



**LOV VERMA, IAS**  
Member Secretary

भारत सरकार  
GOVERNMENT OF INDIA

राष्ट्रीय बालक अधिकार संरक्षण आयोग  
NATIONAL COMMISSION FOR PROTECTION OF CHILD RIGHTS  
जनपथ, नई दिल्ली-110 001  
JANPATH, NEW DELHI - 110 001

F. No. UP/Comp/2011/20536

Dated: 14<sup>th</sup> December, 2011

Dear Anoop,

On behalf of the National Commission for Protection of Child Rights (NCPCR), we wish to thank the Government of Uttar Pradesh for all the arrangements made during the visit of NCPCR team led by Dr. Yogesh Dube (Member), accompanied by Dr. Ramanath Nayak (Senior Consultant) and Divyakar (Consultant) to the State from 5<sup>th</sup> - 8<sup>th</sup> December, 2011.

2. The team visited the affected areas of Gorakhpur division, i.e., Gorakhpur, Kushinagar and Deoria districts. The team inspected B.R.D. Medical College and District Hospital of Gorakhpur, District Hospitals of Deoria and Kushinagar Districts and Community Health Centre of Pipraich Block of Gorakhpur district. The team visited Madahi village in Gorakhpur and Madanpur and Ramnath-Deoria in Kushinagar. It also inspected the working of the Primary School and Anganwadi center of Madanpur village, Kasia block in Kushinagar. During the field visit the team met the family members of the children who died due to Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES). The visiting team interacted with various associations, civil society groups, Child Welfare Committee, panchayat representatives, media persons, medical practitioners, etc. The team also held a meeting with the Divisional Commissioner of Gorakhpur Division, DM Gorakhpur and other officials of the Health Department of the division to review the actions initiated to stop the deaths of children due to JE and AES in the State.

3. The visiting team was highly dissatisfied over the unpreparedness of the Health Department to stop the deaths of children because the villages which the Commission visited are sample villages selected by the administration and the situation in those villages was pathetic and an eye-opener. The team found the children drinking unsafe water even after the hand pumps are marked red, lots of open pits and lack of general awareness on sanitation and cleanliness issues. The Commission is highly dissatisfied with the working of the Chief Medical Officers of all the three districts specially that of Gorakhpur, who seem least concerned about the issue. The inaction of the administration to tackle the problem is well reflected by the fact that the proposals to curb the disease were sent only this year, although the epidemic is persisting for last 33 years. Expressing its displeasure over the steps taken so far, the Commission directs the concerned departments/authorities to initiate immediate action on the issues and concerns listed below in order to ensure the rights and entitlements of children:

## Recommendations:

1. All the PHC and CHCs must be strengthened to provide immediate medical assistance to the patients. The district hospitals must be developed as the super specialized hospitals to treat the cases of J.E and A.E.S and special high tech virology laboratory must be set up;
2. Every P.H.C, C.H.C and district hospitals shall have Citizen Charter or list of facilities available for public information;
3. Ensure approval of the proposals sent by the districts to curb Japanese Encephalitis and Acute Encephalitis Syndrome on priority basis;
4. Arrange a team of expert doctors from AIIMS, Dr. Ram Manohar Lohia Hospital and other national level institutions and sent them for the screening of patients so that clear identification of the cases could be done as soon as possible;
5. Visit of team of doctors on rotation basis from other medical colleges to work in the affected areas for short period of time so that they can provide their services as well as train the doctors working in the affected areas under their guidance;
6. All the vacant post of doctors and paramedical staff must be filled as soon as possible;
7. A survey must be conducted to find the number of persons who became disabled due to J.E and A.E.S and a proper rehabilitation plan must be prepared;
8. Special attention must be given to the children who are suffering from malnutrition and a survey must be conducted to know the exact details of Gorakhpur and Basti Division and district administration must ensure that no case of malnutrition exists;
9. The administration must fix the accountability of every death that took place so that quick and stern action is taken against erring officials;
10. Administration can send a proposal to Central Government to add the immunization of J.E and A.E.S in the National Eradication/Immunization Programme;
11. Pediatric Ventilators and other machines must be made available to all the district hospital. Every district hospital in affected areas must have a dedicated well equipped 25 beds ward for the J.E and A.E.S patients;

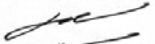
12. Ensure formation of a district level committee under the District Magistrate in all the affected districts with appropriate support from the State task force, which will review the situation in every 15 days and will report to the Principal Secretary, Health and also send a copy of the report to the Commission;
13. Ensure a Joint Committee at Divisional level under the Divisional Commissioner with representation from Panchayati Raj institutions, Social Welfare Department, Women and Child Development Department, Health Department, Public Health and Engineering Department and Rural Development and Education department. There shall be representation from the civil society as well;
14. Every affected district should make an Action Plan and Citizen Charter for long term intervention and immediate intervention to check the epidemic at the earliest in line with the Project Implementation Plan (PIP) developed for Kushinagar district. In the action plan special emphasis must be given to the best interest of the children;
15. All the shallow hand pumps must be identified, sealed and replaced with India Mark II hand pumps and these must reach the depth as prescribed by the government norms. Alternative water sources must be developed like water supply through the taps or Rain water Harvesting system in the schools at least on a priority basis;
16. Projects of IEC and BCC activities must be approved on a priority basis and a campaign must be carried out in every affected village to sensitize the people about J.E and A.E.S. with active support and co-operation of local NGOs;
17. Overall infrastructure of all the laboratories testing the AES and JE samples at district level must be reviewed at the earliest and a report must be sent to the Commission within a month's time. Increase the number of labs in the affected districts before the next monsoon;
18. Water contamination in all the affected areas should be checked on a regular basis. All the sources which are found contaminated should be marked. All the laboratories which are testing water must check the samples of affected areas on priority basis;
19. Proper surveillance system must be developed in all the affected areas and a report on this must be shared with the Commission;
20. Ensure filling of the pits causing water-logging and breeding of mosquitoes and sprinkling of bleaching powder regularly;

21. Vector transmission should be interrupted at the earliest. Vaccination/ Immunization drive must be carried out on a campaign mode to reach every section of the society;
22. Every district must have adequate number of fogging machines to carry out fogging in a campaign mode in all the affected areas and the responsibility of monitoring shall be with the gram panchayats;
23. Special sanitation and cleanliness drive should be carried out in the affected areas and a report must be sent to the Commission within 2 months; and
24. All the committees at village and Panchayat level like Village Water and Sanitation Committee, Village Health Committee etc. must be activated and sensitized about the J.E and A.E.S. Total Sanitation Campaign and School Sanitation and Health Education programmes must be started in all the affected villages/panchayats;
25. Training programme for all the doctors working in the area for proper sensitization about the issue and skill development to handle the cases; and
26. Ensure profiling and auditing of patients to develop case studies of each patient and also study the recurrence of the disease in the patients.

We, therefore, request you to please look into the above recommendations and ensure that the same are implemented at the earliest. An Action Taken Report may be furnished to the Commission within 15 working days from the receipt of this letter.

With regards!

Yours sincerely,

  
(Lov Verma)  
Member Secretary

To,  
Shri Anoop Mishra  
Chief Secretary  
Government of Uttar Pradesh  
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Copy to for necessary action:

1. Mr. Sanjay Aggarwal, Pricipal Secretary, Department of Medical Health and Family Welfare, Government of Uttar Pradesh, Phone- (0522) 2627029/2612555.
2. Mr. Rajendera Naik, Divisional Commissioner, Gorakhpur Division.
3. District Magistrate, Gorakhpur/ Kushinagar / Deoria.
4. Chief Medical Officer, Gorakhpur/ Kushinagar / Deoria.
5. Principal, B.R.D. Medical College, Gorakhpur.

  
(Lov Verma)  
Member Secretary