delimitation in the remaining 115 unsurveyed districts is proposed to be completed

during the Fifth Five Year Plan Period. It is also seen from the reply of the Ministry that the initial two-year survey, launched as a large scale pi.ot programme, had been suspended on the completion of two years. As these surveys had revealed that the magnitude of the problem of filariasis had increased due to rapid industrialisation and unplanned urbanisation, the reasons for suspending the surveys and restriciting the scope of these surveys to mere sample ones are not very clear. In fact, on the basis of the findings of the large scale pilot survey, the scope of the survey should have been expanded and completed expeditiously. The Committee are extremely dissatisfied with the perfunctory manner in which a health programme of this importance has been treated and reiterate the need for taking action against those responsible for this sorry state of affairs.

Results of Filariasis Surveys (Paragraph No. 1.180 S. No. 14)

1.21. In paragraph 1.130 the Committee had made the following observations regarding results of surveys conducted in the endemic areas of filariasis of the country:

> "The Committee feel concerned to note that to the extent the surveys have been completed 136 million people live in the endemic areas of filariasis in the country—51 million in urban areas and 85 million in rural areas. Over 12 million people harbour micro-filariae in their blood and 8 million have signs and symptoms of the diseases. The correct picture will however emerge on completion of surveys."

1.22. The Ministry of Health and Family Planning in their reply dated 20-11-74 have stated:

> "The 32 Survey units to be established during the Fifth Five Year Plan would conduct surveys in the 115 unsurveyed districts. Extent of the problem would be known after the completion of surveys."

1.23. The Committee had expressed grave concern over the findings of the surveys so far conducted which disclosed that over 136 million people live in the endemic areas of filariasis in the country, over 12 million people harbour microfilariasis in their blood and 8 million have signs and symptoms of the disease. This was only a partial picture of the incidence of filariasis in the country and the correct position would emerge only on completion of the surveys which could be much worse Government have stated that 32 survey units would be established during the Fifth Five Year Plan and would conduct surveys in the 115 unsurveyed districts. The extent of the problem

would be known after the completion of these surveys. The Committee would like to stress the urgency of the problem and the need to complete the surveys expeditiously.

Filaria control measures in rural areas (*Paragraph* 1.131 *S. No.* 15)

1.24. Commenting on the problem of rural filariasis, the Committee had observed in paragraph 1.131:

> "The present control measures are mainly confined to the urban areas although the Second Assessment Committee (1971) opened, that the problem of rural filariasis is of much greater magnitude than thought of previously. The Committee are not happy with the lopsided approach of Govenrment to the problem. The Committee strongly suggest that the problem of rural filariasis should receive serious attention and it should be examined to what extent the programme for the Fifth Plan could be reoriented so as to make a serious beginning in the Rural areas."

1.25. The Ministry of Health and Family Planning in their reply dated 20.11.74 have stated:

> "The magnitude of Filariasis problem is much more in Rural areas than in urban areas. For the control of rural Filariasis, proposals based on the recommendations of the I.C.M.R. Assessment Committee (1971) were submitted to the Planning Commission. The steering Group on Health of the Planning Commission, however observed that Filaria Control activities during the Fifth Five Year Plan should be confined mainly to urban areas. It may be pointed out that in the Fifth Five Year Plan the role of the Central Government is confined to assisting the States with material and equipment only The programme can be extended to the rural areas also by the State Government from their own resources."

1.27. The Committee had expressed their extreme unhappiness at the lopsided approach of the Government to the problem of filariasis. The control measures Strangely enough were mainly confined to the urban areas even though the problem of rural filariasis was of a much greater magnitude. The Committee had stressed that this problem should receive serious attention and an examination conducted to determine to what extent the programme for the Fifth Plan could be reoriented so as to make a serious beginning in the rural areas. Gov-

ernment in their reply have stated that the steering group on Health of the Planning Commission had observed that the Filaria Control activities during the Fifth Five Year Plan should be confined mainly to urban areas. This is very astonishing. Besides, in the Fifth Five Year Plan the role of the Central Government is confined to assisting the States with material and equipment only and the Ministry have, therefore, stated that the programme may be extended to the rural areas by the State Governments from their own resources. This is regrettable since the State Government do seriously lack in resources.

1.28. The Committee would, urge Government to reconsider the matter having regard to the possible serious consequences of neglecting the rural areas. The Committee would draw pointed attention to—(a) the recommendations of the ICMR Second Assessment Committee to extend the filaria control measures to rural areas, (b) that of the 136 million people living in the endemic areas of filaria, 85 million live in rural areas; and (c) the fact that the State Governments would not be over eager to extend the control measures to the rural areas on their own from their resources since normally State Governments give health programmes a very low priority.

Establishment of adequate number of Filaria Clinics
(*Paragraph* 1:133 S. No. 17)

1.29. In paragraph 1.133 the Committee had made the following observations on the establishment of adequate number of clinics in the Fifth Plan for effective treatment of cases:

> "The Committee's attention has been drawn to the fact that pursuant to the first Assessment Committee Report, the mass treatment of population was given up. During the Fifth Plan it is proposed to establish 480 Filaria clinics in urban areas to treat filaria positive cases. Considering the fact that over 12 million people harbour microfilariasis in their blood and 8 million have signs and sypmptoms of the disease, the Committee cannot but regret lack of proper attention in the past to this aspect. The Committee desire that adequate number of clinics should be established in the Fifth Plan."

1.30. The Ministry of Health and Family Planning in their reply dated 20.11.74 have stated as follows:

> **"Whith the establishment of 65 new Control Units as proposed for the Five Year Plan period, about 15 million population will be protected in Urban areas. In these areas it is proposed to establish 480 filaria clinics in the Fifth Plan**

in a phased to manner at the rate of one Clinic for every 50,000 population. The targets and phasing have already been communicated to the concerned States/Union Territories. However achievement of these targets will depend on availability of adequate funds both in the Central and the State Sectors during the Plan Period."

1.31. The Committee had desired that an adequate number of clinics should be established in the Fifth Plan for the effective treatment of positive filaria cases. Government in their reply have stated that with the establishment of 65 new control units as proposed for the Fifth Five Year Plan period, about 15 million people will be protected in the urban areas. The achivement of the targets would, however, depend on the availability of adequate funds both in the Central and State Sectors during the Plan period. The Committee regret that a matter of such magnitude affecting the health of the people should have been given a low priority in the provision of funds.

Future approach to the Filaria Problem (Paragraph 1.135 S. No. 9)

1.32. Observing that there was likely to be difficulty in financing the Filaria Programme, the Committee, in paragraph 1.135, had observed:

"The Committee note that there is likely to be difficulty in the financing of the programme. There is a thinking in the Planning Commission that the Centre should not bear the cost of the Filaria Programme. But the State Government are not willing to bear this responsibility because they give the health programmes a very low priority while they allocate funds available with them for various developmental programmes. Considering the magnitude of the Filaria Problem and the past failures, the Committee suggest that the matter should be carefully considered with a view to ensure not only that the implementation of the programme does not suffer but also to make possible the taking up of an adequate programme in the rural areas. The Committee are of the view that the Central Government ought to take full responsibility in the matter."

1.33. The Ministry of Health and Family Planning in their reply dated 20th November, 1974 have stated:

"Despite the justification for continuation of the National Filaria

Control Programme as a Centrally sponsored Scheme, the Planning Commission did not include NFCP as centrally sponsored programme, in the Fifth Five Year Plan. The operational cost for the existing set up and the new targets will have to be provided by the States and the Centre will offer free supply of material and equipment to the existing and the new set up during the Fifth Five Year Plan."

1.34. Commenting on the thinking in the Planning Commission that the Centre should not bear the cost of the Filaria Programme and keeping in view the difficulties in financing the Programme, the magnitude of the filaria problem and the failure to deal with this very important problem on an adequate scale in the past, the Committee had suggested that the matter should be carefully considered with a view to ensuring that the implementation of such limited programme as has been adopted also does not suffer. The Committee had also expressed the view that the Central Government ought to take full responsibility for the Programme. Government, in their reply, have stated that despite the justification for continuance of the Programme as a Centrally Sponsored Scheme, the Planning Commission have not included NFCP as a centrally sponsored programme in the Fifth Five Year Plan and that the States will have to provide the operational cost for the existing set up and for the new targets. Though the National Filaria Control Programme had been launched two decades ago, in 1955-56, the implementation had been slow and the Programme has been fraught with failures and set-backs. The Centre absolving itself of the responsibility at this stage could only result in rendering more difficult the successful implementation of the programme hereafter. It is not at all unlikely that this programme will die an unnatural death in this process. The Committee are deeply concerned over this state of affairs and would reemphasise the imperative need for giving this programme the highest possible priority, both in terms of finance and the subsequent implementation of a more intensive programme that needs to be adopted.

The Planning Commission should reconsider in the light of Committee's recommendation.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS THAT HAVE BEEN ACCEPTED BY GOVERNMENT.

Recommendation

The Committee are thoroughly disappointed at the failure in the efficient implementation of the National Smallpox Eradication Programme which is so very important for the Nation's Health. This Programme which was launched in January 1962 one reorganised in 1969, is being implemented through Governments of the State and Union Territory with Central assistance. Upto 31st March 1972, the Central Government paid 18.83 crores to the States for the implementation of the programme. Apart from this 1010 million doses of freeze-dried vaccine (approximate value Rs. 7.26 crores) received as gift from other country and 281 million doses of freeze-dried vaccine (approximate value Rs. 1.97 crores) produced in the country were distributed to the States free of cost upto 31st March, 1972. It is a matter of great concern for the Committee that in spite of so much expenditure, India continues to be one of the endemic countries. According to the annual Report of the Director General, W.H.O. of May, 1973 the areas in which this disease was thought to be endemic during the latter part of the year were confined to Bangladesh, Botswana, Ethiopia, India, Pakistan and Sudan. Over 70 per cent of all cases were reported by Ethiopia and India. According to the figures made available to the Committee, in the recent years the attacks of the disease were 83,943 in 1967, 30,295 in 1968, 19,139 in 1969, 12,341 in 1970, 16,166 in 1971, 27,407 in 1972 and 49,043 in 1973 (upto June).

[Para 1.63 of 124th Report of PAC—(1973-74)—Fifth Lok Sabha]

Sl. No. 1 of Appendix

Action Taken

The Government of India share the concern of the Public Accounts Committee on the Smallpox situation in the country. The recent increase in the incidence of smallpox can be attributed to accumulated backlog of primary vaccinations, the lingering superstition among some sections of the People against vaccination, and

the intensive active search which is being carried out throughout the country for unearthing undetected cases.

In the first quarters of 1973, there was a noticeable increase in the incidence of smallpox, particularly in the States of U.P., Bihar, West Bengal and Madhya Pradesh. An intensive smallpox eradication campaign was launched in July, 1973 in consultation with the W.H.O. The main emphasis was on these four endemic States which had been responsible for 94 per cent of the total cases, and the objective of the campaign was to undertake active search of smallpox cases followed by containment of the outbreaks. Under the campaigns the State Governments, who are primarily responsible for the implementation of the health programmes, have mobilised health personnel and transport for the case-search operations. The Central Government have taken prompt measures to assist the State Health authorities to meet the current situation. In addition to the normal staff of the Smallpox Eradication Programme, Surveillance Teams headed by the Senior Epidemiologists and Containment Teams have been deployed. The number of special Surveillance Teams and Containment Teams is determined after reviewing the situation from time to time.

One Para Medical Assistant and one driver with a vehicle are provided to the Senior Epidemiologist heading the Special Surevillance Team. Each Team looks after one or a group of endemic districts and assists the local health authorities in organising the search operation, investigating each smallpox outbreak and ensuring effective containment measures by vaccination.

The Special containment team is headed by a Junior doctor or experienced Sanitarian and consists of two supervisors and six to eight vaccinators. The team is responsible for making a complete list of smallpox cases in the affected village/locality, vaccinating all persons in the affected houses and neighbouring houses, follow-up of all visitors to the village and house-hold contacts. The team is also required to cover all the primary vaccination backlog.

A number of additional vehicles have also been provided to the teams to ensure mobility. Adequate quantities of vaccine, bifurcated needles and health education material have been supplied and sufficient quantities kept in reserve.

Over 40,000 persons are actively engaged in this massive case detection and containment campaign against smallpox. Over 95 per cent of about 5,80,000 villages and about 2,641 towns had been searched (upto August, 1974) for smallpox cases, in addition to the normal

case reporting. With the exception of Bihar, U.P., Assam and West Bengal, all other States and Union Territories are either completely free from smallpox or the problem is very limited.

The concerned State Governments and Union Territories have recently (as per Annexure I) been requested to further intensify the efforts to tackle the situation during the remaining months of the current year.

Self-sufficiency has already been achieved in the production of smallpox freeze dried vaccine.

In a situation like this, remedial measures naturally take time to produce results but it does appear that the special measures organised have started producing a favourable impact. The situation is being reviewed periodically and vigilance will continue to be exercised till the situation is brought under complete control in endemic States.

[Ministry of Health & Family Planning O.M. No. G25015/2/74-C&CD dt. 28-11-74].

T.13012|8|74-G&CD

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY PLANNING

(Deptt. of Health)

New Delhi, dated the 17th September, 1974

To

The Health Secretaries of Bihar, West Bengal, Uttar Pradesh, Madhya Pradesh, Andhra Pradesh, Assam, Arunachal Pradesh, Haryana, Jammu & Kashmir, Maharashtra, Meghalaya, Orissa, Punjab, Gujarat, Himachal Pradesh, Kerala, Manipur, Tripura, Nagaland, Bizoram, Karnataka, Rajasthan and Tamil Nadu.

SUBJECT:—*NSEP Emergency Eradication Campaign with the assistance of WHO during the remaining months of* 1974

Sir,

I am directed to say that as the State Governments of Andhra Pradesh etc., are aware an extensive campaign against small-pox was launched in October, 1973 with the assistance of the World Health Organisation, especially in the highly endemic States. Special

Containment and Surveillance Teams have also been formed and are functioning in the endemic and low incidence states. The campaign is to continue up to the end of December, 1974. With a view to taking effective measures for tackling the situation, it has been decided to intensify the efforts further and to start an emergency small-pox eradication programme with the assistance of the WHO. The details of the programme and the measures to be adopted are given in the enclosed note. It may be added that the title of vehicle to be supplied by WHO, will remain with that organisation.

2. The number of containment|surveillance teams etc., will be intimated by the Directorate General of Health Services directly to the Directors of Health Services of the concerned States, after taking into account the number of teams which might have already started functioning since July, 1974.

3. I am to request that the State Governments may take effective steps for the implementation of this programme. Receipt of this communication may also kindly be acknowledged.

Yours Faithfully,

(RAMESH BAHADUR),
Under Secretary.

Copy to the Directorate General of Health Services, New Delhi (with 5 spare copies), with reference to their U.O. No. 4-42|73-SEC dated 23-8-1974.

Sd.
Under Secretary.

30 spare copies.

India Small-pox Eradication Programme—Status and Strategy

Immediately following the 24 June review of results of the 7th state-wide case search programme in the critical state of Bihar, a full review of the status of smallpox eradication in India was undertaken by officials of the Government of India and WHO. A plan of action was finalized to cover the coming months and projected for the remainder of 1974. The pivotal role played by Bihar in determining strategy is emphasized by the fact that as of May, 4921 (61 per cent) of the 8086 known infected villages and municipal wards in Asia were in Bihar. Uttar Pradesh State accounted for 1593 infected foci and all other parts of India for 904.

A number of important observations emerged in the Bihar review meeting.

1. There was a reduction of 50 per cent in new cases discovered during the seventh search as compared to the preceeding search six weeks earlier.

2. The number of villages|municipal wards in which one or more cases had occurred in the preceeding 6 weeks declined to 4026—a decrease of 18 per cent in six weeks.

3. Increasingly active and energetic participation in the programme by executive, revenue, health and industrial authorities was evident at Block, District and State level and although still not optimal in a number of areas, was substantially better than ever before and improving.

Other factors added encouragement: The number of special epidemiologists in Bihar at the end of June was double the number in position at the beginning of June; strikes of health personnel expected during June had not materialized; the Chief Secretary had issued instructions to District Magistrates to assume responsibility for the programme in their respective areas and to involve their staff in these activities; and a substantial offer of assistance to supplement the programme throughout the entire southern region was made by Tatas. On the basis of these observations, programme needs in Bihar were revised.

Other problem areas in India were identified, the most serious being Varanasi, Faizabad and Gorakhpur divisions of Uttar Pradesh and the states of Assam and Meghalaya. Although none of these are reporting as many cases as Bihar, all are felt to have potentially as serious a problem as the most seriously affected areas of Bihar.

It was decided that substantial additional support would be provided to all of these areas in the form of epidemiologists, administration and operational officers, vehicle and vehicle operation expenses, per diem expenses for surveillance and containment personnel and daily expenses for locally recruited personnel engaged in containment activities—the pattern varying according to the varying requirements in different areas and different states.

The Programme strategy as outlined in the operational guide and amendments for the monsoon will continue. This calls for aggressive search and containment activities throughout these

states during the seasonal period of low transmission July to September—with the objective of reducing the number of known infected villages/municipal wards to less than 650 by the end of September. Programmes in the states with lower incidence or which are believed to be smallpox free would also receive appropriate but lesser assistance to assure to the extent possible that all known foci are eliminated before the end of September. With a continued high level of activity of a similar nature from September through December and appropriate redisposition of resources according to need, it is highly probably that transmission could effectively be interrupted by the end of the year.

Special Staffing and Needs are set forth below:

At the state level, one WHO and one Central Government epidemiologist would provide support along with two administrative officers. On experienced epidemiologist with an Operations Officer would be assigned to each of three Northern Divisions (Patna, Bhagalpur, Tirhut) for coordination. In the five most heavily affected districts of these three Divisions, two special epidemiologists with para-medical assistants and drivers would be assigned to the Districts (Santhal Parganas, Purnea, Monghyr, Bhagalpur and Saharsa) and one epidemiologist each to the remaining 20 districts plus one epidemiologist for Patna Corporation. Each epidemiologist would be further supported by a containment team consisting of one supervisor, two team leaders and eight vaccinators —in all 30 containment teams. Per diem and other expenditures including petrol and maintenance of vehicles and, as necessary, costs for locally recruited staff would be borne by WHO. In the six districts of Chhotanagpur division, state and local staff in cooperation with Tata personnel would conduct a closely coordinated programme. Three Special Epidemiologists from WHO and the Indian Government would be deputed to work with 11 Tata epidemiologists to provide for the closest possible liaison. In addition to transport provided by Tatas for Chhotanagpur division, 40 additional vehicles would be provided to the State by WHO, and 20 additional vehicles and all 60 drivers would be provided by the State authorities.

UTTAR PRADESH

At the State level two epidemiologists and an Administrative Officer would provide additional support. For each district in the three problem divisions for Gorakhpur, Varanasi and Faizabad, one special epidemiologist with para-medical assistant and driver would

be assigned and in each of the remaining seven divisions of the state, from one to three special epidemiologists, depending on smallpox incidence.

A total of 26 epidemiologists for the 10 divisions would be required. The State will be requested urgently to sanction payment of the necessary per diem costs to permit the 10 State Surveillance Teams to be brought up to strength. Then additional vehicles will be provided by WHO.

WEST BENGAL

Present efforts which have been reasonably successful in most areas will be sustained by 9 state surveillance teams assisted by 4 WHO epidemiologists. Fourteen additional vehicles will be provided by WHO to permit full activity by these and districts teams.

MADHYA PRADESH

The remarkably successful efforts in Madhya Pradesh will be sustained by 7 State surveillance teams and four Special Epidemic logists.

For all state and special teams operating in these states, expenditure for operations will be borne by WHO as noted in the previous page under the State of Bihar.

Other States of Low Incidence or Believed Smallpox Free

State teams and special teams (*i.e.*, teams provided and epidemiologists assigned specifically by WHO or the Government of India) will be provided and supported by WHO according to the table attached. Each state will have at least one such team to investigate suspect cases, to conduct surveillance of problem areas and to organize active search operations at designated intervals in selected problem districts. States with more serious or extensive problem areas or subject to larger numbers of importations are povided with larger number of teams commensurate with needs as now recognized. Petrol and per diem expenses for these teams will be provided by WHO. Over all supervision and coordination of activities in these areas will be provided by State personnel supplemented by special epidemiologists in Assam and North Eastern States (5) and Orissa (2) and epidemiologists from the Central Government and WHO Regional Office.

Programme Staffing and other Support

The senior technical and administrative officers (about 110

including about 10 Central Government appraisal officers) required will consist of approximately half international staff recruited by WHO and half national epidemiologists recruited by the Government of India. The programme as presently outlined should have atleast 80 per cent of the projected staff by 15 July and a full complement by 1 August. 100 jeeps will be provided by WHO to fulfil the above mentioned commitments and for future emergency needs.

Programme Review

The overall smallpox situation being under continuing review by the Government of India and WHO, will lead to further and appropriate evolution of the present scheme on a day by day and week by week basis. As Government of India and WHO officials are in constant communication mutually agreed modifications may quickly be decided However, it is expected that the overall scheme as outlined should remain in effect substantially as indicated until mid-August when a further full scale review will be undertaken. A further review again at the end of September should serve to decide the future strategy.

Costs

In the first 6 months of 1974, a total of $ 967000 has been expanded by WHO in support of the programme. Projected 1974 expenditure for the overall programme is $ 2,790,000. Funds provided from the regular budget of WHO and through a special donation from the Government of Sweden are sufficient to meet the requirements of the plan as shown. However, should activities need to be further increased, additional funds would have to be solicited from outside the Organization.

SMALL-POX ERADICATION TEAMS—NON-ENDEMIC AREAS
JULY—DECEMBER 1974

State/Union Territory	Dis-tricts	P.H.C.'s	Pro-posed	Total Teams In position	Deficit	State	Character of proposed teams Special	No. of Teams in field during month of Jul	Aug.	Sep.	Oct.	Nov.	Dec.
1	2	3	4	5	6	7	8	9	10	11	12	13	14
A. *Low- Incidance Areas*													
Andhra Pradesh . .	21	416	3	3	0	3		2	2	3	3	3	3
Assam and Arunachal Pradesh .	11 5	106 79	5	3	2	2	3	4	4	5	5	5	5
Haryana . . .	10	89	1	0	1	1	..	..	..	1	1	1	1
Jammu & Kashmir . .	10	75	2	1	1	1	1	1	1	2	2	2	2
Maharashtra . . .	26	388	3	1	2	3	0	2	2	3	3	3	3
Meghalaya . . .	3	9	2	2	0	1	1	2	2	2	2	2	2
Orissa . . .	13	313	6	4	2	4	2	6	6	6	6	6	6
Punjab . . .	12	127	1	0	1	1		0	0	1	1	1	1
TOTAL .	111	1602	23	14	9	16	7	17	17	23	23	23	23

1	2	3	4	5	6	7	8	9	10	11	12	13	14
B. *Smallpox—Free Areas*													
Gujarat . . .	19	251	1	0	1	1		0	0	1	1	1	1
Himachal Pradesh . .	12	75	1	0	1	1		0	0	1	1	1	1
Kerala . . .	10	162	1	0	1	1		0	0	1	1	1	1
Manipur, Tripura, Nagaland Cochar, Mizoram .	12	57	1	0	1	0	1	0	0	1	1	1	1
Karnataka . . .	19	265	2	0	2	2		0	0	2	2	2	2
Rajasthan . . .	26	232	2	0	2	2	..	0	0	2	2	2	2
Tamil Nadu . . .	14	379	1	0	1	1		0	0	1	1	1	1
TOTAL .	112	1421	9	0	9	8	1	0	0	9	9	9	9
GRAND TOTAL .	223	3023	32	14	18	23	8	17	17	32	32	32	32

Recommendation

The following factors which may explain the shortcomings of the programme came to the notice of the Committee:—

(i) There is serious shortfall in the achievement of primary vaccinations. It is estimated that there was a backlog of 6.7 crores of people to be given primary vaccination upto 31st March, 1969.

(ii) Although vaccination units were reorganized in 1969 and instructions were issued that all efforts should be made to carry out 100 per cent successful primary vaccination in vulnerable age group 0—14 years and eliminate the existing backlog in primary vaccination the number of primary vaccinations given were only slightly more than the estimated births, with the result that the backlog was not cleared. The backlog has so far been brought down from 6.7 crores to 3.7 crores.

(iii) During the years 1969-71, 1970-71 and 1971-72 the achievement in primary vaccination was 226 lakhs, 227 lakhs and 229 lakhs as against the targets of 537 lakhs, 446 lakhs and 338 lakhs respectively. During the year 1972, the number of vaccinations given is stated to be 252 lakhs (the target for 1972-73 was 334 lakhs).

(iv) In case of revaccinations, the achievement during the years 1969-70, 1970-71 and 1971-72 was 524 lakhs, 563 lakhs and 674 lakhs as against the targets of 1074, 1101 and 1129 lakhs respectively.

(v) The main reason for non-clearance of the backlog was stated to be shortage of vaccinators and the staff by the State Governments. According to the norms laid down by the Government, 8465 additional vaccinators were to be appointed over the strength of 13,696 vaccinators as on 31st March, 1969. 7348 vaccinators have been appointed|sanctioned during the Fourth Plan Period. As regards the other staff against the additional requirement of 392 paramedical assistants 339 have been appointed|sanctioned and against the additional requirement of 3696 supervisors, 2659 have been appointed|sanctioned. The shortage in staff continued in spite of decision of Central Government to meet cent per cent cost of the additional staff. The factors that contributed to this situation should be immediately gone into for appropriate action.

(vi) The Primary Health Centres which apart from other duties

are entrusted with supervision of the programme are also understaffed. As on 30-6-1972, 2951 centres had the sanctioned strength of two doctors each, 2101 centres had only one doctor and 140 had no doctor.

(vii) The performance of the vaccinators in some States has not been uniform. Even during the year 1972 there was wide disparity between the figures of vaccinations per vaccinator per day. The average was 5.3 in Manipur, 5.4 in Maghalaya and 6.4 in Arunachal Pradesh and 12.2 in Gujarat. It was 48.1 in Mysore, 35.1 in Punjab, 33.7 in Chandigarh, 33.3 in Delhi and 32.4 in Uttar Pradesh. The average cost of vaccination is as low as Rs. 0.05 in Bihar and as high as Rs. 1.25 in Manipur. The reasons for very high cost in some States like Maghalaya and Manipur is due to poor vaccination performance per worker due to terrain and scattered population.

(viii) According to the World Health Organisation Expert Committee Report (1972) surveillance activities in India were being improved substantially, but were not yet satisfactory in all States; and progress of eradication programme would depend mainly on how rapidly surveillance and the still unsatisfactory reporting system can be improved.

(ix) There are not uniform rules in States regarding vaccination. In some States vaccination and revaccination is compulsory, in other States primary and revaccination is compulsory, when epidemic Diseases Act is enforced and the outbreak is anticipated. Proper publicity for gaining public acceptance of the vaccination is also needed in consultation with the Information and Broadcasting Ministry.

(Para 1.64 of 124th Report of Public Accounts Committee-(1973-74) Fifth Lok Sabha (Sl. No. 2 of Appendix).

Action Taken

The Government are fully seized of the situation and are taking necessary steps for removing the shortcomings of the programme. The following comments are offered in this regard:—

(i) & (ii) Backlog of primary vaccination was estimated at 2.9 crores at the end of 1973 as against 3.7 croroes in 1972 and 6.7 crores in 1969.

(iii) According to the latest information received from the State Governments and Union Territories 26.95 million primary

vaccinations were performed during the year 1972 against the target of 32.40 million and 24.14 million during the year 1973 against the target of 33.42 million.

(iv) Similarly, during the years 1972 and 1973, 85.73 million and 85.21 milion revaccinations were performed respectively against the targets of 113.43 million and 113.78 million.

(v) As stated in the concluding portion of paragraph 1.32 of the Report of the Committee, some of the State Governments were hesitent to appoint full complement of vaccinators, as they were perhaps afraid that these might become their committed liability after of the 4th Plan period. The efforts to persuade the State Governments to appoint full complement of staff resulted in considerably improving the position towards the latter part of the Fourth Plan. The National Small-pox Eradication Programme has been classified as Centrally sponsored Scheme. This will further help the State Governments to overcome their hesitation in appointing the full complement of the staff in accordance with the prescribed pattern. No difficulty is accordingly anticipated due to shortage of staff in the effective implementation of the programme during the Fifth Five Year Plan.

(vi) As on 31st December, 1973, there were 3209 Primary Health Centres with two doctors each, 2029 Centres with one doctor each and only 30 without a doctor.

(vii) The observation of the Committee has been noted.

(viii) With the launching of intensive campaign for the eradication of small-pox, the surveillance and reporting systems have improved considerably. The position is being reviewed periodically.

(ix) This aspect is receiving attention. Publicity is also being given through spot announcement by the various stations of All India Radio and through newspapers advertisement.

(Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974).

Recommendation

While the Committee appreciate that the above difficulties in the successful implementation of the Smallpox Eradication were due to

insufficient attention being paid to the programme by the State Governments in spite of the Central assistance ,the Committee are strongly of the view that the Central Government who pay grants and guide the programme cannot absolve themselves of the responsibility for the failure of the programme. According to a joint team of the WHO and the Government of India (1967), the Central Directorate looking after the programme was inadequately staffed and had no mechanism for providing effective guidance and direction of the programme at State and local level. It has been stated that with certain additions of technical personnel and mobilization of other national staff during the campaign period of Central Directorate is now planning, coordinating and monitoring the programme in an effective way.

[Para 1.65 of 124th Report of the PAC (1973-74)—Fifth Lok Sabha (Sl. No. 3 of Appendix)].

Action Taken

Steps have been taken to deploy seven Central level officers of the Directorate General Health Services in the Small-pox Eradication Programme. The officers are paying frequent visits to the various States for periodical assessment of the situation and coordinating and monitoring the programme in an effective way.

(Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974).

Recommendation

The Committee have been assured that during the Fifth Plan period the backlog of vaccinations will be made up. The Committee feel that the factors that led to the past failure need to be thoroughly examined with a view to at least deriving lessons for the future. The Committee would like to be informed about the programme made in clearing the backlong.

[Para 1.66 of 12th Report of the PAC (1973-74)—Fifth Lok Sabha (Sl. No. 4 of Appendix)].

Action Taken

As stated in the note against para 1.64 the backlog of primary vaccination was estimated at 2.9 crores towards the end of 1973

against 6.7 crores in 1969. The backlog in the primary vaccination in the past was mainly attributable to the following factors:—

(i) Some of the State Governments were hesitant to appoint full complement of staff, as they were perhaps afraid that these might become their committed liability after the Fourth Plan period. Para 1.32 of the Report also refers in this regard.

(ii) The State Governments have not so far been able to provide adquate health infra-structure.

(iii) A large number of people still believe that a young child is too tender to be vaccinated and are afraid of the reactions of the primary vaccination.

(a) Central assistance under the NSEP during the 5th plan will also be rendered in respect of the staff appointed in accordance with the approved staffing pattern during the Fourth Five Year Plan. This will enable the State Governments to appoint full complement of staff.

(b) Emphasis is being laid on primary vaccination including neo-natel vaccination. A phased programme of covering 25 per cent of the population every year (5 per cent by primary vaccination, *i.e.*, more than the annual birth rate and 20 per cent by revaccination) has been drawn up for each year of the Fifth Plan period. The target for the year 1974-75 in absolute numbers, has already been communicated to the State Governments.

(c) Steps will be taken to involve the multipurpose workers in the smallpox vaccination.

(d) As mentioned in the note against para 1.63, the concerned State Governments and Union Territories have been requested to further intensify their efforts during the remaining period of 1974 (Annexure I). The performance of vaccination is being reviewed pariodically and the deficiencies are brought to the notice of the concerned Health Authorities of the State Governments.

[M|Health & Family Planning O.M. No. G 25015|2|74-C&CD dt. 28-4-74].

Recommendations

In fact, as early as 1964, WHO Expert Committee emphasised the crucial importance of independent concurrent evaluation of the results for timely identification of deficiencies of the programme. But excepting a quick review by the joint team of WHO and Government of India in 1967 in four states and a few other assessments done by WHO Experts lasting 10 to 15 days, no independent comprehensive assessment has been undertaken. This shows utter neglect and disregard on the part of Central Health Authorities which the Committee deprecate. The Committee are strongly of the view that in view of the very unsatisfactory progress of the programme and its poor impact on eradication of the disease from India, it is necessary that an independent and comprehensive assessment of the programme should be undertaken immediately in order to identify the deficiencies of the programme in the past and take necessary corrective measures without any delay. In the meantime the Committee stress that eradication measures should be intensified with active cooperation of the State Governments. The Central Directorate dealing with the Programme in the Ministry of Health and Family Planning should be adquately strengthened to meet the challenging problem.

[Para 1.67 of 124th Report of PAC (1973-74)—Fifth Lok Sabha (Sl. No. 5 of Appendix)].

Action Taken

The recommendation of the Committee has been noted for compliance. The following steps have also been taken in this regard:—

(i) Action for the setting up of a team for independent and comprehensive assessment of the programme has already been initiated and the team is expected to take up the work some time in 1975.

(ii) The concerned State Governments and Union Territories have already been requested to further intensify the efforts for the eradication of the disease during the remaining months of the year 1974 (Annexure I).

(iii) Seven officers of the Directorate General of Health Services are already looking after the Smallpox eradication programme in the various States and Union Territories.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated. 28-11-1974].

Recommendation.

The Committee are indeed alarmed over the reports that there is a serious danger of outbreak of the disease in Uttar Pradesh, Bihar, Madhya Pradesh and West Bengal. The Committee have been informed that an intensive campaign was proposed to be undertaken during the months of September to December, 1973 in these States with a view to detecting and reducing substantially the small-pox endemic foci during the low incidence season to the extent that the programme will have a manageable number of remaining foci to deal with during 1974. The Committee are anxious that constant watch should be kept over the endemic States. The Committee would like to be informed about the results.

[Para 1.68 of 124th Report of PAC (1973-74)—Fifth Lok Sabha (Sl. No. 6 of Appendix)].

Action Taken

The Governments share the anxiety of the Public Accounts Committee for keeping a constant watch over the smallpox situation particularly in the endemic States. Government are fully seized of the problem and the intensive campaign launched during 1973 has started producing favourable impact. The steps taken have already been mentioned in the notes on para 1.63 of the recommendation of the Committee. In Uttar Pradesh and West Bengal the endemic areas are becoming increasingly circumscribed. The State of Madhya Pradesh can now be classified as low incidence State. Vigorous efforts are being made to tackle the situation in Bihar where 67.3 per cent of the total number of cases of smallpox in the country were reported during the period from January to the 21st September, 1974. The situation is being reviewed periodically and the number of Surveillance and Containment Teams is determined according to the situation.

The concerned State Governments and Union Territories concerned have already been requested (Annexure I) to further intensify the efforts during the remaining months of the current year (1974) and it is expected that the situation will be brought under control in the near future.

[Ministry of Health and Family Planning O.M. No. 25015/2/74-C&CD, dated 28-11-1974].

Recommendation

The Committee note that upto 1967, 4 institutes controlled by the State Governments had the capacity to manufacture 60 million doses

of freeze-dried smallpox vaccine. In addition, Government received gift vaccine from friendly countries. In 1972-73 the capacity was increased to 90 million doses. The present requirement of freeze-dried smallpox vaccine is 156 million doses. It is expected to increase, the capacity further in order to achieve the production of 156 million doses during 1973-74. The Committee were assured that during the fifth Plan Period there will be no necessity for import of the vaccine. The Committee hope that the requirement of 156 million doses will be met by the factories fully. The Committee suggest that it should be examined how in case, of further increase in the requirement, the production could be augmented.

[Para 1.69 of 124th Report of PAC (1973-74)—Fifth Lok Sabha (Sl. No. 7 of Appendix)].

Action Taken

The indigenous production of freeze-dried smallpox vaccine is sufficient to meet the present requirement of the country. In 1973-74, 132.15 million doses (8.81 million ampules) of vaccine were produced at the four institutes as against 87.90 million doses (5.86 million ampules) produced during 1972-73. Considering the phased programme of covering 25 per cent of population every year (5 per cent by primary vaccination and 20 per cent by revaccination), the requirements of vaccine in future can be adequately met by the present production capacity of the Institutes.

[Ministry of Health and Family Planning O.M. No. 25015|2|74-C&CD, dated 28-11-1974].

Recommendation

At present the unit cost of production of vaccine varies from Institute to Institute. These were Rs. 1.20, Rs. 1.05, Rs. 2.25, and Rs. 2:25 at State Vaccine Institute, Patwadanagar, Institute of Preventive Medicine, Hyderabad, King Institute, Guindy and Vaccine Institute, Belgaum respectively. Pending finalisation of cost fixation of each factory, Government have fixed the rate of Rs. 1.05 per ampule of vaccine. The Committee hope that Cost Accounts Branch of the Ministry of Finance will also go into the reasons for the wide variations in the cost of production so that steps may be taken to control the cost especially at King Institute, Guindy and Vaccine Institute, Belgaum.

(Para 1.70 of 124th Report of PAC (1973-74)—Fifth Lok Sabha) (Sl. No. 8 of Appendix)].

Action Taken

The recommendation of the Committee has been brought to the notice of the Cost Accounts Branch of the Ministry of Finance. They were also approached for undertaking a fresh study of the cost of production of the vaccine at the four Institutes. The Ministry of Finance have stated that the requisite arrangements will be made as soon as possible.

(Ministry of Health and Family Planning OM No. 25015|2|74—C&CD, dt. 28-11-74.)

Recommendation

The following facts bring out the delays, lack of attention and deficiencies in the implementation of the programme:—

(i) In 1955-56, 22 survey units were allotted to 9 States then participating in the programme but actually only 19 were established. Although the survey was not completed even at the end of two years as expected, the survey units were abolished in Bihar, Tamil Nadu and Orissa while in Maharashtra the survey unit was converted into a control unit. The survey units in Andhra Pradesh, Kerala, Madhya Pradesh and Uttar Pradesh continued to function. In States where the State Survey Units are not functioning, surveys are conducted by the National Institute of Communicable Diseases, the three Central filariasis training centres and the Central Survey Team.

(ii) The progress of the survey has been quite uneven. In Kerala, the survey was completed in all the disticts by 1960, in Tamil Nadu in 12 out of 13 districts by 1958 and in West Bengal in 13 out of 16 districts by 1960. On the other hand, only 3 out of 19 districts in Mysore and only 6 out of 26 districts in Maharashtra have been surveyed so far.

(iii) Out of 260 districts in the 12 known endemic States, the survey was completed only in 145 districts upto 31st March, 1970. In addition, limited surveys were carried out in four Union Territories. Surveys have been discontinued since 1970.

(iv) These surveys show that 136 million people—51 million in urban areas and 85 million in rural areas—were living in endemic areas. In view of the fact that in known endemic areas, many districts are yet to be surveyed, the figure of 136 million is an under-estimate.

(v) 47 control units were allotted to different States in 1958-59 to control the diseases by controlling the vectors only in selected urban areas through the use of larvicidal oil. Number of control units was increased to 73 in 1968 but with the abolition of 6 units in Kerala it was reduced to 67 in 1970. After an analysis of the data collected by these control units, the Second Assessment Committee (1970) came to the conclusion that judged by the downward trend in vector density, infection and infectivity rates in mosquitoes and microfilaria rates in children in the age group of 5 to 15 years, the results were fairly good in 22 units which covered population of two millions. Results were indifferent in 23 units where the indices showed wide and erratic fluctuations while the results were poor in 20 units where there were upward trends in mosquito densities and other indices. Relevant data were not available for drawing any conclusions about the remaining two units.

(vi) The performance of the different States in control measures had been uneven. In Tamil Nadu all the four units in West Bengal the only existing unit and in Madhya Pradesh 2 out of 3 units were considered good. On the other hand 4 out of 5 units in Maharashtra, 4 out of 5 units in Orissa and 10 out of 14 units in Kerala were poor.

(vii) The reasons for indifferent and poor results in the 43 control units were stated to be due to breakdown in larvicidal oil supply and inadequancy of staff and supervision—

(a) Since 1965, Indian Oil Corporation has been the only supplier of larvicidal oil. During the years 1967-68, 1968-69, 1969-70 and 1970-71 the percentage of short supply compared to quantity due for supply was 20 per cent, 35 per cent, 13 per cent and 20 per cent respectively. No priority was allotted in the past by the I.O.C. to this requirement.

(b) Out of the 67 control units existing in 1970, there were shortage of more than 20 per cent of field workers in 29 units (on the basis of staffing pattern recommended by the First Assessment Committee). Out of 20 units which were considered poor, 15 were short of field workers by 33 to 34 per cent. Except Kerala, Madhya

Pradesh and Mysore, the other States did not reorganise the control units on the lines recommended by the First Assessment Committee.

(viii) In Gujarat, Maharashtra and Tamil Nadu the control units were engaged not only in urban but in rural areas also, although the policy was to control vectors only in selected urban areas. This resulted in thinning out of resources as the staffing pattern was not designed for that purpose,

(ix) In Kerala, anti-larval measures have been carried out in one half of the urban area by the State units and in the other half by the local bodies. Poor result have been attributed to poor performance of the local body's field staff.

(x) The First Assessment Committee had recommended in 1960 and that a full-time Officer of the rank of Assistant Director of Public Health should be in charge of the Filarian Bureau to be established in each endemic State. Except in Andhra Pradesh, Kerala, Mysore, Madhya Pradesh and Goa. There was no headquarters unit in any other State till March, 1971.

Sr. No. 10 of Appendix. Para
No. 1.126 of 124th Report of
the Public Accounts Committee (1973-74 Fifth Lok Sabha).

Action Taken

I-IV

Out of 260 districts in the endemic States, 115 districts are still to be surveyed for which 32 survey units are proposed to be established in the Fifth Plan. Provision has been made in Fifth Plan under the Central Government for the supply of Material and Equipment to these survey units.

V-VII

As previously explained the shortfall in the supply of M.L.O. was due to withdrawal of foreign Oil Companies from the market and rapid increase in the demand for light diesel oil. To avoid such shortfalls in future the N.I.C.D. periodically holds high level meetings with representatives from Ministry of Health, Ministry of Petroleum and Chemicals, DGS&D, IOC & DGHS to solve the diffi-

culties in belated and inadequate supply of M.L.O. made by M|s. I.O.C. During 1974-75 the supply position has greatly improved. In this connection the observation of the Committee under 1.117 (iii) also refers.

The use of Abate an Organophosphate and Pyrethrum based larvicidal oil as alternate larvicides under the programme has also been approved on the recommendation of an Expert Committee. As regards shortage of field staff, as mentioned in item 1.127(vi) the shortage has not been experienced since 1969.

(M/Health & Family Planning OM No. G 25015/2/74—C&CD dt. 28-11-74)

VIII

Some of the units established before 1960 in Gujarat, Maharashtra and Tamil Nadu States, were located in both urban and rural areas. Due to public Demand it was not possible to withdraw the control measures in rural areas of these States. However, no units established after 1960 in these States are carrying out control measures in the rural areas.

IX

In situations where antilarval measures have been undertaken by more than one organisation periodic meetings/discussions are held to coordinate the programme activities and to avoid duplication or omission of areas.

X

By the end of the 4th Five Year Plan in all the 12 entitled participating States the H.Q. Bureaus had come in existence and are fully staffed.

Recommendation

The Committee have been informed that the following measures have been taken or proposed to be taken to strengthen the survey and control work and supervision:—

(i) It is proposed to establish 32 units to undertake delimination of filariasis in the remaining 115 districts during the Fifth Plan period.

(ii) During the Fifth Plan, it is proposed to establish 65 more control units in the urban endemic problem areas so as to cover a population of 6.5 million more in addition to the 15 million already being covered.

(iii) Steps have been taken by the Indian Oil Corporation to ensure liquidation of all pending orders for M.L.O. The I.O.C. hope to maintain this position during 1973-74 and trust that there would be no occasion for the National Institute of Communicable Diseases to lay the blame for any failure in the implementation of its programme on inadequate availability of M.L.O. Position of supply is (from 1971) periodically reviewed by a Committee consisting of the representatives of the Ministry of Health and Petroleum and Chemicals and D.G.S.&D. to smoothen difficulties.

(iv) The Department has set up separate filaria bureau in all the 12 States where there was need for a separate bureau under the charge of an Assistant Director. These bureau look after the interest of the Filaria Programme. Beside the Central Survey Team undertake periodic visits to different States.

(v) A Committee has been formed by the Government of India to explore the possibilities of using other suitable larvicidies in addition to mosquito larvicidal oil under the programme.

(vi) Staffing pattern which was recommended by the Government of India in 1969 in respect of each unit has been more or less adopted by all the States and there is no shortage of staff in respect of posts which have been sanctioned.

(vii) Concurrent evaluation of the programme is regularly carried out at the Programme Headquarters through review of monthly and annual technical reports and through visits to the Units. The concurrent evaluation of the performance of 65 control units during the years 1970, 1971 and 1972 following the criteria adopted by the Indian Council of Medical Research Assessment Committtee (1971) showed that out of 20 poor units the performance of only six units is poor and the remaining 14 poor units were found to have become indifferent.

(viii) Periodic meetings of the State Programme Officers are held to take stock of achievement and to remove bottlenecks in the implementation of the Programme.

Sr. No. 11 of appendix.

[Para No. 1.127 of 124th Report of the PAC (1973-74)—Fifth Lok Sabha].

Action Taken

The Committee have rightly stated the measures which have been taken or are proposed to be taken to strengthen the survey and control work and supervision under the N.F.C.

During the Fifth Five Year Plan it is proposed to establish 32 survey units, 65 control units and 480 filaria clinics besides continuing the existing set up. In this play period unlike the Fourth Plan period, the role of the Central Government would be confined only to the supply of Material and Equipment for the existing and the proposed set up under the programme. Hence, the States have to provide adequate funds to meet the operational costs of the survey units, control Units and Clinics that would be established during the Fifth Plan Period. It is hoped that these survey units, control units and clinics would be established as planned during the Fifth Plan Period, if adequate funds are made available by the State Government.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

Recommendation

The Committee would like to stress that the Ministry of Health should ensure that the remaining task of survey of 115 districts is completed expeditiously. For this purpose a time bound programme should be prepared.

Sl. No. 12 of Appendix.

[Para No. 1.17 of 124th Report of the PAC (1973-74)—Fifth Lok Sabha].

Action Taken

The recommendation of the Committee has been noted. It has been proposed to establish 32 Survey Units during the Fifth Plan Period for the completion of survey work in 115 unsurveyed districts. This however, will depend on the availability of funds both in the Central and the State Sectors.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

Recommendation

The Committee strongly feel that a close watch is necessary on the effectiveness of the control measures in order to take timely steps to strengthen the control units quantitatively and qualitatively and remove difficulties in the supply of oil and ensure that the past failures are not repeated. It should be examined whether the present supervisory machinery in the Headquarters unit in the Natio-

nal Institute of Communicable Diseases and 12 Filaria Bureau in the States inadequate for the task.

[Sr. No. 13 of Appendix. Para No. 1.129 of 124th Report of the Public Accounts Committee (1973-74—Fifth Lok Sabha)].

Action Taken

All out efforts have been and are being made to ensure the effectiveness of control measures, both in quantity and quality. Timely instructions for effective and corrective measures are issued wherever necessary. The work of the units is concurrently evaluated both by visits to the units as well as through scrutiny of data submitted by them. The oil supply position during 1973-74 had shown marked improvement and necessary equipment had also been supplied to the new units.

[Ministry of Health and Family Planning O.M. No. G. 25015|2|74-C&CD, dated 28-11-1974].

Recommendation

The Committee also desire that serious attention should be paid to the reports that the disease is spreading to areas where it did not exist.

[Sr. No. 16 of Appendix. Para No. 1.132 of 124th Report of the Public Accounts Committee (1973-74)—Fifth Lok Sabha].

Action Taken

A Central Survey Team with its headquarters at N.I.C.D., Delhi was established in 1970. This team monitors the non-endemic areas by undertaking surveys to ascertain the presence of infection and the extent of transmission in the so called 'Free' zones. The reports regarding the spread of the disease to non-endemic areas is based mainly on the findings of this team. The survey results are communicated to the concerned health authorities with necessary suggestions|recommendations to arrest the spread. There is no evidence so far, of indigenously acquired infection in the so called free zones.

[Min. of Health and Family Planning O.M. No. G. 25015|2|74-C&CD dt. 28-11-74].

Recommendation

The Committee's attention has been drawn to the fact that pursuant to the first Assessment Committee Report, the mass treatment of population was given up. During the Fifth Plan it is proposed to establish 480 Filaria clinics in urban areas to treat filaria positive

cases. Considering the fact that over 12 million people harbour microflariasis in their blood and 8 million have signs and symptoms of the disease, the Committee cannot but regret lack of proper attention in the past to this aspect. The Committee desire that adequate number of clinics should be established in the Fifth Plan.

[Sr. No. 17 of Appendix. Para No. 1.133 of 124th Reports of the Public Accounts Committee (1973-74)—Fifth Lok Sabha].

Action Taken

With the establishment of 65 new Control Units as proposed for the Five Year Plan period, about 15 million population will be protected in Urban Areas. In these areas it is proposed to establish 480 filaria clinics in the Fifth Plan in a phased manner at the rate of one Clinic for every 50,000 population. The targets and phasing have already been communicated to the concerned States/Union Territories. However achievement of these targets will depend on availability of adequate funds both in the Central and the State sectors during the Plan Period.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 23-11-1974].

Recommendation

The First Review Committee recommended that adequate disposal of sewerage and sullage should be ensured to control the spread of the disease. The Ministry of Works and Housing have informed that there are 49 highly endemic towns where sewerage facilities have been undertaken. The Committee desire that a phased programme should be prepared for providing facilities for disposal of sewerage in more towns. The Committee would like to be informed about the progress made in the 49 towns where these facilities have already been undertaken.

[Sr. No. 18 of Appendix. Para No. 1.134 of 124th Report of the Public Accounts Committee (1973-74)—Fifth Lok Sabha].

Action Taken

The recommendations of the Committee have been communicated to the Ministry of Works & Housing. The information furnished by that Ministry about the progress made in the provision of facilities for disposal of sewerage in towns where these facilities have already been undertaken is attached herewith (Annexure).

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

ANNEXURE

List of Hyper-Endemic Cities and Towns for Filariasis

Name of State		Name of City/Town	Present position of provision of Sewerage
1. Andhra Pradesh	1	Visak'apatnam	Part Sewarage provided in IV Plan.
	2	Hyderabad	Partly town is covered with sewerage.
	3	Nalgonda	No sewerage upto IV Plan.
2. Bihar	4	Monghyr	No sewerage upto IV Plan
	5	Darbhanga	Do.
	6	Gaya	Do.
	7	Muzaffarpur	Partly during IV Plan.
	8	Patna including Jamalpur	Dinapur during IV Plan. No sewerage up to IV Plan.
3. Gujarat	9	Surat B.M.P.	Only small part sewered in IV Plan.
	10	Jamnagar	Not sewered upto IV Plan.
	11	Bulsar	Do.
4. Kerala	12	Cannanore	No sewerage provided upto IV Plan.
	13	Calicut	Do.
	14	Eranakulam	Do.
	15	Mattancherry	Do.

Name of State		Name of City/Town	Present position of provision of Sewerage
	16	Port Cochin	. No sewerage provided upto IV Plan.
	17	Alleppey	. Do.
	18	Quilon	. Do.
	19	Trivandrum	. Partly sewerage (40%) exists.
5. Orissa	20	Chatrapur	. No Sewerage done.
	21	Behrampur	. Do.
	22	Cuttack	. Work taken up in 1958; not even first phase completed.
	23	Puri	. No sewerage done up to IV Plan.
6. Tamil Nadu . . .	24	Chidambaram	. Sewerage work taken upto IV Plan.
	25	Vallore	. Sewerage not provided till IV Plan.
	26	Chingleput	. Sewerage not provided till IV Plan.
7. Mahrashtra	27	Nagpur	. It is partly sewered.
	28	Chanda	. Not sewered upto IV Plan.
	29	Greater Bombay	. Partly sewered; augmentation taken up.
8. Karnataka . . .	30	Mangalore	. Sewerage provided in 1971.
9. Uttar Pradesh . . .	31	Basti	. No sewerage up to IV Plan.
	32	Gorakhpur	Partly sewerage in I Plan.
	33	Baharich	Part sewerage provided before IV Plan.

	34	Jaunpur	. No sewerage upto IV Plan.
	35	Varanasi	. Part sewerage provided before 1964, same augmentation made in 1969—72.
	36	Faridabad	. Partly sewered in I and II Plan.
	37	Ballia	. No sewerage upto IV Plan.
10. Pondicherry . . .	38	Pondicherry	. New Sewerage scheme mostly completed by IV Plan.
11. West Bengal . . .	39	Maniktola Suburb	. Greater Calcutta is partly sewered, augmentation work is in progress.
	40	Talligunj	
	41	South Suburb	
	42	Golden Reach	
	43	Dum Dum	
	44	Salt Lake	
	45	Howrah City	
12. Goa	46	Panaji	Sewerage provided in IV Plan.
13. Andaman & Nicobar Islands .	47	Port Blair	. No sewerage upto IV Plan.

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE REPLIES BY GOVERNMENT

NIL

CHAPTER IV

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

Recommendation

The present control measures are mainly confined to the urban areas although the Second Assessment Committee (1971) opined, that the problem of rural filariasis is of much greater magnitude than thought of previously. The Committee are not happy with the lopsided approach of Government to the problem. The Committee strongly suggest that the problem of rural filariasis should receive serious attention and it should be examined to what extent the programme for the Fifth Plan could be reoriented so as to make a serious beginning in the rural areas..

[Sr. No. 15 of Appendix. Para No. 1.131 of 124th Report of the Public Accounts Committee (1973-74—Fifth Lok Sabha)].

Action Taken

The magnitude of Filariasis problem is much more in rural areas than in urban areas. For the control of rural Filariasis, proposals based on the recommendations of the I. C. M. R. Assessment Committee (1971) were submitted to the Planning Commission. The Steering Group on Health of the Planning Commission, however, observed that Filaria Control activities during the Fifth Five Year Plan should be confined mainly to urban areas. It may be pointed out that in the Fifth Five Year Plan the role of the Central Government is confined to assisting the States with material and equipment only. The programme can be extended to the rural areas also by the State Governments from their own resources.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

Recommendation

The Committee note that there is likely to be difficulty in the financing of the programme. There is a thinking in the Planning Commission that the Centre should not bear the cost of the Filaria

Programme. But the State Government are not willing to bear this responsibility because they give the health programmes a very low priority while they allocate funds available with them for various developmental programme. Considering the magnitude of the Filaria problem and the past failures, the Committee suggest that the matter should be carefully considered with a view to ensure not only that the implementation of the programme does not suffer but also to make possible the taking up of an adequate programme in the rural areas. The Committee are of the view that the Central Government ought to take full responsibility in the matter.

[Sr. No. 19 of Appendix. Para No. 1.135 of 124th Report of the Public Accounts Committee (1973-74—Fifth Lok Sabha)].

Action Taken

Despite the justification for continuation of the National Filaria Control Programme as a Centrally sponsored scheme, the Planning Commission did not include NFCP as centrally sponsored programme, in the Fifth Five Year Plan. The operational cost, for the existing set up and the new targets will have to be provided by the States and the Centre will offer free supply of material and equipment to the existing and the new set up during the Fifth Five Year Plan.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

CHAPTER V

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH GOVERNMENT HAVE FURNISHED INTERIM REPLIES

Recommendation

The Committee are very dissatisfied with the slow progress in the implementation of the National Filaria Control Programme launched in 1955-56. There were two main objectives of the programme. The first was to carry out filariasis surveys in different States where the problem was known to exist to determine the extent of prevalent types of infections and their vectors. The other was to control the disease by recurrent anti-larval measures by using mosquito larvicidal oil. The programmes is being carried out in 12 endemic States through survey units and control units. The Headquarter unit of the Programme in the National Institute of Communicable Diseases supervises and guides the programme. The expenditure incurred by the Central Government including assistance to the States amounted to Rs. 5.94 crores upto 1970-71. Two Assessment Committees set up by I. C. M. R. evaluated the programme in 1961 and 1970. The Committee regret to observe that even after 18 long years, the surveys have not been completed. This serious lapse particularly serious since the price has to be paid in terms of human sufferings-calls for drastic action against those officials who were responsible. The Committee would await a report in this regard.

[Sr. No. 9 of Appendix, Para No. 1.125 of 124th Report of the Public Accounts Committee (1973-74—Fifth Lok Sabha)].

Action Taken

Before launching the programme in 1955-56, it was estimated that a population of about 25 million was exposed to the risk of Filariasis. It was estimated that the delimination would be completed in two years. It was in this back-ground that the Central subsidy for the establishment of Survey Units was made available to the States for only two years. These surveys, however revealed that the magnitude of the problem had increased due to rapid industrialisation and unplanned urbanisation. Thus survey work was

suspended in many States after the completion of two years. However, the programme headquarters at NICD requested the States to continue and complete the survey work from their own resources and some of the States like Kerala, U. P. & M. P. did so.

Secondly, it may be mentioned in this regard that the National Filaria Control Programme was started only as a large scale pilot programme. Under the Programme, survey work was undertaken in known endemic areas. The intention was to demarcate highly endemic areas to institute control measures. The Survey work was not given up totally. The State Health Directorates and the staff of NICD continued to undertake sample surveys and by 1970, it was estimated that a population of 136 million was exposed to the risk of Filariasis in 145 out of 260 districts in the endemic areas. Delimitation in the remaining 115 unsurveyed districts is proposed to be completed during the Fifth Five Year Plan Period.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

Recommendation

The Committee feel concerned to note that to the extent the surveys have been completed 136 million people live in the endemic areas of filariasis in the country-51million in urban areas and 85 million in rural areas. Over 12 million people harbour micro filariase in their blood and 8 million have signs and symptoms of the diseases. The correct picture will however emerge on completion of surveys.

[Sr. No. 14 of Appendix No. 1.130 of 12th Report of the Public Accounts Committee (1973-74—Fifth Lok Sabha)].

Action Taken

The 32 Survey units to be established during the Fifth Five Year Plan would conduct surveys in the 115 unsurveyed districts. Extent of the problem would be known after the completion of surveys.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974].

Recommendation

The programme launched in 1955-56 was evaluated by the First Assessment Committee of Indian Council of Medical Research in 1961 and by the Second Assessment Committee in 1970, after nine

years. The Committee suggest that in future the programme should be evaluated well before the conclusion of the Plan period so as to throw up meaningful data to reorient the plan for the next five years. In this view, the Committee recommended that the third assessment Committee should be appointed at an early date so that it can complete its evaluation in 1976.

[Sr. No. 20 of Appendix. Para No. 1.136 of 124th Report of the Public Accounts Committee (1973-74—Fifth Lok Sabha)].

Action Taken

The question of appointment of a Committee to assess the Programme for the third time will be considered in 1975-76.

[Ministry of Health and Family Planning O.M. No. G25015|2|74-C&CD, dated 28-11-1974)].

NEW DELHI;
24*th March*, 1975
Chaitra 3, 1897.

JYOTIRMOY BOSU,
Chairman,
Public Accounts Committee.

APPENDIX

Summary of Conclusions/recommendations

S. No.	Para No.	Ministry/ Dep. Concerned	Conclusions/Recommendations
1	2	3	4
1	1.8	Health	In paragraph 1.64 of the Report, the Committee had examined in detail some of the factors which might explain the shortcomings of the National Small-pox Eradication Programme such as shortfalls in primary vaccinations and revaccinations, shortage of vaccinators and other staff, under-staffing of Primary Health Centres, lack of uniformity in the performance of vaccinators, unsatisfactory nature of surveillance activities, lack of uniform rules regarding vaccination. In reply to the Committee's observations, the Ministry have stated that Government are fully seized of the situation and are taking necessary steps for removing the shortcomings of the programme. In this connection, Committee would observe:—
			(i) The arrears in primary vaccination, at the end of 1973, have been estimated at 2.9 crores as against 3.7 crores in 1972 and 6.7 crores in 1969. The Committee would like to know immediately the specific steps taken by Government to clear the backlog.

That the Government did not move quickly in the matter even after the presentation of the Report is evident from the fact that a severe epidemic of small-pox occurred in Bihar resulting in large number of deaths.

(ii) It is seen from the reply of the Ministry that the actual achievements of primary vaccinations and revaccinations continue to fall very much short of the targets fixed. While the number of primary vaccinations performed during 1972 was 83 per cent of the target fixed, during the position has deteriorated once again and the achievement was only 72 per cent. In respect of revaccinations, the achievement has been almost the same during these two years, viz. 75 per cent and 74 per cent of the targets fixed. The Committee would insist upon the Government the need to intensify immediately their efforts and also request Govrnment to examine the reasons for the downward trend, during 1973, in primary vaccinations with a view to fixing responsibilities and taking suitable remedial measures to step up the pace of primary vaccinations under advice to the Committee.

(iii) As regards the very unsatisfactory nature of the surveillance activities and of the reporting system the Ministry have stated that with the launching of the intensive compaign for the eradication of small-pox, the survelliance and reporting systems have improved considerably. The Com-

1	2	3	4
			mittee would like to be informed of the improvements effected in surveillance and reporting supported by necessary data. (iv) The Ministry have replied that the absence of uniform rules in States regard vaccination is receiving attention. This sounds rather casual, since it is necessary to follow a uniform policy in this regard so as to ensure a systematic combat against small-pox, the Committee would like to impress upon Government the need to prescribe a uniform policy expeditiously.
2	I.II	Health	Government had been *inter alia*, requested by the Committee to examine thoroughly the factors that had contributed to the arrears in vaccinations with a view at least deriving lessons for the future. It is seen from the reply furnished by the Ministry that the back-log in primary vaccination is mainly attributable to the inability of the State Governments so far to provide adequate health infrastructure and misconceptions and fears on the part of people about vaccination. The reply is, astonishingly, silent about the steps taken for the future on the basis of these findings. The Committee would like to know immediately the specific measures taken or proposed to be taken by the State Governments to build up a sound health infra-structure and the assistance rendered by the Central Government for this purpose. As regards the fears and

taboos associated with vaccination, particularly in the rural areas, the Committee would like to know (a) what steps have been taken for dispelling such doubts and misconceptions, and (b) whether they include mass contact, educational programmes, imaginatively designed audio-visual aids and field publicity within month without fail.

3	I.14	Health	Commenting on the miserable failure to undertake an independent, comprehensive assessment of the Small-pox Eradication Programme the Committee had asked that such an assessment should be undertaken immediately in order to identify the past deficiencies of the programme and to take necessary corrective measures for the future. The Ministry have stated that action for the setting up of a team for the assessment of the programme has already been initiated and the team is expected to take up the work sometime in 1975. It is a matter for deep regret that no tangible steps appear to have been taken as yet in respect of an important recommendation of the Committee even though a WHO Expert Committee had emphasised the importance of independent concurrent evaluation of the results as early as 1964. The Committee desire that Government should fix responsibility for the delay under advice to the Committee. The Committee trust that the team appointed by the Government will start its work without further loss of time and complete it as early as possible. The results of the assessment and remedial measures taken should be communicated to the Committee.
4	I.17	Do.	The Committee had stressed the need for a study by the Cost Accounts Branch of the Ministry of Finance of the cost of production of vaccine and the reasons for the wide variations in the cost of

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			production between various institutes producing smallpox vaccine so that steps might be taken to control the cost. Government in their reply have stated that the Cost Accounts Branch of the Ministry of Finance have been approached for undertaking a fresh study of the cost of production of the vaccine at the four institutes and that requisite arrangements will be made as soon as possible. The Committee would like to know the present position of the proposed cost analysis and would stress that this should be finalised expeditiously and remedial measures taken to control the cost.
5	1.20	Health	Expressing their dissatisfaction with the extremely slow progress in the implementation of the National Filaria Control Programme, the previous Committee had expressed concern at the fact that the filariasis surveys had not been completed even after 18 long years. Incidentally it came to the notice of the present Committee that the authorities were more busy with US WHO GCMU programme for reasons better known to them. Since the price for this serious lapse has to be paid in terms of human suffering, the Committee desired that drastic action be taken against those responsible. The Government in their reply have taken shelter by stating that the survey work was not given up totally and the State Health Directorate and the staff of NICD continued to undertake sample surveys which is most unacceptable. While the survey for Filariasis had been completed in 145 out of 260 districts in the endemic areas by 1970, delimi-

tation in the remaining 115 unsurveyed districts is proposed to be completed during the Fifth Five Year Plan period. It is also seen from the reply of the Ministry that the initial two-year survey, launched as a large scale pilot programme, had been suspended on the completion of two years. As these surveys had revealed that the magnitude of the problem of filariasis had increased due to rapid industrialisation and unplanned urbanisation, the reasons for suspending the surveys and restricting the scope of these surveys to mere sample ones are not very clear. In fact, on the basis of the findings of the large scale pilot survey, the scope of the survey should have been expanded and completed expeditiously. The Committee are extremely dissatisfied with the perfunctory manner in which a health programme of this importance has been treated and reiterate the need for taking action against those responsible for this sorry state of affairs.

6 1.23 Health

The Committee had expressed grave concern over the findings of the surveys so far conducted which disclosed that over 136 million people live in the endemic areas of filariasis in the country, over 12 million people harbour micro filariae in their blood and 8 million have signs and symptoms of the disease. This was only a partial picture of the incidence of filariasis in the country and the correct position would emerge only on completion of the surveys which could be much worse. Government have stated that 32 survey units would be established during the Fifth Five Year Plan and would conduct surveys in the 115 unsurveyed districts. The extent of the problem would be known after the completion of these surveys. The Com-

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			mittee would like to stress the urgency of the problem and the need to complete the surveys expeditiously.
7	1.27	Health	The Committee have expressed their extreme unhappiness at the lopsided approach of the Government to the problem of filariasis. The control measures strangely enough were mainly confined to the urban areas even though the problem of rural filariasis was of a much greater magnitude. The Committee had stressed that this problem should receive serious attention and an examination conducted to determine to what extent the programme for the Fifth Plan could be reoriented so as to make a serious begining in the rural areas. Government in their reply have stated that the steering group on Health of the Planning Commission had observed that the Filaria Control activities during the Fifth Five Year Plan should be confined mainly to urban areas. This is very astonishing. Besides in the Fifth Five Year Plan the role of the Central Government is confined to assisting the States with material and equipment only and the Ministry have, therefore, stated that the programme may be extended to the rural areas by the State Governments from their own resources. This is regrettable since the State Government do seriously lack in resources.
8	1.28	Do.	The Committee would, urge Government to reconsider the matter having regard to the possible serious consequences of neglecting the rural areas. The Committee would draw pointed attention to—(a) the recommendations of the ICMR Second Assessment Committee to extend the filaria control measures to the rural areas, (b) that

			of the 136 million people living in the endemic areas of filaria, 85 million live in rural areas, and (c) the fact that the State Governments would not be over eager to extend the control measures to the rural areas on their own from their resources since normally State Governments give health programmes a very low priority.
9	1.81	Health	The Committee had desired that an adequate number of clinics should be established in the Fifth Plan for the effective treatment of positive filaria cases. Government in their reply have stated that with the establishment of 65 new control units as proposed for the Fifth Five Year Plan period, about 15 million people will be protected in the urban areas. The achievement of the targets would, however, depend on the availability of adequate funds both in the Central and State Sectors during the Plan period. The Committee regret that a matter of such magnitude affecting the health of the people should have been given a low priority in the provision of funds.
10	1.34	Do.	Commenting on the thinking in the Planning Commission that the Centre should not bear the cost of the Filaria Programme and keeping in view the difficulties in financing the Programme, the magnitude of the filaria problem and the failure to deal with this very important problem on an adequate scope in the past, the Committee had suggested that the matter should be carefully considered with a view to ensuring that the implementation of such limited programme as has been adopted also does not suffer. The Committee had also expressed the view that the Central Government ought to take full responsibility for the Programme. Govern-

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			ment, in their reply, have stated that despite the justification for continuance of the Programme as a Centrally Sponsored Scheme, the Planning Commission has not included NFCP as a centrally sponsored programme in the Fifth Five Year Plan and that the States will have to provide the operational cost for the existing set up and for the new targets. Though the National Filaria Control Programme had been launched two decades ago in 1955-56, the implementation has been slow and the Programme has been fraught with failures and set-backs. The Centre absolving itself of the responsibility at this stage could only result in vendering more difficult the successful implementation of the programme hereafter. It is not at all unlikely that this programme will die an unnatural death in this process. The Committee are deeply concerned over such a state of affairs and re-emphasise the imperative need for giving this programme the highest possible priority both in terms of finance and the subsequent implementation of a more intensive programme that needs to be adopted. The Planning Commission should reconsider in the light of Committee's recommendation.

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